Form **990-PF**

Return of Private Foundation

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 www.irs gov/Form990PF for instructions and the latest information

OMB No 1545-0047

| Department of the Treasury | <u> </u> | | rs gov/Form990PF for instr | | | rmation | Open to Public Inspection |
|--|---|--|---|-------------------|----------|--|--|
| or calendar year 2019 | or tax year beg | jinning | | , and endin | g | A Faralaura Idankisiaakiaa | aumba. |
| Name of foundation | | , | | | | A Employer identification | number |
| THE MULHO | LLEM CRA | AVENS FOUN | DATION | | | 20-3835578 | |
| | | is not delivered to street a | | Ro | om/suite | B Telephone number | |
| PO BOX 19: | C/O PA | AUL B MULHO | OLLEM JR. | | | 312-298-20 | 00 |
| City or town, state or p | | y, and ZIP or foreign p R 1 1 | ostal code | | | C If exemption application is p | ending, check here |
| CARLITSIE, | | tial return | Initial return of a fo | ormer public char | ıtv | D 1 Foreign organizations | s, check here |
| Oncon an inarappy | = | al return | Amended return | | • | | |
| | Ad | dress change | Name change | | | 2 Foreign organizations me check here and attach co | eting the 85% test, imputation |
| Check type of organ | | · · · · · · · · · · · · · · · · · · · | empt private foundation | ΔU | | E If private foundation sta | tus was terminated _ |
| Section 4947(a) | | | Other taxable private founda | | | under section 507(b)(1) | (A), check here |
| Fair market value of | | _ | - | Accrual | | F If the foundation is in a | |
| (from Part II, col (c) | line 16) 1 040 (| | ther (specify) nn (d), must be on cash bas | ie) | | under section 507(b)(1) | (B), check here |
| ▶\$ Part I Analysis of | Revenue and Ex | cpenses | (a) Revenue and | (b) Net inves | tment | (c) Adjusted net | (d) Disbursements |
| The total of a | nounts in columns in | (b), (c), and (d) may not | expenses per books | income | | income | for charitable purposes (cash basis only) |
| | s, gifts, grants, e | | 170,125. | | | N/A | |
| 2 Check | if the foundation is n | of required to attach Sch. B | | | | | |
| 3 Interest on sav | ngs and temporary ts | | 12,643. | | 643. | | STATEMENT |
| 4 Dividends an | d interest from s | securities | 35,145. | 35, | 145. | | STATEMENT |
| 5a Gross rents | | | | | | | |
| b Net rental incor | | | 258,313. | | | | - |
| 6a Net gain or (los Gross sales pri | e for all 1 | , 131 , 349 . | 230,313. | | | | |
| b assets on line to 7 Capital gain ne | • — | | | 258, | 313. | | |
| . | m capital gain | , , | | | | RE | CEIVED |
| 9 Income mod | fications | | | | | _O | (1.0.000 |
| 10a and allowances | s returns | | | | | AM S | 1 3 2020 K |
| b Less Cost of g | oods sold | | | | | | J S |
| c Gross profit | , , | | | | | OG | DEN. UT |
| 11 Other incom | | 1 | 476,226. | 306 | 101. | | 7211, 01 |
| | nes 1 through 1 of officers, directors | | 0. | 300, | 0. | | |
| 1 | ee salaries and | | | | | | |
| 15 Pension plan | | = | | | | | |
| 16a Legal fees | | STMT 3 | 152. | | 152. | | <u> </u> |
| b Accounting f | | STMT 4 | 4,000. | | 000. | | |
| c Other profes | sional fees | STMT 5 | 10,816. | 10, | 816. | | |
| 17 Interest | | STMT 6 | 2,018. | | 325. | | |
| 18 Taxes 19 Depreciation | and depletion | DIMI 0 | 2,010. | | 3234 | | |
| b Accounting to Counting the Accounting the Accounting to Counting the Accounting the Acco | and adpionion | | | | | | |
| | rences, and mee | etings | | | | | |
| 22 Printing and | publications | | | | <u> </u> | | |
| 23 Other expens | | STMT 7 | 199. | | 159. | | 4 |
| 24 Total operat | ing and adminis | | 17 105 | 1 5 | 452 | 1 | |
| # | dd lines 13 thro | | 17,185. 392,500. | 13, | 452. | | 392,50 |
| 25 Continuation | s, gifts, grants p ses and disburs | | 372,300+ | | | † · · · · · · · · · · · · · · · · · · · | 3,2,30 |
| Add lines 24 | | omonta | 409,685. | 15. | 452. | | 392,54 |
| | 26 from line 12 | • | | | | | |
| 1 | | and disbursements | 66,541. | | | | |
| 1 | ent income (if ne | | | 290 | 649. | | |
| c Adjusted ne | income (if negat | tive, enter -0-) rk Reduction Act Notic | | L | | N/A | Form 990-PF (26 |

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Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29

1,693,487.

