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DLN: 93491317018359

2018

OMB No 1545-0052

Return of Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

or Section 4947(a)(1) Trust Treated as Private Foundation

Do not enter social security numbers on this form as it may be made public.
 Go to <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

For	caler	ndar year 2018, or tax year beginning 01-01-20)18 , aı	nd ending	12-31-	2018		
		undation INGO FOUNDATION		A Employer identification number				
				35-20	35-2062360			
		d street (or P O box number if mail is not delivered to street address) LSON AVE	Room/suite	B Tele	B Telephone number (see instructions)			
				(812)	273-8167			
		n, state or province, country, and ZIP or foreign postal code IN 47250		C If e	xemption	application is pendin	g, check here	
G CI	neck al	Il that apply	former public charity	D 1. F	oreign or	ganızatıons, check he	ere . \square	
		☐ Final return ☐ Amended return				ganizations meeting		
		\square Address change \square Name change				k here and attach co	· —	
H C	neck ty		foundation			ındatıon status was 1 n 507(b)(1)(A), chec		
	Section	n 4947(a)(1) nonexempt charitable trust 🔲 Other taxable	e private foundation					
		from Part II col (c)	✓ Cash ☐ Accru			ition is in a 60-monti n 507(b)(1)(B), chec		
		►\$ 3,249,314	be on cash basis)		aci secció	1 307 (8)(1)(8), chec	K Here	
Da	rt I	Analysis of Revenue and Expenses (The total	<u> </u>				(d) Disbursements	
		of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions)	(a) Revenue and expenses per books	(b) Net inve		(c) Adjusted net income	for charitable purposes (cash basis only)	
	1	Contributions, gifts, grants, etc , received (attach schedule)						
	2	Check ► ☑ if the foundation is not required to attach						
		Sch B						
	3	Interest on savings and temporary cash investments	62.600		62.600			
	4 5a	Dividends and interest from securities	62,609		62,609			
	b	Net rental income or (loss)						
Θ	6a	Net gain or (loss) from sale of assets not on line 10	124,006	j				
E	ь	Gross sales price for all assets on line 6a						
Revenue		234,259						
~	7	Capital gain net income (from Part IV, line 2)			124,006			
	8	Net short-term capital gain						
	10a	Gross sales less returns and allowances						
	ь	Less Cost of goods sold	<u>. </u>					
	c	Gross profit or (loss) (attach schedule)						
	11	Other income (attach schedule)						
	12	Total. Add lines 1 through 11	186,615	;	186,615			
	13	Compensation of officers, directors, trustees, etc						
	14	Other employee salaries and wages						
es	15	Pension plans, employee benefits						
sue	16a	Legal fees (attach schedule)						
X	b	Accounting fees (attach schedule)	1,890)	1,890			
and Administrative Expenses	С	Other professional fees (attach schedule)	11,223	1	11,223			
atıv	17	Interest	44.1					
IStr	18	Taxes (attach schedule) (see instructions)	2,750		2,750			
Ē	19	Depreciation (attach schedule) and depletion						
Acli	20	Occupancy						
pu	21	Travel, conferences, and meetings						
	23	Other expenses (attach schedule)	1,697	,	1,697			
Ę	24	Total operating and administrative expenses.	, , , , , , , , , , , , , , , , , , ,		<u> </u>			
Operating		Add lines 13 through 23	17,560	,	17,560		0	
Ö	25	Contributions, gifts, grants paid	110,408				110,408	
	26	Total expenses and disbursements. Add lines 24 and 25	127,968		17,560		110,408	
	27	Subtract line 26 from line 12	127,900		17,300		110,408	
	а	Excess of revenue over expenses and						
	Ь	disbursements Net investment income (if negative, enter -0-)	58,647		160.055			
	C	Adjusted net income (if negative, enter -0-)			169,055			
For		work Reduction Act Notice, see instructions.	<u> </u>	Cat No	11289	C For	m 990-PF (2018)	

