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 OMB No 1545-0047

Department of the Treasury Internal Revenue Service

► Go to www irs gov/Form990PFfor instructions and the latest information

Open to Public Inspection

		endar year 2019 or tax year beginning				and endir			, 20		
		foundation THE BOWER-SUHRHEINR	ICH FOUND	MOITA	FIFTH T	HIRD	A E	mployer identifi			
		K. TRUSTEE							2031773		
Nu	mber	and street (or P O box number if mail is not delivered to	street address)			Room/suite	BT	elephone numbe	r (see instructions)		
	п О	DAY 6200E0					}	г1	2 524 5210		
		BOX 630858 own, state or province, country, and ZIP or foreign posta	code					21	3-534-5310		
٠.,	y 01 10	with, state of province, cooling, and 211 of foreign posts	tode				C II	exemption applicat	ion is		
	CTN	CINNATI, OH 45263-0858					P	ending, check here	· · · · · · · • • • • • • • • • • • • •		
		ck all that apply Initial return	Initial	return	of a former p	ublic chari	tv .	Foreign organizati			
		Final return		ded ret	•		. 10 .	Foreign organizati			
		Address change	Name	change	e			85% test, check here and attach computation			
H	Che	ck type of organization X Section 501((3) exempt p	rivate f	oundation	N		private foundation	status was terminated		
1	s	ection 4947(a)(1) nonexempt charitable trust			vate foundat	ion()	r ı	-	(1)(A), check here .		
l			inting method	X C	ash Acc	rual	FII	F If the foundation is in a 60-month termination			
			her (specify) _				\	nder section 507(b)	(1)(B), check here .		
			olumn (d), must	be on ca	ash basis)				- (4) D. E		
L	art	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d)	(a) Revenue expenses of		(b) Net inve	stment	(c) Ad	justed net	(d) Disbursements for charitable		
		may not necessarily equal the amounts in column (a) (see instructions))	books	161	incom	е	ın	come	purposes (cash basis only)		
٦	1	Contributions, gifts, grants, etc., received (attach schedule)							,		
1	2	Chack I if the foundation is not required to							 		
İ	3	attach Sch B	1	,801.		1,801.			STMT 1		
	4	Dividends and interest from securities		773.		6,497.			STMT 2		
ł	5a	Gross rents									
- 1	ь	Net rental income or (loss)									
9		Net gain or (loss) from sale of assets not on line 10	288	<u>,350.</u>				RE	CEIVED		
	b	Gross sales price for all 2, 067, 570.						<u></u>	23		
Revenue	7	Capital gain net income (from Part IV, line 2) .			28	8,350.		12 10	0 2 2020		
	8	Net short-term capital gain						18 JU	- 0 2 2020 S		
- {	9 10 <i>a</i>	Income modifications			 			1	DENLIT		
}	_	and allowances						1-06	DEN, UI		
Ì		Gross profit or (loss) (attach schedule)									
	11	Other Income (attach schedule)									
	12	Total Add lines 1 through 11	355	,924.	35	6,648.					
	13	Compensation of officers, directors, trustees, etc.									
ses	14	Other employee salaries and wages			ļ	NONE		NONE			
ě	15	Pension plans, employee benefits			ļ	NONE	· · · · ·	NONE			
컮	16a	Legal fees (attach schedule)			 						
9	Ь	Accounting fees (attach schedule)			 						
at	17	Other professional fees (attach schedule)			 						
str	12	Taxes (attach schedule) (see instructions 3.	 5	,112.		2,498.					
Ē	19	Depreciation (attach schedule) and depletion.	-	, <u> '</u>		-1					
티	20	Occupancy									
Υp	21	Travel, conferences, and meetings				NONE		NONE			
aŭ	14 15 16a b c 17 18 19 20 21 22 23 24	Printing and publications				NONE		NONE			
Б	23	Other expenses (attach schedule) STMT 4.	33	<u>,920.</u>	3	3,920.					
aţi	24	Total operating and administrative expenses		0.0.	_						
ber) 	Add lines 13 through 23		<u>, 032.</u>	<u> </u>	6,418.		NONE	126 222		
		Contributions, gifts, grants paid		,333.		- 410 		NTONTE	136,333		
۲	26	Total expenses and disbursements Add lines 24 and 25	1/5	,365.	 3	6,418.		NONE	136,333		
	27	Subtract line 26 from line 12 Excess of revenue over expenses and disbursements	1 2 0	,559.	{	}		}			
	l .	Net investment income (if negative, enter -0-)	100	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	32	0,230.					
		Adjusted net income (if negative, enter -0-).				-,230.					
_	<u>-</u> _										