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See the Part VI instructions.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate

3

| Form 990-PF (2019) THE MULHOLLEM C | CRAVENS FOUNDATION | 20- | <u>3835578</u> | Page 4 | |
|--|---|---------|----------------|--|-----|
| Part VI Excise Tax Based on Investmen | nt Income (Section 4940(a), 4940(b), 4940(e), or 4 | 948 - : | see instruc | ctions) | |
| 1a Exempt operating foundations described in section 4940(| d)(2), check here and enter "N/A" on line 1 | | | 1 | |
| | (attach copy of letter if necessary-see instructions) | | | | |
| b Domestic foundations that meet the section 4940(e) requ | | 1 | | 2,906. | |
| of Part I, line 27b | | | | | |
| c All other domestic foundations enter 2% of line 27b. Exer | npt foreign organizations, enter 4% of Part I, line 12, col. (b) | | | | |
| 2 Tax under section 511 (domestic section 4947(a)(1) trust | ts and taxable foundations only; others, enter -0-) | 2 | | 0. | |
| 3 Add lines 1 and 2 | | 3 | | 2,906. | |
| 4 Subtitle A (income) tax (domestic section 4947(a)(1) trus | sts and taxable foundations only; others, enter -0-) | 4 | | 0. | |
| 5 Tax based on investment income Subtract line 4 from I | ine 3 If zero or less, enter -0- | 5 | | 2,906. | |
| 6 Credits/Payments. | | | | } | |
| a 2019 estimated tax payments and 2018 overpayment cred | | - 1 | |] | |
| b Exempt foreign organizations - tax withheld at source | 6b 0. | | | ĺ | |
| c Tax paid with application for extension of time to file (For | | | | | |
| d Backup withholding erroneously withheld | 6d O. | J | | | |
| 7 Total credits and payments Add lines 6a through 6d | | 7 | | 2,100. | |
| 8 Enter any penalty for underpayment of estimated tax. Che | eck here if Form 2220 is attached | 8 | | 0. | |
| 9 Tax due. If the total of lines 5 and 8 is more than line 7, e | enter amount owed | 9 | | 806. | |
| 10 Overpayment If line 7 is more than the total of lines 5 ar | | 10 | | | |
| 11 Enter the amount of line 10 to be: Credited to 2020 estim | | 11 | | | |
| Part VII-A Statements Regarding Activit | | | | Waa Na | |
| 1a During the tax year, did the foundation attempt to influence | ce any national, state, or local legislation or did it participate or interven | e in | <u> </u> | Yes No | |
| any political campaign? | | | 1a | X | |
| | tly or indirectly) for political purposes? See the instructions for the defii | nition | 1b | X | |
| • | ription of the activities and copies of any materials published or | | | | |
| distributed by the foundation in connection with the activi | tres | | | | |
| c Did the foundation file Form 1120-POL for this year? | | | 1c | X | |
| d Enter the amount (if any) of tax on political expenditures (| | | | | |
| (1) On the foundation > \$ | | _ | | | |
| | luring the year for political expenditure tax imposed on foundation | | 1 | } | |
| managers. ► \$ | | | <u> </u> | - | |
| 2 Has the foundation engaged in any activities that have not | t previously been reported to the IRS? | | 2 | X | |
| If "Yes," attach a detailed description of the activities | | | | | |
| | orted to the IRS, in its governing instrument, articles of incorporation, or | or | | | |
| bylaws, or other similar instruments? If "Yes," attach a co | | | 3 | X | |
| 4a Did the foundation have unrelated business gross income | | NT | /A 4a 4b | ^ | |
| b If "Yes," has it filed a tax return on Form 990-T for this ye | | 14 | / A 4b 5 | $\frac{1}{x}$ | |
| 5 Was there a liquidation, termination, dissolution, or subst | | | 3 | | |
| If "Yes," attach the statement required by General Instru 6 Are the requirements of section 508(e) (relating to section | | | ĺ | 1 1 | |
| By language in the governing instrument, or | ns 4941 iniough 4943) sausheo einier. | | | | |
| | ng instrument so that no mandatory directions that conflict with the stat | a law | | | |
| remain in the governing instrument? | ig instrument so that no mandatory directions that connect with the stat | C IdW | 6 | <u>X</u> | |
| 5 5 | me during the year? If "Yes," complete Part II, col. (c), and Part XV | | 7 | X | |
| / Did the loundation have at least \$5,000 in assets at any ti | ine during the year in tes, complete rattin, col. (c), and ratt Av | | - | | |
| 8a Enter the states to which the foundation reports or with w | which it is requetered. See instructions | | | | |
| IL, KY | michi is registered See instructions | | | | |
| | ed a copy of Form 990-PF to the Attorney General (or designate) | | | | |
| of each state as required by General Instruction G? If | | | 8b | | ^ |
| | no, attach explanation lundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale | andar | on | | |
| year 2019 or the tax year beginning in 2019? See the inst | | ilual | 9 | - | 人 |
| | the tax year? If "Yes," attach a schedule listing their names and addresses | | 10 | | , \ |
| | and your in 100, andone a surgeon moning men marines and adult 65565 | - | | D-PF (2019) | |

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Website address

foreign country

a disqualified person?

If "Yes," list the years

statement - see instructions)

during the year?