3,074,734

3,083,218

3,000,000

3,083,218

3,083,218

83,218

3,130,831

3,141,865

3,000,000

3,141,865

3,141,865

2

3

4

5

6

3,083,218

3,141,865

3.141.865 Form 990-PF (2018)

58,647

141,865

3,238,280

3,249,314

	4
	5 6
	7
S	8
Assets	9
As	10a
	b
	c

C

11

12

13

14

15

16

17

18

19

20

21 22

23

24

25

26

28

29

31

Part III

2

Liabilities

Balances

Fund

ŏ

Assets 27

Net 30 Receivables due from officers, directors, trustees, and other

Prepaid expenses and deferred charges

Investments—land, buildings, and equipment basis ▶

Less accumulated depreciation (attach schedule)

Total assets (to be completed by all filers—see the

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Less accumulated depreciation (attach schedule)

Land, buildings, and equipment basis ▶

instructions Also, see page 1, item I)

Other assets (describe > _

Other liabilities (describe -_

Unrestricted . . .

Permanently restricted

and complete lines 27 through 31.

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) .

Enter amount from Part I, line 27a

Other increases not included in line 2 (itemize) -

Temporarily restricted

Grants payable

Less allowance for doubtful accounts ▶

disqualified persons (attach schedule) (see instructions) Other notes and loans receivable (attach schedule) ▶

Investments—U S and state government obligations (attach schedule)

Investments—corporate bonds (attach schedule)

Loans from officers, directors, trustees, and other disqualified persons Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow SFAS 117, check here ▶ ✓

Paid-in or capital surplus, or land, bldg, and equipment fund

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Analysis of Changes in Net Assets or Fund Balances

• ,	e the kınd(s) of property sold (e g , irehouse, or common stock, 200 shs	•	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a HILLARD LYONS			Р	2012-12-27	2018-08-21
b EDWARD JONES			Р	2017-01-03	2018-07-30
c PUBLICLY TRADED SECU	RITES		Р	2018-01-01	2018-12-31
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	Cost or	(g) other basis ense of sale	Gain o	h) r (loss)) minus (g)
a 9	6,456	pias exp	86,439	(c) plus (i)	10,017
	9,991		23,814		6,177
	7,812				107,812
d	.,,===				
e					
	showing gain in column (h) and ow	nod by the foundation	on 13/31/60	,	13
(i) F M V as of 12/31/69	(j) Adjusted basis as of 12/31/69	Excess	(k) of col (i) (j), if any	Gains (Col (I col (k), but not	l) h) gain minus less than -0-) or om col (h))
a					10,017
b					6,177
С					107,812
d					
e					
-	gain or (loss) gain or (loss) as defined in sections in the section in the secti		·	3	124,006
<u> </u>	Jnder Section 4940(e) for Re				
If "Yes," the foundation does no	e section 4942 tax on the distributal ot qualify under section 4940(e) Do	not complete this part			es 🗸 No
	nount in each column for each year,	see instructions before	making any entries		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitab	le-use assets	(d) Distribution rati (col (b) divided by co	ol (c))
2017	167,993		3,335,326		0 050368
2016	92,005		2,663,846		0 034538
2015	142,418		2,248,213		0 063347
2014	110,643		2,355,009		0 046982
2013	105,004		2,272,477		0 046207
2 Total of line 1, column (d	· ·		2		0 241442
number of years the foun	ofor the 5-year base period—divide bedation has been in existence if less incharitable-use assets for 2018 from	than 5 years 🔒 .			0 048288 3,345,715
5 Multiply line 4 by line 3		•	5		161,558
	ent income (1% of Part I, line 27b)		6		1,691
			7		163,249
	ons from Part XII, line 4		8		110,408
	eater than line 7, check the box in Pa				