JSA For Paperwork Reduction Act Notice, see instructions
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Form **990-PF** (2019)

35-2031773

Part	Balance Sheets Attached schedules and amounts in the	Beginning of year	End of	year
	description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing	1.	1.	1
2	Savings and temporary cash investments	91,033.	119,200.	119,200
3	Accounts receivable			
	Less allowance for doubtful accounts ▶			
4	Pledges receivable ▶	{	{	
-	Less allowance for doubtful accounts ▶			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other	{	į	
{	disqualified persons (attach schedule) (see instructions)		· · · · · · · · · · · · · · · · · · ·	
7	Other notes and loans receivable (attach schedule)			
1	Less allowance for doubtful accounts ▶ NONE	 		
इं ८	Inventories for sale or use			
Assets	Prepaid expenses and deferred charges			
₹ 10a	Investments - U.S. and state government obligations (attach schedule)			
t	Investments - corporate stock (attach schedule)	2,031,383.	2,031,873.	
1.0	- C - C - C - C - C - C - C - C - C - C	276,574.	427,920.	430,690
111	Investments - land, buildings, and equipment basis			
- {	Less accumulated depreciation (attach schedule)			
12	Investments - mortgage loans			
13	Investments - other (attach schedule)	 	. 	
14	equipment basis	•		
}	Less accumulated depreciation (attach schedule)			
15	Other assets (describe >)			
16	Total assets (to be completed by all filers - see the			
	instructions Also, see page 1, item i)	2,398,991.	2,578,994.	2,833,935
17	Accounts payable and accrued expenses			
18	Grants payable			
Liabilities 51 20 21 22	Deferred revenue	· · · · · · · · · · · · · · · · · · ·		
≣ 20	Loans from officers, directors, trustees, and other disqualified persons.			
면 21	Mortgages and other notes payable (attach schedule)			
<u>22</u>	Other liabilities (describe ►)			
122	Total habitation (add trans 17 thorough 22)		NONE	
23	Total liabilities (add lines 17 through 22)		NONE	
Balances 25	Foundations that follow FASB ASC 958, check here and complete lines 24, 25, 29, and 30	{	}	
au	}	{		
E 24	Net assets without donor restrictions			
	Net assets with donor restrictions			
Net Assets or Fund 8 2 2 2 2 3 3 0	and complete lines 26 through 30			
5 26	Capital stock, trust principal, or current funds	2,398,991.	2,578,994	
S 27	Paid-in or capital surplus, or land, bldg, and equipment fund	2/3/3/3/3/1		
28 Set	Retained earnings, accumulated income, endowment, or other funds.			
¥ 29	Total net assets or fund balances (see instructions)	2,398,991.	2,578,994.	
₹ 30	Total liabilities and net assets/fund balances (see			
Z	instructions)	2,398,991.	2,578,994	
Part	III Analysis of Changes in Net Assets or Fund Balan		······································	
	tal net assets or fund balances at beginning of year - Part II		nust agree with	
	d-of-year figure reported on prior year's return)			2,398,991.
	ter amount from Part I, line 27a		r	180,559.
	DATAMATER A Company of the bank of the company of t			1.
	Id lines 1, 2, and 3		4	2,579,551.
	creases not included in line 2 (itemize) ► RETURN OF CAPITAL A		5	557.
	tal net assets or fund balances at end of year (line 4 minus lin		, line 29 6	2,578,994.

Form **990-PF** (2019)