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Schedule C, to determine if the foundation had excess business holdings in 2019)

had not been removed from jeopardy before the first day of the tax year beginning in 2019?

b If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Form 4720,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Yes X No

N/A

3b

4a

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X

| Form 990-PF (2019) THE MULHOLLEM CRAVENS FOR | | | <u> 20-38355'</u> | <u>78</u> | Page 6 | |
|--|--|-----------------------------------|--|---|---------------|--|
| Part VII-B Statements Regarding Activities for Which F | orm 4720 May Be R | equired _{(contin} | ued) | | | |
| 5a During the year, did the foundation pay or incur any amount to: | | | | Yes | No | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | 4945(e))? | Yo | es X No | | | |
| (2) Influence the outcome of any specific public election (see section 4955); or | r to carry on, directly or indire | ectly, | | - | | |
| any voter registration drive? | | Y | es X No | | | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes' | ` | Y | es X No | | 1 1 | |
| (4) Provide a grant to an organization other than a charitable, etc., organization | described in section | | | | | |
| 4945(d)(4)(A)? See instructions | | ☐ Y | es X No | | | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or fe | | | 1 | | |
| the prevention of cruelty to children or animals? | or outside purposes, or t | | es X No | | | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und | for the excentions described i | | | - 1 |] | |
| section 53 4945 or in a current notice regarding disaster assistance? See instru | | ii ii cydialions | N/A | | — | |
| Organizations relying on a current notice regarding disaster assistance, check h | | | | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | \vdash | |
| | c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained | | | | | |
| * | | | | | li | |
| expenditure responsibility for the grant? | I/A Y | es L No | } |] } | | |
| If "Yes," attach the statement required by Regulations section 53 4945-5(d) | | | • | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to p | oay premiums on | | □ | | | |
| a personal benefit contract? | | Y | es X No | | | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal benefit contract? | | <u> </u> | 3b | X | |
| If "Yes" to 6b, file Form 8870 | | | (TE) | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | | Y ₀ | es X No | | <u></u> —' | |
| b If "Yes," did the foundation receive any proceeds or have any net income attribu | | | N/A | 7b | <u> </u> | |
| 8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$ | 1,000,000 in remuneration or | | | | | |
| excess parachute payment(s) during the year? | | | es X No | | | |
| Part VIII Information About Officers, Directors, Truste | es, Foundation Mar | nagers, Highly | | | | |
| Paid Employees, and Contractors | | | | | | |
| 1 List all officers, directors, trustees, and foundation managers and the | | Tr. Vonmannation | [(a) 0 | | | |
| (a) Name and address | (b) Title, and average hours per week devoted | (c) Compensation (if not paid, | (d) Contributions to employee benefit plans and deferred | (e) Exp account | ense other | |
| | to position | enter -0-) | compensation | allowa | nces | |
| | DIRECTOR | | l i | | | |
| PO BOX 192 C/O PAUL B MULHOLLEM JR. | | i | ì | | | |
| CARLISLE, KY 40311 | <u>0.00</u> | 0. | 0. | | 0. | |
| VALERIE K. CRAVENS | DIRECTOR | | | | | |
| PO BOX 192 C/O PAUL B MULHOLLEM JR. | | | | | | |
| CARLISLE, KY 40311 | 0.00 | _ 0. | 0. | | 0. | |
| SYLVIA J. CRAVENS | DIRECTOR | | | | | |
| 141 KENTUCKY AVE. | | | | | | |
| LEXINGTON, KY 40502 | 0.00 | 0. | 0. | | 0. | |
| <u> </u> | | | | | | |
| | | | | | | |
| - | | | | | | |
| 2 Compensation of five highest-paid employees (other than those incl | uded on line 1). If none, | enter "NONE." | <u> </u> | | | |
| | (b) Title, and average | | (d) Contributions to employee benefit plans | (e) Exp | | |
| (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (c) Compensation | and deferred compensation | ačcount allowa | | |
| NONE | dovoted to position | | compensation | 4.0.0 | | |
| | | Į. | , | | | |
| | _ | | - | | | |
| | | | | | | |
| | | | | <u> </u> | | |
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| | | | | | | |
| | | - | | | | |
| · | | | | | | |
| | <u></u> | <u> </u> | <u> </u> | | | |
| Total number of other employees paid over \$50,000 | | | | | <u> </u> | |
| | | | Form | 990-PF | (2019) | |

| - | M 990-1 (2019) THE MODICODEM CRAVENS FOUNDATION | | 0 3033370 Fage 6 |
|----------|---|--------------|------------------------|
| F | art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four | dation | s, see instructions) |
| 1 | Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes. | | |
| а | | 1a | 1,448,002. |
| b | Average of monthly cash balances | 1b | 1,448,002. 277,298. |
| | Fair market value of all other assets | 10 | |
| d | Total (add lines 1a, b, and c) | 1d | 1,725,300. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) 1e 0. | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 1,725,300. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 25,880. |
| 5 | Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4. | 5 | 1,699,420. |
| 6 | Minimum investment return Enter 5% of line 5 | 6 | 84,971. |
| F | Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations an | d certaii | n |
| | foreign organizations, check here 🕨 🔲 and do not complete this part) | | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 84,971. |
| 2a | Tax on investment income for 2019 from Part VI, line 5 | | |
| b | Income tax for 2019 (This does not include the tax from Part VI) | | |
| C | Add lines 2a and 2b | 2c | 2,906. |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 82,065. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 82,065. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7 | Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 82,065. |
| F | Part XII Qualifying Distributions (see instructions) | | |
| <u>-</u> | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes: | Т | <u> </u> |
| a | | 1a | 392,540. |
| b | | 1b | 0. |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the: | | |
| | Suitability test (prior IRS approval required) | 3a | |
| b | | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8; and Part XIII, line 4 | 4 | 392,540. |
| 5 | Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment | \vdash | |
| ٠ | income. Enter 1% of Part I, line 27b | 5 | 2.906. |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 2,906. 389,634. |
| • | Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of | | |
| | 4940(e) reduction of tax in those years | | |