Page **6**

1201	Statements Regard	uing	Activities for which	FORM 4720 May Be	Required (Continue	u)			
5a	During the year did the foundation	pay o	r incur any amount to					Yes	No
	(1) Carry on propaganda, or other	wise a	ttempt to influence legisl	ation (section 4945(e))?	☐ Yes	✓ 1	No		
	(2) Influence the outcome of any s	pecifi	c public election (see sect	tion 4955), or to carry					
	on, directly or indirectly, any vo	oter re	egistration drive?		· · · Pes	✓ 1	No		
	(3) Provide a grant to an individual	l for t	ravel, study, or other sım	ılar purposes?	☐ Yes	✓ 1	No		
	(4) Provide a grant to an organizat in section 4945(d)(4)(A)? See i			· -		✓ 1	.		
	(5) Provide for any purpose other t				· · L Yes		No		
	educational purposes, or for the	e prev	ention of cruelty to childi	ren or animals?		✓ ,	.		
b	If any answer is "Yes" to 5a(1)-(5)	, dıd a	any of the transactions fa	all to qualify under the ex	cceptions described in	Y	No		
	Regulations section 53 4945 or in a		=				5b		
	Organizations relying on a current i								
c	If the answer is "Yes" to question 5	a(4),	does the foundation clain	n exemption from the		ш			
	tax because it maintained expendit			•		П.	.		
	If "Yes," attach the statement requi		· · · · · ·		· · L Yes	ш	No		
6 a	Did the foundation, during the year	, rece	ive any funds, directly or	indirectly, to pay premi	ums on				
	a personal benefit contract?				· 🗆 🗆 vas	✓ 1	Na		
b	Did the foundation, during the year	, pay	premiums, directly or inc	lirectly, on a personal be	nefit contract?		МО 6Ь		No
	If "Yes" to 6b, file Form 8870								
7a	At any time during the tax year, wa	s the	foundation a party to a p	prohibited tax shelter tra	nsaction?		.		
b	If yes, did the foundation receive a				∟ Yes	V	NO 7b		
8	Is the foundation subject to the sec		•						
	excess parachute payment during t								
	Information About				Yes		No		
Pa	and Contractors	OIIIC	ers, Directors, Trust	ices, roundation ma	illagers, nighty Far	u EIII	pioyees	γ,	
1	List all officers, directors, truste	es fo	oundation managers ar	nd their compensation	See instructions				
	List all officers, all cetors, traste		b) Title, and average	(c) Compensation (If		. Т			
	(a) Name and address	`	hours per week	not paid, enter	employee benefit plans	and	(e) Expe	ense acc allowan	
			devoted to position	-0-)	deferred compensation	on			
See	Additional Data Table	_							
		-							
2	Compensation of five highest-pa	id en	nployees (other than t	hose included on line	1—see instructions). I	f non	e, enter	"NONE	. "
, ,	N		(b) Title, and average		(d) Contributions t				
(a)	Name and address of each employee more than \$50,000	paid	hours per week	(c) Compensation	employee benefit plans and deferred		(e) Expe	nse acci Ilowanc	
	more than \$50,000		devoted to position		compensation	•	Ochici e	o	.03
NON	 E								
	I mumah an af athan area lawa a		0.000						
TOTA	I number of other employees paid ov	/er \$5	0,000		· · · · · •		F 01	10 55	/2012
							Form 99	7U-PF	(∠018

Form 990-PF (2018)		Page 7
Part VIII Information About Officers, Directors, Trust and Contractors (continued)	ees, Foundation Managers, Highly I	Paid Employees,
3 Five highest-paid independent contractors for professional s	services (see instructions). If none, ente	er "NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services.		<u> </u>
Part IX-A Summary of Direct Charitable Activities	de velevent statistical information such as the number	of
List the foundation's four largest direct charitable activities during the tax year Inclu organizations and other beneficiaries served, conferences convened, research papers	s produced, etc	Expenses
1		
2		
3		
4		
Part IX-B Summary of Program-Related Investments	•	A
Describe the two largest program-related investments made by the foundation du 1 N/A	uring the tax year on lines 1 and 2	Amount
2		
All other program-related investments See instructions		
3		
Total. Add lines 1 through 3		. •
		Form 990-PF (2018)

3a 3h

4

5

110.408

110,408

Form **990-PF** (2018)

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

the section 4940(e) reduction of tax in those years

4

5

b Total for prior years

d From 2016. . . .

a From 2013. **b** From 2014. . . . c From 2015. .

e From 2017.