	990-77 (2019)					Page 3
Par		and Losses for Tax on Inve			,	
		cribe the kind(s) of property sold (for ex		(b) How	(c) Date acquired	(d) Date sold
		rick warehouse, or common stock, 200	shs MLC Co)	P - Purchase D Donation	(mo,day,yr)	(mo , day, yr)
<u>1 a</u>	PUBLICLY TRADED	SECURITIES				
<u>b</u>	 					
<u>c</u>				<u> </u>		
<u>d</u>	 					
e						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	}	(h) Gain or (lo ((e) plus (f) minu	
a	2,067,570.		1,779,220.			288,350.
b						
c						
d						
e						
	Complete only for assets sh	owing gain in column (h) and owned b	y the foundation on 12/31/69	(1)	Gains (Col (h) ga	in minus
	(i) FMV as of 12/31/69	(j) Adjusted basis	(k) Excess of col (i)		(k), but not less t	han -0-) or
		as of 12/31/69	over col (j), if any		Losses (from co	i (n))
a						288,350.
b			······································			
c	 	 	 			
d						
e	 		'	ļ		
2	Capital gain net income	or inet capital loss)	in, also enter in Part I, line 7 sss), enter -0- in Part I, line 7	2		288,350.
3	Net short-term capital ga	ain or (loss) as defined in sections	•			
	If gain, also enter in P	art I, line 8, column (c) See inst	tructions If (loss), enter -0- in	1 1		
				3		
Par	t V Qualification U	nder Section 4940(e) for Redu	iced Tax on Net Investment li	ncome		
Was		leave this part blank the section 4942 tax on the distrib 't qualify under section 4940(e) Do		ase perio	d?	Yes X No
1		nount in each column for each year		20, 20, 60	triae	
' -	(a)			ig any en	(d)	
Cala	Base period years	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution ra (col (b) divided by	
Cale	ndar year (or tax year beginning in)	138,833.	2,725,857.		teor (b) divided by	0.050932
	2017	129,800.	2,718,008.	 		0.047756
	2016	268,522.	2,608,075.			0.102958
	2015	141,288.	2,817,422.			0.050148
	2014	134,378.	2,937,584.			0.045744
			5/33:/30::-	1		0.015.11
2	Total of line 1 column (d)		2		0.297538
3		o for the 5-year base period - divid				0.25,350
3	_	foundation has been in existence i	•	3		0.059508
	the number of years the	Touridation has been in existence i	ricos than 5 years			
4	Enter the net value of no	oncharitable-use assets for 2019 fro	om Part X, line 5	4	2,	679,570.
E	Multiply line 4 by line 3			5		159,456.
5	widiliply line 4 by line 5.					
6	Enter 1% of net investm	ent income (1% of Part I, line 27b)		6		3,202.
7	Add lines 5 and 6			7		162,658.
8	Enter qualifying distribu	tions from Part XII, line 4		8		136,333.
	If line 8 is equal to or g Part VI instructions	greater than line 7, check the box	in Part VI, line 1b, and complete	that part	using a 1% tax	rate See the

tion:	age 4	
6,4	05.	
N 6,4 N 6,4	ONE 05. OS.	
2,5		
3,8	321.	
Yes	No X	
	X	
<u>.</u>	X	
	X	
	X X	
	X	

here ▶ and enter 1% of Part I, line 27b	5,405.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here ▶ and enter 1% of Part I, line 27b	,405.
here ▶ and enter 1% of Part I, line 27b	<u>,405.</u>
c All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col (b)	
Part I, line 12, col (b)	
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	
	NIONIE
	NONE
	,405.
4 booking of finedings tax facilities section 4547/aff it data and taxable toundations only, differs, effect of	NONE
	,405.
6 Credits/Payments a 2019 estimated tax payments and 2018 overpayment credited to 2019 6a 2,584.	
· · · · · · · · · · · · · · · · · · ·	
to the part with application for the control of the	
d Backup withholding erroneously withheld	2,584.
	7 304.
a chief any penalty for anacipalition of estimated tex oncor note [] in form 2220 is anacided 1 1 1 1 1 1 1 1 1	8,821.
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid.	1021.
11 Enter the amount of line 10 to be Credited to 2020 estimated tax ► NONE Refunded ► 11	
Part VII-A Statements Regarding Activities	
	es No
participate or intervene in any political campaign?	X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the	
instructions for the definition	{ x
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	-
published or distributed by the foundation in connection with the activities	1
c Did the foundation file Form 1120-POL for this year?	X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year	
(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$	- }
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	1
on foundation managers > \$	}
2 Has the foundation engaged in any activities that have not previously been reported to the IRS?	X
If "Yes," attach a detailed description of the activities	
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	ł
of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	X
b If "Yes," has it filed a tax return on Form 990-T for this year?	
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year?	X
If "Yes," attach the statement required by General Instruction T	}
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either	1
By language in the governing instrument, or	- 1
By state legislation that effectively amends the governing instrument so that no mandatory directions that	
conflict with the state law remain in the governing instrument? 6	X
7 Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	X
8a Enter the states to which the foundation reports or with which it is registered. See instructions. ▶ IN	
b if the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	
(or designate) of each state as required by General Instruction G ² If "No," attach explanation	X
9 is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	-
4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes,"	
complete Part XIV	X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	
names and addresses	X
Form 990-F	