| Part XIII Undistributed Income (s | ee instructions) | | | |
|---|------------------|---------------------|-------------|---------|
| | (a) | (b) | (c) | (d) ' |
| | Corpus | Years prior to 2018 | 2018 | 2019 |
| 1 Distributable amount for 2019 from Part XI, line 7 | | | | 82,065. |
| 2 Undistributed income, if any, as of the end of 2019 | | | | • |
| a Enter amount for 2018 only | | | 0. | |
| b Total for prior years. | | 0. | | |
| Excess distributions carryover, if any, to 2019: | | <u> </u> | | |
| a From 2014 157,853. | | 1 | , | |
| b From 2015 275,540. | | | | |
| c From 2016 273,463. | | | | |
| d From 2017 269,827. | | | | |
| e From 2018 296, 306. | | | | |
| f Total of lines 3a through e | 1,272,989. | | | |
| 4 Qualifying distributions for 2019 from | | | | |
| Part XII, line 4: ► \$ 392,540. | | | | |
| a Applied to 2018, but not more than line 2a | | | 0. | |
| b Applied to undistributed income of prior | | | | |
| years (Election required - see instructions) | | 0. | | |
| c Treated as distributions out of corpus | | | | |
| (Election required - see instructions) | 0. | | | |
| d Applied to 2019 distributable amount | | | | 82,065. |
| e Remaining amount distributed out of corpus | 310,475. | | | |
| Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a)) | 0. | | | 0. |
| 6 Enter the net total of each column as | | | | |
| indicated below | 1,583,464. | | | |
| a Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 1,303,404. | | | |
| b Prior years' undistributed income Subtract line 4b from line 2b | | 0. | | |
| c Enter the amount of prior years' | <u>-</u> | | | |
| undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed | | 0. | | |
| d Subtract line 6c from line 6b. Taxable | | | | |
| amount - see instructions | | 0. | | |
| e Undistributed income for 2018 Subtract line | | | | |
| 4a from line 2a. Taxable amount - see instr. | | | 0. | |
| f Undistributed income for 2019 Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2020 | | | | 0. |
| 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) | 0. | | | |
| 8 Excess distributions carryover from 2014 | 4 | 1 | | |
| not applied on line 5 or line 7 | 157,853. | | | |
| 9 Excess distributions carryover to 2020 | 1 405 644 | | | |
| Subtract lines 7 and 8 from line 6a | 1,425,611. | | | |
| 10 Analysis of line 9 | | | | |
| a Excess from 2015 275,540. | ļ | J | | |
| b Excess from 2016 273, 463. | | | | |
| c Excess from 2017 d Excess from 2018 269,827. | | | | |
| d Excess from 2018 296,306. e Excess from 2019 310,475. | | | | |

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| Form 990-PF (8019) THE MUL | HOLLEM CRAV | ENS_FOUNDAT | ION | 20-38 | 35578 Page 10 | |
|--|--------------------------------|------------------------------|---------------------------------------|-----------------------------|---------------------------|--|
| Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9) N/A | | | | | | |
| 1 a If the foundation has received a ruling or determination letter that it is a private operating | | | | | | |
| foundation, and the ruling is effective for | | = | ▶ ∟ | | | |
| b Check box to indicate whether the found | | ig foundation described ii | | 4942(j)(3) or 49 | 42(j)(5) | |
| 2 a Enter the lesser of the adjusted net | Tax year | | Prior 3 years | | | |
| income from Part I or the minimum | (a) 2019 | (b) 2018 | (c) 2017 | (d) 2016 | (e) Total | |
| investment return from Part X for | | | ļ | | | |
| each year listed | | | | <u> </u> | | |
| b 85% of line 2a | | | | | | |
| c Qualifying distributions from Part XII, | ` | | | | | |
| line 4, for each year listed | | | | | | |
| d Amounts included in line 2c not | | | | | | |
| used directly for active conduct of | | | | | | |
| exempt activities | | | | | | |
| e Qualifying distributions made directly | | \ | | | | |
| for active conduct of exempt activities | | | | | | |
| Subtract line 2d from line 2c | | | | | | |
| 3 Complete 3a, b, or c for the alternative test relied upon. | | | | | | |
| a "Assets" alternative test - enter: | | | | | | |
| (1) Value of all assets | | | | | | |
| (2) Value of assets qualifying | | | | | | |
| under section 4942(j)(3)(B)(i) | | | | <u> </u> | | |
| b "Endowment" alternative test - enter 2/3 of minimum investment return | | | | | | |
| shown in Part X, line 6, for each year listed | | | | | | |
| c "Support" alternative test - enter: | | | | | | |
| (1) Total support other than gross | | | | | | |
| investment income (interest, | | | | | | |
| dividends, rents, payments on securities loans (section | | | | | | |
| 512(a)(5)), or royalties) | | | | | | |
| (2) Support from general public | | | | | | |
| and 5 or more exempt organizations as provided in | | | | | | |
| section 4942(j)(3)(B)(iii) | | <u></u> | | | $\overline{}$ | |
| (3) Largest amount of support from | | | | | \ | |
| an exempt organization | | | | | | |
| (4) Gross investment income | ļ | | | | | |
| Part XV Supplementary Info | | | the foundation | had \$5,000 or mor | e in assets | |
| at any time during the | ne year-see instr | uctions.) | · · · · · · · · · · · · · · · · · · · | | | |
| 1 Information Regarding Foundatio | • | | | | | |
| a List any managers of the foundation whi | | | ibutions received by the | foundation before the close | e of any tax | |
| year (but only if they have contributed m | iore man \$5,000) (See s | ection 507(a)(2)) | | | | |
| NONE | | | | | | |
| b List any managers of the foundation who | | | or an equally large portion | on of the ownership of a pa | rtnership or | |
| other entity) of which the foundation has | o a 1070 UI YI EALEI IIILEI ES |). | | | | |
| NONE | | | | | | |
| 2 Information Regarding Contribute | | | | | | |
| Check here X if the foundation o | | | | | ests for funds. If | |
| the foundation makes gifts, grants, etc , | | | | | | |
| a The name, address, and telephone numb | per or email address of th | e person to whom applica | ations should be address | Sea: | | |
| | | | | | | |
| b The form in which applications should b | e submitted and informat | non and materials they sh | only include. | | | |
| | | | | | | |
| c Any submission deadlines; | | | | | | |
| d Any restrictions or limitations on awards | s, such as by geographica | al areas, charitable fields, | kinds of institutions, or | other factors: | | |
| | | | | | | |
| 923601 12-17-19 | | <u> </u> | | | Form 990-PF (2019) | |