2018

Page 9

163,905

110,408

36,030

17,467

Form 990-PF (20	018)
Part XIII	Undistributed Incon

a Enter amount for 2017 only.

Excess distributions carryover, if any, to 2018

f Total of lines 3a through e.

d Applied to 2018 distributable amount. e Remaining amount distributed out of corpus 5 Excess distributions carryover applied to 2018

same amount must be shown in column (a))

(If an amount appears in column (d), the

a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount—see instructions f Undistributed income for 2018 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2019

6 Enter the net total of each column as

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . . .

9 Excess distributions carryover to 2019.

10 Analysis of line 9

a Excess from 2014. . . **b** Excess from 2015. . c Excess from 2016. . . . d Excess from 2017. . . e Excess from 2018. .

Subtract lines 7 and 8 from line 6a

indicated below:

4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ a Applied to 2017, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions).

·PF (20	018)	
Ш	Undistributed Income (see instruc	ctions)
		(a)

P	art XIII	Undistributed Income (see instruc	tic
1	Distributab	le amount for 2018 from Part XI, line 7	
2	Undistribut	ed income, if any, as of the end of 2018	

32 073

3,957

36.030

36,030

Years prior to 2017

(b)

(c)

2017

DEPARTMENTS, VARIOUS SERVICE-PROVIDING ORGANIZATIONS, AND THE ARTS AND SCIENCES



enter gross	s amounts unless otherwise indicated	Unrelated bu	isiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
_	n service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
f						
2 Membe	and contracts from government agencies ership dues and assessments					
	nents			14 14	62,609	
	ntal income or (loss) from real estate					
	-financed property					
	lebt-financed property					
	ntal income or (loss) from personal property nvestment income.					
	r (loss) from sales of assets other than					
invento	` '			14	124,006	
9 Net inc	ome or (loss) from special events					
	profit or (loss) from sales of inventory					
	revenue a					
	al Add columns (b), (d), and (e).				186,615	
	Add line 12, columns (b), (d), and (e)			13	B	
(See w						
	orksheet in line 13 instructions to verify calcu		ment of Even	nt Durnoses		
Part XV	Explain below how each activity for which the accomplishment of the foundation's explain the second	ne Accomplish	ed in column (e) o	of Part XVI-A contribu		
Part XV Line No.	Relationship of Activities to the Explain below how each activity for which	ne Accomplish	ed in column (e) o	of Part XVI-A contribu		
Part XV Line No.	Explain below how each activity for which the accomplishment of the foundation's explain the second	ne Accomplish	ed in column (e) o	of Part XVI-A contribu		
Part XV Line No.	Explain below how each activity for which the accomplishment of the foundation's explain the second	ne Accomplish	ed in column (e) o	of Part XVI-A contribu		
Part XV Line No.	Explain below how each activity for which the accomplishment of the foundation's explain the second	ne Accomplish	ed in column (e) o	of Part XVI-A contribu		
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Part XV Line No.	Explain below how each activity for which the accomplishment of the foundation's explain the second	ne Accomplish	ed in column (e) o	of Part XVI-A contribu		

. ,	1 0,
	Information Regarding Transfers To and Transactions and Relationships With Noncharitable
1111	Exempt Organizations