Par	t VII-A Statements Regarding Activities (continued)			 -
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)7 If "Yes," attach schedule See instructions	11		<u> X</u>
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified	[
	person had advisory privileges? If "Yes," attach statement See instructions	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	toophone to y start the	<u>-321</u>	5	
	Located at ► PO BOX 719, EVANSVILLE, IN ZIP+4 ► 47705			, ,
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		▶	
	and enter the amount of tax-exempt interest received or accrued during the year		Yes	No
10	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		163	X
	over a bank, securities, or other financial account in a foreign country?	16	L	
	the foreign country	}		
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	L		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies	[Yes	No
1a	During the year, did the foundation (either directly or indirectly)			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	}	}	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	}		
	disqualified person? Yes X No	}	}	
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	}		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No	}		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	1		
	the benefit or use of a disqualified person)? Yes X No	ł	[
	(6) Agree to pay money or property to a government official? (Exception Check "No" if the	}		
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days)	Į	ł	
_		}	{	
D	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	16]	
	Organizations relying on a current notice regarding disaster assistance, check here	 -		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that	}	{	
·	were not corrected before the first day of the tax year beginning in 2019?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
	operating foundation defined in section 4942(j)(3) or 4942(j)(5))	}		
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines	}	1	
	6d and 6e) for tax year(s) beginning before 20197	}	}	
	If "Yes," list the years	}		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)	1		
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to	26	}	
	all years listed, answer "No" and attach statement - see instructions)	2b	 	
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here	})	
20	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise		}	
Ja	at any time during the year?			
h	of "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or	ļ		
	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, Schedule C, to determine if the		}	
	foundation had excess business holdings in 2019)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		_X_
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	}	}	
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b	0.55	<u>X</u>
	Fo	rm ササ	ひてて	(2019)