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager contribution status of Name and address (home or business) or substantial contributor recipient a Paid during the year CENTRAL KENTUCKY RIDING FOR HOPE NONE TO FURTHER THE MISSION OF THE DONEE 4185 WALT ROBERTSON RD 25,000. LEXINGTON, KY 40511 NONE TO FURTHER THE MISSION COMMONWEALTH FUND FOR KET OF THE DONEE 560 COOPER DRIVE 15,000. LEXINGTON, KY 40502 TO FURTHER THE MISSION KENTUCKY DOLL AND TOY MUSEUM NONE ÞС 105 WEST MAIN STREET OF THE DONEE 5,000. CARLISLE, KY 40311 TO FURTHER THE MISSION KY STATE FFA FOUNDATION NONE OF THE DONEE 2023 CAPITAL PLAZA TOWER 25,000. FRANKFORT, KY 40601 TO FURTHER THE MISSION LEXINGTON CATHOLIC HIGH SCHOOL NONE OF THE DONEE 2250 CLAYS MILL ROAD 155,000. LEXINGTON, KY 40503 SEE CONTINUATION SHEET(S) 392,500. ▶ 3a b Approved for future payment NONE 0. **▶** 3b Total Form 990-PF (2019) **Analysis of Income-Producing Activities**

| Enter gross amounts unless otherwise indicated | Unrelated business income | | | led by section 512, 513, or 514 | (e) |
|---|---------------------------|------------------------------|--|---------------------------------------|-----------------------------------|
| • | (a) Business code | (b) Amount | (C) Exclu- sion code | (d) Amount | Related or exempt function income |
| 1 Program service revenue | Code | <u></u> | 1000 | | |
| a | | | | | |
| b | | | ├ | · · · · · · · · · · · · · · · · · · · | |
| c | | | | | |
| d | | | | | |
| e | | | ╁──┼ | | |
| f | | | | | |
| g Fees and contracts from government agencies | | | \vdash | | |
| 2 Membership dues and assessments | <u> </u> | | ╁╌╾╁ | | |
| 3 Interest on savings and temporary cash | | | 1 1 1 | 12 642 | |
| investments | | | 14 | 12,643. 35,145. | |
| 4 Dividends and interest from securities | | <u> </u> | 14 | 35,145. | <u></u> |
| 5 Net rental income or (loss) from real estate. | | | \vdash | | |
| a Debt-financed property | | | \vdash | | |
| b Not debt-financed property | | | \vdash | | |
| 6 Net rental income or (loss) from personal | | | | | |
| property | | | \vdash | | |
| 7 Other investment income | | - | \vdash | | |
| 8 Gain or (loss) from sales of assets other | | | امما | 250 212 | |
| than inventory | | | 18 | 258,313. | |
| 9 Net income or (loss) from special events | | | | | |
| 10 Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue. | | | | | |
| a | | | \vdash | | |
| b | - | | - | | |
| C | | | \vdash | | |
| d | | | + + | | |
| e | | | \vdash | 206 101 | |
| 12 Subtotal Add columns (b), (d), and (e) | | 0. | | 306,101. | |
| 13 Total Add line 12, columns (b), (d), and (e) | | | | 13 | 300,101. |
| (See worksheet in line 13 instructions to verify calculations) | | | | | |
| Part XVI-B Relationship of Activities to | the Acco | omplishment of Exc | empt | Purposes | |
| Line No Explain below how each activity for which incor | ma is reported | in column (a) of Part Y\/I-A | contribi | uted importantly to the accom | nlishment of |
| the foundation's exempt purposes (other than b | | | CONTRIB | orea importantly to the accom | phoninent or |
| the realization of oxiding tipes posses (exists attain a | , p. c | | | | |
| | - | | | · | |
| | | <u> </u> | | | - |
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| | · | | | | Form 990-PF (2019) |
| 923621 12-17-19 | | | | | 101111 000 1° 1 (2019) |