PailA	ATT	Exempt Organi:	zations							
1 Did th	e orga		directly engage				on described in section	501	Yes	No
a Transf	fers fr	om the reporting foun	dation to a nor	ncharitable exe	empt organization	of				
(1)	Cash.							1a(1)		No
(2)	Other	assets						. 1a(2)		No
b Other	trans	actions								1
(1) 5	Sales	of assets to a nonchari	table exempt (organızatıon.				. 1b(1)		No
		ses of assets from a n					$\cdot \ \cdot \ \cdot \ \cdot \ \cdot \ \cdot$. 1b(2)		No
		of facilities, equipmen						. 1b(3)		No
		ursement arrangemen						1b(4)		No
` '		or loan guarantees.						. 1b(5)		No
		nance of services or m	•	-				1b(6)		No
	-	acılıtıes, equipment, n		•						No
of the	good trans	s, other assets, or serv	vices given by ngement, shov	the reporting w in column (d	foundation If the	foundation receive goods, other asse	ways show the fair ma ed less than fair marke ets, or services receive f transfers, transactions, a	t value d	ngemen	nts
<u> </u>		` '			, ,	, , , ,	•			
	4									
	-									
	+									
	<u> </u>									
		dation directly or indire					_	.		
		section 501(c) (other		501(c)(3)) or i	in section 527? .		Ц Yes	✓ No		
b If "Yes	s," coi	mplete the following so		1 4	L X T 6	1	(-) D			
		(a) Name of organization	on	(1	b) Type of organization	on	(c) Description of	relationship		
	of my		, it is true, cor				ing schedules and stat than taxpayer) is base			
Sign Here	*:	****			2019-11-13	*****		May the IRS di return with the prepa		
	S	gnature of officer or to	rustee		Date	Title		below (see instr)?	✓ Yes I	□ _{No}
		Print/Type preparer's	name F	Preparer's Sigr	nature	Date	Check if self-	IN P00052	9433	
Paid		CHRISTINE D DAT CPA	TILO		201		2019-11-13 employed ▶ ☐			
repai		Firm's name ► SHE	RMAN BARBER	& MULLIKIN F	PC		Fir	m's EIN ▶35	-19009	
Jse O	niy	Ermole address 5 24	0 W 200 CT							-
			0 W 3RD ST ADISON, IN 4	72503339			Ph	one no (812) 265-5	5312
							l			

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, not paid, enter Contributions to (e) other allowances hours per week (b) devoted to position -0-) employee benefit plans and deferred compensation SCOTT HUBBARD PRESIDENT 000 00 2905 WILSON AVE

MADISON, IN 4/250				
KEVIN ORRILL	VICE PRESIDE	0	0	0
2905 WILSON AVE MADISON, IN 47250	1 000 00			
GREG EDWARDS	ASST SEC	0	0	0

MADISON, IN 47250				
GREG EDWARDS	ASST SEC	0	0	0
2905 WILSON AVE MADISON, IN 47250	000 00			
DAN GRADY	SECRETARY	0	0	0

	ASSI SEC	•	l a	Ĭ
2905 WILSON AVE MADISON, IN 47250	000 00			
DAN GRADY	SECRETARY	0	0	0
	000 00			1

MADISON, IN 47250				
DAN GRADY	SECRETARY	0	0	0
2905 WILSON AVE	000 00			

DAN GRADY	SECRETARY	0	0	0
2905 WILSON AVE MADISON, IN 47250	000 00			

2905 WILSON AVE MADISON, IN 47250	1 000 00			
ROBERT WISE	TREASURER	0	0	

000 00

2905 WILSON AVE MADISON, IN 47250

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager

recipient

110,408

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year			
AMERICAN CANCER SOCIETY TRIMBLE COUNTY MILTON, KY 40045		RELAY FOR LIFE	1,000
AMERICAN CANCER SOCIETY JEFFERSON COUNTY		RELAY FOR LIFE	1,000

AMERICAN CANCER SOCIETY JEFFERSON COUNTY MADISON, IN 47250		RELAY FOR LIFE	1,
AMERICAN CANCER SOCIETY		RELAY FOR LIFE	1,

JEFFERSON COUNTY MADISON, IN 47250		RELAY FOR LIFE	1,000
AMERICAN CANCER SOCIETY HENRY COUNTY HENRY COUNTY, KY 40007		RELAY FOR LIFE	1,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year