r an	VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Reg	uired (continued)			
5a	During the year, did the foundation pay or incur any amo		220 11127 30 1104	anda (bommada)		Yes	No
	(1) Carry on propaganda, or otherwise attempt to influer		n 4945(e))?	Yes X No	,		
	(2) Influence the outcome of any specific public ele						
	directly or indirectly, any voter registration drive?				,	1	
	(3) Provide a grant to an individual for travel, study, or o				1 1	}	
	(4) Provide a grant to an organization other than a				_		
	section 4945(d)(4)(A)? See instructions				.		
	(5) Provide for any purpose other than religious, ch			,			
	purposes, or for the prevention of cruelty to children	or animals?		Yes X No	.	1	
b	If any answer is "Yes" to 5a(1)-(5), did any of the				n		
	Regulations section 53 4945 or in a current notice regard						
Organizations relying on a current notice regarding disaster assistance, check here							
С	If the answer is "Yes" to question 5a(4), does the						
	because it maintained expenditure responsibility for the	grant?		Yes No	o	1	
	If "Yes," attach the statement required by Regulations se	- ction 53 4945-5(d)					
6a	Did the foundation, during the year, receive any fun	ids, directly or indir	ectly, to pay premiui	ms			
	on a personal benefit contract?			Yes X N	0		
b	Did the foundation, during the year, pay premiums, direc				. 6b		X
	If "Yes" to 6b, file Form 8870						
7a	At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?	. Yes X N	0		
b	If "Yes," did the foundation receive any proceeds or have	any net income attri	outable to the transact	ion ⁷	. 7b		
8	Is the foundation subject to the section 4960 tax on pay-					}	
	remuneration or excess parachute payment(s) during the						
Par	Information About Officers, Director and Contractors	rs, Trustees, Fou	ındation Manageı	s, Highly Paid Em	ployees,		
1	List all officers, directors, trustees, and foundation	n managers and t	heir compensation.	See instructions			
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens		
	THIRD BANK	hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans			
	·	hours per week devoted to position	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans		owances	
	THIRD BANK	hours per week devoted to position TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		owances	
	THIRD BANK	hours per week devoted to position TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		owances	
	THIRD BANK	hours per week devoted to position TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		owances	
	THIRD BANK	hours per week devoted to position TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		owances	
	THIRD BANK	hours per week devoted to position TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation		owances	
P O E	THIRD BANK OX 719, EVANSVILLE, IN 47705-0719	hours per week devoted to position TRUSTEE 1	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation - 0 -	other all	owances	-0-
P O E	THIRD BANK OX 719, EVANSVILLE, IN 47705-0719 Compensation of five highest-paid employees	hours per week devoted to position TRUSTEE 1	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation - 0 -	other all	owances	-0-
P 0 E	THIRD BANK OX 719, EVANSVILLE, IN 47705-0719 Compensation of five highest-paid employees "NONE."	hours per week devoted to position TRUSTEE 1	(c) Compensation (lf not paid, enter-0-)	(d) Contributions to employee benefit plans and deferred compensation -0-	other allo	one, e	-0-
P 0 E	THIRD BANK OX 719, EVANSVILLE, IN 47705-0719 Compensation of five highest-paid employees	hours per week devoted to position TRUSTEE 1 (other than thos	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation - () - (d) Contributions to employee benefit plans and deferred	other all	one, e	-0-
P 0 E	THIRD BANK OX 719, EVANSVILLE, IN 47705-0719 Compensation of five highest-paid employees "NONE."	hours per week devoted to position TRUSTEE 1 (other than those)	(c) Compensation (lf not paid, enter-0-)	(d) Contributions to employee benefit plans and deferred compensation - 0 - 1 - see instructi (d) Contributions to employee benefit	ons). If no	one, e	-0-
P O E	THIRD BANK OX 719, EVANSVILLE, IN 47705-0719 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 (other than thos	(c) Compensation (lf not paid, enter -0-) -0- (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - () - (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one, e	-0-
P O E	THIRD BANK OX 719, EVANSVILLE, IN 47705-0719 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 (other than thos	(c) Compensation (lf not paid, enter-0-)	(d) Contributions to employee benefit plans and deferred compensation - () - (d) Contributions to employee benefit plans and deferred	ons). If no	one, e	-0-
P O E	THIRD BANK OX 719, EVANSVILLE, IN 47705-0719 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 (other than thos	(c) Compensation (lf not paid, enter -0-) -0- (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - () - (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one, e	-0-
P O E	THIRD BANK OX 719, EVANSVILLE, IN 47705-0719 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 (other than thos	(c) Compensation (lf not paid, enter -0-) -0- (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - () - (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one, e	-0-
P 0 E	THIRD BANK OX 719, EVANSVILLE, IN 47705-0719 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 (other than thos	(c) Compensation (lf not paid, enter -0-) -0- (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - () - (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one, e	-0-
P O E	THIRD BANK OX 719, EVANSVILLE, IN 47705-0719 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 (other than thos	(c) Compensation (lf not paid, enter -0-) -0- (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - () - (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one, e	-0-
P O E	THIRD BANK OX 719, EVANSVILLE, IN 47705-0719 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 (other than thos	(c) Compensation (lf not paid, enter -0-) -0- (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - () - (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one, e	-0-
P O E	THIRD BANK OX 719, EVANSVILLE, IN 47705-0719 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 (other than thos	(c) Compensation (lf not paid, enter -0-) -0- (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - () - (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one, e	-0-
P O E	THIRD BANK OX 719, EVANSVILLE, IN 47705-0719 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 (other than thos	(c) Compensation (lf not paid, enter -0-) -0- (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - () - (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one, e	-0-
2 (a)	THIRD BANK OX 719, EVANSVILLE, IN 47705-0719 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 (other than those to be a considered to position) (b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-) -0- (c) Compensation NONE	(d) Contributions to employee benefit plans and deferred compensation - () - (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one, e	-0-

		35-2031773	
Form 990-PF (2	2019)		Page 7
Part VIII	Information About Officers, Directors, Trustees, Foundation Nand Contractors (continued)	Managers, Highly Paid Employ	rees,
3 Five t	nighest-paid independent contractors for professional services. See in	structions. If none, enter "NONE	
	(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE			NONE
			-
			
		<u> </u>	
Part IX-A	er of others receiving over \$50,000 for professional services Summary of Direct Charitable Activities	· · · · · · · · · · · · · · · · · · ·	NONE
List the fou	ndation's four largest direct charitable activities during the tax year. Include relevant statist	ical information such as the number of	Expenses
1 NONE			
2			
3			
4			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
			
Part IX-B	Summary of Program-Related Investments (see instructions)		
	e two largest program-related investments made by the foundation during the tax year on lines	1 and 2	Amount
1 NONE			

Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
	}
	1
2	1
	1
All other program-related investments. See instructions	l
3 NONE	1
	ļ
Total. Add lines 1 through 3	<u> </u>

Form 990-PF (2019)