| | | | | S FOUNDATION | | | <u>835578</u> | Page 13 |
|------------------|--|--------------------------|--------------------|---------------------------------------|-------------------------|-------------------------------|--------------------|----------|
| Į Pa rt∤) | [VII] Information Re Exempt Organ | | sfers to a | nd Transactions a | nd Relationsh | ips With Noncl | naritable | |
| 1 Did | the organization directly or indi | | of the followin | g with any other organization | on described in sec | tion 501(c) | | Yes No |
| | ner than section 501(c)(3) orgai | | | | | , , | | |
| a Tra | nsfers from the reporting found | ation to a noncharita | able exempt org | janization of: | | | | |
| (1) | Cash | | | | | | 1a(1) | X |
| (2) | Other assets | | | | | | 1a(2) | X |
| b Oth | er transactions; | | | | | | | |
| , , | Sales of assets to a noncharita | | | | | | 1b(1) | X |
| ٠. | Purchases of assets from a no | • | organization | | | | 1b(2) | X |
| ٠,, | Rental of facilities, equipment, | | | | | | 1b(3) | X |
| ٠,, | Reimbursement arrangements Loans or loan guarantees | • | | | | | 1b(4) 1b(5) | X |
| | Performance of services or me | emhership or fundra | isina solicitatio | ns | | | 1b(6) | X |
| | iring of facilities, equipment, ma | | = | | | | 1c | Х |
| d If th | ne answer to any of the above is | "Yes," complete the | following sche | dule Column (b) should al | ways show the fair | market value of the go | ods, other asse | ts, |
| | services given by the reporting f | | | ed less than fair market valu | ie in any transactio | n or sharing arrangeme | ent, show in | |
| (a) Line no | umn (d) the value of the goods, (b) Amount involved | , | | e exempt organization | (d) Description | on of transfers, transactions | . and sharing arra | ngements |
| (-/- | (0) | (0) | N/A | | | | | |
| | | | | | | | | |
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| | | <u> </u> | | | _ _ | | | |
| | he foundation directly or indired section 501(c) (other than section | • | | or more tax-exempt organ | izations described | | Yes | X No |
| | es," complete the following sch | | ection 527 * | | | | 168 | [21] 140 |
| | (a) Name of or | | | (b) Type of organization | T | (c) Description of rela | ationship | |
| | N/A | | | | | | | |
| | | | | | | | | |
| | | | | | | <u></u> | | |
| | | | | | | | | |
| | Hader non-Altres of non-use I dediese | that I have avaraged the | e rotura unaludusa | accompany managed wilds and s | tatements, and to the h | not of my knowledge | | |
| Sign | Under pendities of perjury, I declare and belief it is true, correct and cor | | | | | | May the IRS di | preparer |
| Here | | | | 1212120 | DIREC | TOR | shown below? | |
| | Signature of officer or truster | <u> </u> | | Date | Title | 101 | . A res | No |
| | Print/Type preparer's n | <u> </u> | Preparer's s | | Date | Check If F | PTIN | |
| | | | 1 . | • | | self- employed | | |
| Paid | SHERYL EIG | HNER | | rye Eighner | 03/10/2020 | | P009657 | |
| Prepa | arer Firm's name ▶ PRI | CEWATERHO | USECOO | PERS, LLP | | Firm's EIN ► 13 | -400832 | 24 |

Phone no 312-298-2000 Form **990-PF** (2019)

Use Only

Firm's address ▶ 1 N WACKER DRIVE

CHICAGO, IL 60606

THE MULHOLLEM CRAVENS FOUNDATION

| Part XV Supplementary Information | | | | |
|--|--|--|--|---------|
| 3 Grants and Contributions Paid During the Y | | | - | |
| Recipient Name and address (home or business) | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount |
| | or substantial contributor | recipient | | |
| NICHOLAS COUNTY ANIMAL WELFARE | NONE | ₽C | TO FURTHER THE MISSION | |
| SOCIETY | | | OF THE DONEE | |
| PO BOX 184 | | İ | | |
| CARLISLE, KY 40311 | ļ <u> </u> | | <u> </u> | 5,000 |
| | <u> </u> | | | |
| NICHOLAS COUNTY FAMILY RESOURCE AND | NONE | PC | TO FURTHER THE MISSION | |
| YOUTH SERVICES COALITION | | ' | OF THE DONEE | |
| 2220 NICHOLASVILLE ROAD, SUITE 110-333 | | | | 5,000 |
| LEXINGTON, KY 40503 | | | | 3,000 |
| | | | | |
| NICHOLAS COUNTY FFA CHAPTER | NONE | PC | TO FURTHER THE MISSION | |
| 6060 FFA DR | | | OF THE DONEE | |
| INDIANAPOLIS, IN 46278 | | | | 5,000 |
| | | | · · · · · · · · · · · · · · · · · · · | |
| | | | 1 | |
| NICHOLAS COUNTY HISTORICAL SOCIETY | NONE | PC | TO FURTHER THE MISSION | |
| 223 N BROADWAY | | | OF THE DONEE | |
| CARLISLE, KY 40311 | | | | 25,000 |
| | | } | 1 | |
| | | | | |
| PARIS STORY TELLING INC | NONE | PC | TO FURTHER THE MISSION | |
| 509 PLEASANT STREET | | | OF THE DONEE | |
| PARIS, KY 40361 | | | | 2,500 |
| | | | | |
| UNIVERSITY OF KENTUCKY | NONE | PC | TO FURTHER THE MISSION | |
| STURGILL PHILANTHROPY BUILDING | | | OF THE DONEE | |
| LEXINGTON, KY 40506 | | , | | 25,000 |
| | | | | |
| | | | | |
| UNIVERSITY OF MINNESOTA | NONE | ₽C | TO FURTHER THE MISSION | |
| MCNAMARA ALUMNI CENTER, 200 SE OAK ST | Í | | OF THE DONEE | |
| #500 MINNEAPOLIS, MN 55455 | | | | 100,000 |
| | | | | |
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| | | | | |
| | <u> </u> | <u> </u> | | 167 500 |
| Total from continuation sheets | | | | 167,500 |

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

➤ Go to www.irs.gov/Form990 for the latest information.