AMERICAN CANCER SOCIETY CHESTER COUNTY HENDERSON, TN 38340		RELAY FOR LIFE	1,000
AMERICAN CANCER SOCIETY		RELAY FOR LIFE	1 000

AMERICAN CANCER SOCIETY CARROLL COUNTY CARROLLTON, KY 41008		RELAY FOR LIFE	1,000
AMERICAN FOUNDATION FOR SUICIDE PRE 120 WALL STREET		OUT OF DARKNESS WALK	500

Total	 	▶ 3a	110,408
AMERICAN FOUNDATION FOR SUICIDE PRE 120 WALL STREET NEW YORK, NY 10005		OUT OF DARKNESS WALK	500
CARROLLTON, KY 41008			

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution

any foundation manager

Name and address (home or business)

12211 RULLMAN DR DILLSBORO, IN 47018

Total .

Name and address (nome or business)	or substantial contributor		
a Paid during the year			
AMERICAN RED CROSS JEFFERSON COUNTY MADISON, IN 47250		2018 PLEDGE	2,500
BIG BROTHERSBIG SISITERS 411 WEST MAIN STREET MADISON, IN 47250		SPONSORSHIP	1,000
CHILDRENS ADVOCACY CT OF SO E IN		SPONSOR	500

recipient

MADISON, IN 47250			
BIG BROTHERSBIG SISITERS 411 WEST MAIN STREET MADISON, IN 47250		SPONSORSHIP	1,
CHILDRENS ADVOCACY CT OF SO E IN		SPONSOR	

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

· ·	or substantial contributor		
a Paid during the year			
CITY OF MADISON132 MAIN STREET		COMMUNITY CONCERT BAND	500

MADISON, IN 47250		COMMONITY CONCERT BAND	300
CITY OF MADISON PARKS DEPT 101 MAIN STREET		SPONSORSHIP	300

CITY OF MADISON PARKS DEPT 101 MAIN STREET MADISON, IN 47250		SPONSORSHIP	300

101 MAIN STREET MADISON, IN 47250			
FRIENDS OF CANAAN INCPO BOX 20		CONTRIBUTIONS	50

1ADISON, IN 47250			
RIENDS OF CANAAN INCPO BOX 20 CANAAN, IN 47224		CONTRIBUTIONS	50

CANAAN, IN 47224	FRIENDS OF CANAAN INCPO BOX 20 CANAAN, IN 47224			CONTRIBUTIONS	50
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Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
FRIENDS OF THE OHIO THEATER INC PO BOX 42		1 OF 3 YEARLY DONATIONS	25,000
MADICON IN 470E0	1		

GIRLS INC109 W THIRD STREET MADISON, IN 47250		VAN	425
PO BOX 42 MADISON, IN 47250			

GIRLS INC109 W THIRD STREET MADISON, IN 47250		VAN	425
HABITAT FOR HUMANITY 931 LANIER DRIVE MADISON, IN 47250		SPONSOR	1,000

Total	▶ 3a	110,408
HABITAT FOR HUMANITY 931 LANIER DRIVE MADISON, IN 47250	SPONSOR	1,000
MADISON, IN 47250		

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
INDIANA YOUTH INSTITUTESUITE 800 INDIANAPOLIS, IN 46204		SPONSOR	500

4,500

110,408

FFERSON CO PUBLIC LIBRARY 73 MADISON AVE ANOVER, IN 47243		SUMMER READING PROGRAM	
<u>'</u>			

Total .