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions ! Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes 1a 2,629,420. 90,956. 1c NONE c Fair market value of all other assets (see instructions). 1d 720,376. e Reduction claimed for blockage or other factors reported on lines 1a and 2 NONE 2 3 2,720,376. 3 Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see 40,806. 2,679,570. 5 Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 133,979. Part XI Distributable Amount (see instructions) (Section 4942(i)(3) and (i)(5) private operating foundations and certain foreign organizations, check here ▶ and do not complete this part) 133,979. 2a Tax on investment income for 2019 from Part VI, line 5 2b b Income tax for 2019 (This does not include the tax from Part VI). 6,405 Distributable amount before adjustments. Subtract line 2c from line 1. 127,574 NONE 127,574. NONE Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, 7 line 1. 127,574. Part XII Qualifying Distributions (see instructions) Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes a Expenses, contributions, gifts, etc - total from Part I, column (d), line 26..... 136,333. 1a 1b 2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., NONE 2 3 Amounts set aside for specific charitable projects that satisfy the 3a NONE 3b NONE Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 136,333. Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income N/A 6 Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation

Form 990-PF (2019)

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

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	990-PF (2019)				Page 9
Pa	t XIII Undistributed Income (see instri	uctions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from Part XI,	Corpus	Years prior to 2018	2018	2019
	line 7				127,574.
	Undistributed income, if any, as of the end of 2019	Į			
	Enter amount for 2018 only			NONE	
	Total for prior years 20,20,20		NONE		
	Excess distributions carryover, if any, to 2019			1	
	From 2014			\	1
	2.045	}	*	_}	
-	VIOLE				
] [100]				
		9,087.			
	Total of lines 3a through e				
4	line 4 ▶ \$ 136, 333.	ł			
•	Applied to 2018, but not more than line 2a	j		NONE	
				- NONE	
ō	Applied to undistributed income of prior years (Election required - see instructions)	}	NONE	}	
_	·				
С	Treated as distributions out of corpus (Election required - see instructions)	NONE		ļ	
d	Applied to 2019 distributable amount				127,574.
	Remaining amount distributed out of corpus.	8,759.			
5	Excess distributions carryover applied to 2019				
	(If an amount appears in column (d), the same amount must be shown in column (a))	NONE			NONE
6	Enter the net total of each column as				
_	indicated below.	ţ			(
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	17,846.			
b	Prior years' undistributed income Subtract				
	line 4b from line 2b		NONE		
С	Enter the amount of prior years' undistributed income for which a notice of deficiency has	į		1	
	been issued, or on which the section 4942(a)		,,,,,,,,	ŀ	
	tax has been previously assessed		NONE		
d	Subtract line 6c from line 6b Taxable	Ì	NONE		,
_	amount - see instructions		NONE		
е	4a from line 2a Taxable amount - see	}		MONE	
	instructions			NONE	
f	Undistributed income for 2019 Subtract lines	ţ		-	
	4d and 5 from line 1 This amount must be			}	NONE
	distributed in 2020				110111
7	Amounts treated as distributions out of corpus	ľ		}	
	to satisfy requirements imposed by section	j		}	
	170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	NONB			
,	Excess distributions carryover from 2014 not				
٥	applied on line 5 or line 7 (see instructions)	NONE		1	
۵	Excess distributions carryover to 2020				
9	Subtract lines 7 and 8 from line 6a	17,846.			
10	Analysis of line 9				
	Excess from 2015 NONE	ļ			
	Excess from 2016 3, 965.	}			
	Excess from 2017 NONE	}			
	Excess from 2018 5, 122.	(
е	Excess from 2019 8,759.				

d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

JSA 9E1490 1 000

SEE ATTACHED STATEMENT FOR LINE 2

3 Grants and Contributions Paid Duri	ng the Year or App	roved for	Future Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	
a Paid during the year				
VANSVILLE PHILHARMONIC ORCH			CONTRIBUTION TO GENERAL	
O BOX 84 EVANSVILLE IN 47701	NONE	OTHER PUBL	l l	18,00
o box of brimbythin in 17701	NONE	OINEK FORD	FUND	10,00
RTS COUNCIL OF SOUTHWESTERN INDIAN ATTN: MS.		1	CONTRIBUTION TO GENERAL	
23 NW 4TH STREET, SUITE #3 EVANSVILLE IN 47	NONE	OTHER PUBL	FUND	25,00
vansville Christian School		ĺ	CONTRIBUTION TO GENERAL	
400 LINCOLN AVE Evansville IN 47714	NONE	OTHER PUBL	FUND	10,00
NIVERSITY OF EVANSVILLE			CONTRIBUTION TO GENERAL	
800 LINCOLN AVE EVANSVILLE IN 47722	NONE	OTHER PUBL	FUND	10,00
NIN TRI-STATE PUBLIC MEDIA				
05 CARPENTER ST EVANSVILLE IN 47708	NONE	PC	PROGRAM SUPPORT	10,00
hamanilla Danka Danmiakian				
vansville Parks Foundation	11017		I nnognite granesa	
O. BOX 3112 Evansville IN 47730	NONE	OTHER PUBL	PROGRAM SUPPORT	3,33
IGNATURE SCHOOL				
10 MAIN ST EVANSVILLE IN 47708	NONE	PC	PROGRAM SUPPORT	20,00
NDIANA UNIVERSITY FOUNDATION		1		
500 N. STATE ROAD 46 BYPASS BLOOMINGTON IN	NONE	OTHER DIRI.	PROGRAM SUPPORT	20,00
JOV N. STATE ROAD TO BITAGO SECONTRICION IN	THOM 2	OTREK FUUL	PROGRAM SUPPORT	20,00
VANSVILLE ZOOLOGICAL SOCIETY				
545 MESKER PARK DR EVANSVILLE IN 47720	NONE	OTHER PUBL	PROGRAM SUPPORT	20,00
)			
				•
Total			▶ 3a	136,33
b Approved for future payment				
			ļ	
			ļ	
	1			
/	<u> </u>			
	}	1		
	1		1	