OMB No 1545 0047

2019

Name of the organization

THE MULHOLLEM CRAVENS FOUNDATION

Employer identification number

20-3835578

| Organization type (check one) | | | | | | |
|-------------------------------|---|--|--|--|--|--|
| Filers of: | Section: | | | | | |
| Form 990 or 9 | 90-EZ 501(c)() (enter number) organization | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | |
| | 527 political organization | | | | | |
| Form 990-PF | X 501(c)(3) exempt private foundation | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | |
| | 501(c)(3) taxable private foundation | | | | | |
| • | organization is covered by the General Rule or a Special Rule. section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions | | | | | |
| General Rule | | | | | | |
| | un organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or erty) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. | | | | | |
| Special Rule | 3 | | | | | |
| sect any | an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under ons 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from one contributor, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, Form 990-EZ, line 1 Complete Parts I and II | | | | | |
| year | For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III | | | | | |
| year ıs ch purp | an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box ecked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., ose Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively ous, charitable, etc., contributions totaling \$5,000 or more during the year. | | | | | |
| but it must a | organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990 PF), iswer "No" on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF) | | | | | |

Name of organization

Employer identification number

THE MULHOLLEM CRAVENS FOUNDATION

20-3835578

| Part I | Contributors (see instructions) Use duplicate copies of Part I if additional | space is needed | |
|------------|--|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 1 | PAUL MULHOLLEM, JR. & VALERIE CRAVENS P.O. BOX 192 CARLISLE, KY 40311 | \$ <u>100,000</u> . | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 2 | PAUL MULHOLLEM, JR. & VALERIE CRAVENS P.O. BOX 192 CARLISLE, KY 40311 | \$13,968. | Person X Payroll Noncash X (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 3 | PAUL MULHOLLEM, JR. & VALERIE CRAVENS P.O. BOX 192 CARLISLE, KY 40311 | \$18,235. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 4 | PAUL MULHOLLEM, JR. & VALERIE CRAVENS P.O. BOX 192 CARLISLE, KY 40311 | \$6,921. | Person X Payroll |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 5 | PAUL MULHOLLEM, JR. & VALERIE CRAVENS P.O. BOX 192 CARLISLE, KY 40311 | \$17,371. | Person X Payroll X Noncash X (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| 6 | PAUL MULHOLLEM, JR. & VALERIE CRAVENS P.O. BOX 192 CARLISLE, KY 40311 | \$9,630. | Person X Payroll Noncash X (Complete Part II for noncash contributions) |

Employer identification number

THE MULHOLLEM CRAVENS FOUNDATION

20-3835578

| | ULHOLLEM CRAVENS FOUNDATION | | 3835578 |
|------------------------------|--|---|----------------------|
| art II | Noncash Property (see instructions) Use duplicate copies of Pa | rt II if additional space is needed | |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | 235 SHS AUTODESK INC | | |
| 2 | | | |
| | | \$\$ | 12/10/19 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | 259 SHS CME GROUP INC | | |
| <u>3</u> | | | |
| | | \$\$ | 12/10/19 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | 352 SHS EPR PPTYS | | · |
| 4 | | | |
| | | \$ \$ <u>24,805.</u> | 12/10/19 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| - | 346 SHS MICROSOFT CORP | | |
| <u>5</u> | | | |
| | | \$\$2,358. | 12/10/19 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | 185 SHS MICROSOFT CORP | | |
| 6 | | | |
| | | \$ \$ 27,995. | 12/10/19 |
| (a) No. from Part I | (b) Description of noncash property given | (c) FMV (or estimate) (See instructions) | (d) Date received |
| | | | |
| | | | |

| Name of o | rganization | | Employer identification number | | | |
|---------------------------|--|---|--|--|--|--|
| тне м | ULHOLLEM CRAVENS FOUNDAT | TON | 20-3835578 | | | |
| Partilli | Exclusively religious, charitable, etc., contributor from any one contributor. Complete columns (a) completing Part III, enter the total of exclusively religious, of Use duplicate copies of Part III if additional s | ons to organizations described in set through (e) and the following line en charitable, etc., contributions of \$1,000 or | ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year | | | |
| (a) No. from Part I | (b) Purpose of gift (c) Use of gift | | (d) Description of how gift is held | | | |
| —— | | | | | | |
| | | (e) Transfer of gif | t | | | |
| | Transferee's name, address, an | nd ZIP + 4 | Relationship of transferor to transferee | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| | | | | | | |
| | (e) Transfer of gift | | | | | |
| | Transferee's name, address, an | nd ZIP + 4 | Relationship of transferor to transferee | | | |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| | | (e) Transfer of gif | t | | | |
| | Transferee's name, address, an | nd ZIP + 4 | Relationship of transferor to transferee | | | |
| (a) No. | | | | | | |
| from Part i | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held | | | |
| | | (e) Transfer of gif | | | | |
| | Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee | | | | | |
| | | | | | | |
| | | | | | | |