273 MADISON AVE HANOVER, IN 47243			
JEFFERSON COUNTY 4-H		LIVESTOCK, BUILDING	3,531

3,531
;

JEFFERSON COUNTY 4-H		LIVESTOCK, BUILDING	3,531
300 E MAIN STREET		SPONSORSHIP	
MADISON, IN 47250			

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
JEFFERSON COUNTY UNITED WAY 100 EAST 2ND ST SUITE B MADISON, IN 47250		PLEDGE	12,000

MADISON, IN 47250			
JEFFERSON COUNTY VETERANS COUNCIL 315 JEFFERSON STREET		SPONSOR	2,500
MADISON IN 47250			

COUNCIL 315 JEFFERSON STREET MADISON, IN 47250			·
JEFFERSON COUNTY YOUTH SHELTER 212 EAST STREET		SPONSOR	250

315 JEFFERSON STREET MADISON, IN 47250			
JEFFERSON COUNTY YOUTH SHELTER 212 EAST STREET		SPONSOR	250

MADISON, IN 47250			
JEFFERSON COUNTY YOUTH SHELTER 212 EAST STREET MADISON, IN 47250		SPONSOR	250

MADISON, IN 47250			
Total		. 3a	110 408

Recipient If recipient is an individual, show any relationship to status of status of

any foundation manager

or substantial contributor

Name and address (home or business)

309 WEST MAIN STREET MADISON, IN 47250

Total .

a Paid during the year			
KING'S DAUGHTERS' HOSPITAL FDN 1373 E ST RD 62 MADISON, IN 47250		HOPE & HEALING CANCER CENTER	16,252
LIDE WHITE BOYS & GIRLS CLUB 601 W 1ST ST MADISON, IN 47250		HOLE SPONSOR	100
MADISON ART CLUB		SPONSOR	500

recipient

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
MADISON CONSOILDATED SCHOOL 473 CLIFTY DRIVE MADISON, IN 47250		BASEBALL	2,000

ISON, IN 47250		
WASHINTON VOL FIRE DEPT		FIREMANS PICNIC

11/1015011,111 1/250			
NEW WASHINTON VOL FIRE DEPT		FIREMANS PICNIC	
HWY 62			
NEW WASHINGTON, IN 47162			

NEW WASHINTON VOL FIRE DEPT		FIREMANS PICNIC	100
HWY 62			
NEW WASHINGTON, IN 47162			

NEW WASHINGTON, IN 47162			
OVO LA CASA AMIGA970 CROSS AVE		SPONSOR	4,320

OVO LA CASA AMIGA970 CROSS AVE MADISON, IN 47250		SPONSOR	4,320

110,408

O LA CASA AMIGA970 CROSS AVE		SPONSOR
DISON, IN 47250		

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

a Paid during the year			
OHIO RIVER VALLEY FOLK SOCIETY PO BOX 81		RIVER ROOTS FESTIVAL	5,000

PO BOX 81 MADISON, IN 47250			
OUR HOSPICE OF SOUTH CENTRAL IND		SPONSOR	2,500

MADISON, IN 4/250			
OUR HOSPICE OF SOUTH CENTRAL IND 2626 17TH ST COLUMBUS, IN 47201		SPONSOR	2,500

2626 17TH ST COLUMBUS, IN 47201		FONSOR	2,300
PHI BETA PSIMAIN STREET		CANCER RESEARCH	300

COLUMBUS, IN 47201			
PHI BETA PSIMAIN STREET MADISON, IN 47250		CANCER RESEARCH FUNDRAISER	300

PHI BETA PSIMAIN STREET MADISON, IN 47250		CANCER RESEARCH FUNDRAISER	300

MADISON, IN 47250	FUNDRAISER	30
Total	 ▶ 3a	110,408

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

RIVERFRONT DEVELOPMENT 501 WEST VAUGHN DRIVE MADISON, IN 47250		WINE STEIN BARREL	250
SAFE PASSAGE101 WEST MAIN		SPONSOR	1,500

MADISON, IN 47250		SPONSOR	1,500
SOUTHWESTERN MIDDLE SCHOOL 239 S MAIN CROSS HANOVER, IN 47243		READING PROGRAM	1,800

110,408

MADISON, IN 47250			
SOUTHWESTERN MIDDLE SCHOOL 239 S MAIN CROSS HANOVER, IN 47243		READING PROGRAM	1,8

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year

Total .