Part XVI-	A Analysis of Income-Produ	icing Act	ivities			
` .	amounts unless otherwise indicated	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e)
		(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exempt function income
-	service revenue			 		(See instructions)
				 		
				 		
·				 		
				 		
e f				 		
-	and contracts from government agencies			 		
	· •			 		
	ship dues and assessments			0	NONE	1,801.
	n savings and temporary cash investments. ds and interest from securities			0	NONE	
	al income or (loss) from real estate			1 -		
	-financed property					
	debt-financed property					
	ol income or (loss) from personal property					
	vestment income					
	oss) from sales of assets other than inventory			0	NONE	288,350.
	me or (loss) from special events					
	ofit or (loss) from sales of inventory					
11 Other re	venue a		<u> </u>			
b						
c						<u> </u>
d						i
e						
	Add columns (b), (d), and (e)		<u> </u>	1	NONE NONE	
	dd line 12, columns (b), (d), and (e)				13	355,924.
	ieet in line 13 instructions to verify calcu					
Part XVI	B Relationship of Activities	to the A	ccomplishment of E	xempt Pur	poses	
Line No	Explain below how each activit	y for whic	h income is reported i	n column (e) of Part XVI-A contrib	uted importantly to the
▼	accomplishment of the foundation	on's exemp	t purposes (other than	by providing	g funds for such purpose	s) (See instructions)
4	INVESTMENT INCOME EAR	VED BY	דאוק דפווקד זפ וו	SED TO M	IVKE	
	CHARITABLE CONTRIBUTION					
4	THE GOVERNING AGREEMEN		OROTHVI BITTIOND TO	<u>o orberr</u>	100 111	
8	INVESTMENT INCOME EAR		THIS TRUST IS U	SED TO M	IAKE	
8	CHARITABLE CONTRIBUTION					
8	THE GOVERNING AGREEEM			<u> </u>		
3	INVESTMENT INCOME EAR	NED BY	THIS TRUST IS U	SED TO M	IAKE	
3	CHARITABLE CONTRIBUTION					
3	THE GOVERNING AGREEMEN					
					···	
			<u> </u>			
						
	I .					

Form 99	00-PF (20	119)				3	35-203177	3			Pag	ge 13
Part	XVII	Information Re Organizations	egarding Tran	sfers to and	Transaction	ns and R	lelationship	s With	Nonchari	table	Exc	empt
(n sect organiz	organization direction 501(c) (other ations?	than section	501(c)(3) org	anizations) or	in section					Yes	No
		rs from the reporting							}			.,
								X				
		ransactions							}	18(2)		
(1) Sale	es of assets to a non	charitable exen	npt organization	1. <i>.</i>					16(1)		Х
((2) Purchases of assets from a noncharitable exempt organization					1b(2)		X				
	(3) Rental of facilities, equipment, or other assets							X				
	(4) Reimbursement arrangements								X			
		_							1			X
		ormance of services of facilities, equipm										X
		inswer to any of th									air m	
1	value o	f the goods, other	assets, or serv	ces given by th	he reporting fo	oundation.	If the founda	ation red	eived less	than f	air m	arket
		any transaction of	sharing arrang	gement, show i	n column (d)	the value of	of the goods	, other a	ssets, or se	rvices	rece	eived
(a) Lin	e no	(b) Amount involved	(c) Name of	oncharitable exemp	ot organization	(d) Desc	ription of transfe	ers, transac	tions, and shari	ng arra	ngeme	nts
	}	· · · · · · · · · · · · · · · · · · ·				 						
	}	· · · · · · · · · · · · · · · · · · ·		 		 						
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		foundation directly ed in section 501(c)						-			s \	
		complete the follow		50 1(0)(5)	or m section c	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,				ئــا "	<u>.</u>
(a) Name of organization			(Б) Түр	e of organization		(-	c) Descript	ion of relations	hip			
												
		- 							 .			
												