| FORM 990-PF INTER | ST ON SAVI | NGS AND TEM | PORARY | CASH I | NVESTMENTS | STATEMENT 1 |
|--|-----------------|-------------------------------------|----------------|--------------------------|------------------------------|-------------------------------|
| SOURCE | | (A REVE PER B | NUE | | (B) INVESTMENT INCOME | (C) ADJUSTED NET INCOME |
| MERRILL LYNCH | | 5,174. | | 15,174. | | |
| MERRILL LYNCH - ACC DISCOUNT | | 108. | | 108. | | |
| MERRILL LYNCH - AIR MERRILL LYNCH - OII | - | -1,027. 1. -1,613. 12,643. | | -1,027. 1. | | |
| MERRILL LYNCH AMORT | _ | | | -1,613. | | |
| TOTAL TO PART I, LINE 3 | | | | 1 | 12,643. | |
| FORM 990-PF | DIVIDEND | S AND INTER | EST FRO | OM SECU | JRITIES | STATEMENT 2 |
| SOURCE | GROSS AMOUNT | CAPITAL GAINS DIVIDEND | RI | (A) EVENUE R BOOKS | (B) NET INVES MENT INCO | |
| MERRILL LYNCH | 39,282 | 2. | 0. | 39,282 | 39,28 | 82. |
| TO PART I, LINE 4 | 39,282 | 2. | 0. | 39,282 | 39,28 | 82. |
| | | | | | | |
| FORM 990-PF | | LEGAL | FEES | | | STATEMENT 3 |
| DESCRIPTION | • | (A) EXPENSES PER BOOKS | NET II | B) NVEST- INCOME | (C) ADJUSTEI NET INCON | |
| MEYER CHAPEL | _ | 152. | | 152. | | 0. |
| TO FM 990-PF, PG 1 | LN 16A = | 152. | | 152. | | 0. |
| | | | | | | |
| FORM 990-PF | | ACCOUNTI | NG FEES | S | | STATEMENT 4 |
| DESCRIPTION | | (A) EXPENSES PER BOOKS | NET II | B) NVEST- INCOME | (C) ADJUSTEI NET INCON | |
| PWC | _ | 4,000. | - - | 4,000. | | 0. |
| TO FORM 990-PF, PG | 1, LN 16B | 4,000. | | 4,000. | | 0. |
| | = | | | | | |

¹⁹ STATEMENT(S) 1, 2, 3, 4 13120304 149481 0000067528.C014 2019.03010 THE MULHOLLEM CRAVENS FOU 00000671

| FORM 990-PF C | THER PROFES | SIONAL FEES | STATEMENT 5 | |
|---|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| MERRILL LYNCH FEES | 10,816. | 10,816. | | 0. |
| TO FORM 990-PF, PG 1, LN 16C | 10,816. | 10,816. | | 0. |
| FORM 990-PF | TAXES | | STATEMENT 6 | |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| FOREIGN TAXES FEDERAL TAX PAYMENTS MADE IN 2018 | 325. 1,693. | | | 0. |
| TO FORM 990-PF, PG 1, LN 18 | 2,018. | | | 0. |
| FORM 990-PF | OTHER E | XPENSES | Sʻ | TATEMENT 7 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| ADR FEES EMA ANNUAL FEES ILLINOIS CHARITY BUREAU FUND ILLINOIS SECRETARY OF STATE KENTUCKY SECRETARY OF STATE | 9. 150. 15. 10. | 9. 150. 0. 0. | | 0. 0. 15. 10. |
| TO FORM 990-PF, PG 1, LN 23 | 199. | 159. | | 40. |

| FORM 990-PF OTHER INC | CREASES IN NET ASSETS OR F | UND BALANCES | STATEMENT 8 |
|---|---|------------------------|---|
| DESCRIPTION | | | AMOUNT |
| NONDIVIDEND DISTRIBUTION OTHER INCREASES | ons | | 437. 1,423. |
| TOTAL TO FORM 990-PF, I | ART III, LINE 3 | | 1,860. |
| FORM 990-PF OTHER DI | ECREASES IN NET ASSETS OR | FUND BALANCES | STATEMENT 9 |
| DESCRIPTION | | | AMOUNT |
| WASH SALE DISALLOWED UNREALIZED AMORTIZATION | I/ACCRETION | | 1,340. 558. |
| TOTAL TO FORM 990-PF, I | ART III, LINE 5 | | 1,898. |
| FORM 990-PF | CORPORATE STOCK | | STATEMENT 10 |
| DESCRIPTION | | BOOK VALUE | FAIR MARKET VALUE |
| MERRILL LYNCH - MUTUAL MERRILL LYNCH - EQUITIN | | 325,482. 682,022. | 387,322. 750,758. |
| TOTAL TO FORM 990-PF, 1 | | | |
| | PART II, LINE 10B | 1,007,504. | 1,138,080. |
| FORM 990-PF | CORPORATE BONDS | 1,007,504. | 1,138,080. |
| FORM 990-PF DESCRIPTION | | BOOK VALUE | |
| DESCRIPTION MERRILL · LYNCH - CORPORA | CORPORATE BONDS ATE BONDS | | STATEMENT 11 FAIR MARKET |
| DESCRIPTION | CORPORATE BONDS ATE BONDS | BOOK VALUE | STATEMENT 11 FAIR MARKET VALUE |
| DESCRIPTION MERRILL LYNCH - CORPORA MERRILL LYNCH - CORPORA | CORPORATE BONDS ATE BONDS ATE BONDS - ACCRUED | BOOK VALUE 290,658. | STATEMENT 11 FAIR MARKET VALUE 304,155. |