SPECIAL OLYMPICS INDIANA JEFFERSON COUNTY IN MADISON, IN 47250		SPONSOR	500

MADISON, IN 47250			
SW MIDDLE & HS167 S MAIN CROSS ST HANOVER, IN 47243		ARCHERY TEAM	1,080
CMITZEDLAND COLINTY HE RDA		BLICTNIECC	1 100

HANOVER, IN 47243		ANOTHER TEAT	1,000
SWITZERLAND COUNTY HS BPA 1040 WEST MAIN STREET		BUSINESS	1,100

SWITZERLAND COUNTY HS BPA 1040 WEST MAIN STREET VEVAY, IN 47043		BUSINESS	1,100

Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
THE SALVATION ARMY331 E MAIN ST MADISON, IN 47250		ROCKIN ON THE RIVER SPONSORSHIP	1,000

ADISON, IN 47230		31 011301131111
HIRST PROJECTSUITE 400 OS ANGELES, CA 90036		HANOVER COLLEGE-BENJATEMPLETON

Total .

THIRST PROJECTSUITE 400 LOS ANGELES, CA 90036		HANOVER COLLEGE-BENJAMIN TEMPLETON	
TRIMBLE COUNTY MIDDLE SCHOOL		BETA CLUB	

LOS ANGELES, CA 90036		TEMPLETON	
TRIMBLE COUNTY MIDDLE SCHOOL 1029 WEST 421		BETA CLUB	950
BEDFORD, KY 40006			

TRIMBLE COUNTY MIDDLE SCHOOL		BETA CLUB	950
1029 WEST 421			
BEDFORD, KY 40006			

100

BEDFORD, KY 40006	
1029 WEST 421	

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient Foundation Purpose of grant or If recipient is an individual, Amount show any relationship to status of contribution

any foundation manager

Name and address (home or business)

Total .

·	or substantial contributor		
a Paid during the year			
VIST MADISON601 W 1ST STREET MADISON, IN 47250		MADISON RIBBERFEST	6,000

recipient

	MADISON, IN 47250			
	WHITMORE LAKE HIGH SCHOOL 7430 WHITMORE LAKE ROAD		ROBOTICS TEAM	5
Ш	WHITMODE LAVE MT 40100			1

WHITMORE LAKE HIGH SCHOOL		ROBOTICS TEAM	5,000
7430 WHITMORE LAKE ROAD			
WHITMORE LAKE, MI 48189			

file GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491317018359							
TY 2018 Accounting Fee	s Schedule						
Name: ARVIN SANGO FOUNDATION							
	EIN: 35-2062360						
Category	Category Amount Net Investment Adjusted Net Disbursements						
		Income	Income	for Charitable Purposes			
ACCOUNTING FEES	1,890	1,890					

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491317018359					
TY 2018 Investments Corporate Stock Schedule							

1,275,672

1,222,684

Name:	ARVIN SANGO	FOUNDATION
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EIN: 35-2062360

HILLIARD LYONS -MF-4552557

Investments Corporation Stock Schedule		
Name of Stock	End of Year Book Value	End of Year Fair Market Value
EDWARD JONES -MF-468-107411-1-6	1,855,159	2,015,596

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491317018359							
TY 2018 Other Expenses Sche	edule			_			
Name: ARVIN SANGO FOUNDATION							
EIN: 35-2062360							
Other Expenses Schedule				·			
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
EXPENSES							
MISCELLANEOUS	1,697	1,697					

efile GRAPHIC print - DO NOT PROCESS	OCESS As Filed Data - DLN: 93491317018359						
TY 2018 Other Professional Fees Schedule							
Name: ARVIN SANGO FOUNDATION EIN: 35-2062360							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
PROFESSIONAL FEES	11,223	11,223					

efile GRAPHIC print - DO NOT PR	OCESS As Filed Data	-	DLN: 93491317018359	
TY 2018 Taxes Schedule				
Name: ARVIN SANGO FOUNDATION EIN: 35-2062360				
Category	Amount	Net Investment	Adjusted Net	Disbursements
		Income	Income	for Charitable Purposes
TAXES	1,495	Income 1,495	_	for Charitable