												
Under penalties of perjury, I declare that I have examined this return including accompanying schedules and statements, and to the correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge				the best								
Sign Here		ant) (3)		05/20	0/2020	Trust	ee			discuss pare <u>r_s</u> i		return below?
nere	Jugu	ature of officer or trustee		Date		Title			See instructions	<u> </u>	Yes	No
	<u> MA</u>	TT CAROTHERS		Propagada area	natura		Date			TIN		
Paid		Print/Type preparer's na	nne	Preparer's sign	nature		Date	1	eck if P f-employed	1114		
Prep	arer	Firm's name					'	Firm's EIN				
Use		Firm's address										
	<u> </u>							Phone no				
									For	m 990	PF	(2019)

STATEMENT

TS	11
/ESTMEN	
N	:
CASH	11 11 11
TEMPORARY	
NO	
INTEREST	
ı	
PART I	
990PF,	
FORM	## ## ## ## ##

NET INVESTMENT INCOME	1,801. 1,801.
REVENUE AND EXPENSES PER BOOKS	1,801. 1,801. ===========
	TOTAL
DESCRIPTION	MONEY MARKET INTEREST

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\$ n n 4k

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STATEMENT

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

NET INVESTMENT INCOME	. 647. 10,671. 28,679. 7,955. 16,873. 1,672.	./49/./
REVENUE AND EXPENSES PER BOOKS	647834. 10,671. 28,679. 7,955. 16,873.	. 5/ / , 29
DESCRIPTION	USGI REPORTED AS NONQUALIFIED DIVIDENDS NONDISTRIBUTIVE DIVIDENDS FOREIGN DIVIDENDS NONDIVIDEND DISTRIBUTIONS DOMESTIC DIVIDENDS NONQUALIFIED FOREIGN DIVIDENDS NONQUALIFIED DOMESTIC DIVIDENDS SECTION 199A DIVIDENDS	TOTAL

Υ

THE BOWER-SUHRHEINRICH FOUNDATION, FIFTH THIRD

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35-2031773

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990PF	ii
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2	ä
Ö	ii
FORM	Ħ

NET INVESTMENT INCOME	2,497. 1. 2,498.
REVENUE AND EXPENSES PER BOOKS	30. 2,584. 2,497. 1. 5,112.
DESCRIPTION	PRIOR YEAR EXCISE TAX PAID EXCISE TAX ESTIMATE FOREIGN TAXES ON QUALIFIED FOREIGN TAXES ON NONQUALIFIED

χ··--

EXPENSES	
: - OTHER	
F, PART I	
FORM 990PE	

NET INVESTMENT INCOME	11,333. 11,333. 5,627. 5,627.
REVENUE AND EXPENSES PER BOOKS	11,333. 11,333. 5,627. 5,627.
DESCRIPTION	BANK SERVICE FEES BANK SERVICE FEES BANK SERVICE FEES BANK SERVICES FEES

33,920.

33,920.

TOTALS

STATEMENT

THE BOWER-SUHRHEINRICH FOUNDATION FIFTH THIRD FORM 990PF, PART XV - LINES 2a - 2d

RECIPIENT NAME:

FIFTH THIRD BANK C/O PATRICK KOONTZ

ADDRESS:

PO BOX 719

EVANSVILLE, IN 47705

RECIPIENT'S PHONE NUMBER: N/A

FORM, INFORMATION AND MATERIALS:

APPLICATION SHOULD INCLUDE DESCRIPTION OF THE PROJECT TO BE FUNDED, A DESCRIPTION OF THE ORGANIZATION ADMINISTERING TO THE PROJECT, LEGAL NAME OF THE POTENTIAL DONEE, VERIFICATION OF 501(C)3 STATUS, & TIN SUBMISSION DEADLINES:

APPLICATION SHOULD BE RECEIVED BY NOVEMBER EACH YEAR

RESTRICTIONS OR LIMITATIONS ON AWARDS:

THE FOUNDATION HAS NO ABSOLUTE RESTRICTIONS; IT FOCUSES ON CHARITIES IN EVANSVILLE, IN AREA AND ON ORGANIZATIONS INVOLVED WITH THE ARTS AND WITH EDUCATION