Return of Private Foundation

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

roi	calen	idar year 2019 or tax year beginning	reb 1,20	19, and e	enaing		J <i>a</i>	an 31,2020	
Nan	ne of fou	ndation			A Employe	r identif	ication number	er	
		/MARIE PITCHER CH IRR TR				46314			
Nun	nber and	street (or PO box number if mail is not delivered to street address)	Roo	m/suite	B Telephon	e numbe	er (see instructi	ions)	
%H	ILLI.	ARD LYONS TRUST CO LLC PO BOX 32760			(502) 588-4110				
-		, state or province, country, and ZIP or foreign postal code			C If exempt	tion appli	cation is pend	ıng, check here▶ 🗌	
		ILLE KY 40232						•	
G	Check		n of a former public	c charity	D 1. Foreig	n organiz	zations, check l	here ▶ 🗌	
		☐ Final return ☐ Amended						g the 85% test,	
	01 1	Address change Name cha	- V	- FA			i attach compu		
H		type of organization: Section 501(c)(3) exempt p						terminated under ► □	
부			pt charitable trust						
•			ı: 🔲 Casn 🔼 A	Accruai			s in a 60-montl 7(b)(1)(B), check		
	line 16				under set	CUON 307	(D)(T)(D), CHECK	K flere	
Đ	art i	3,760,841. (Part I, column (d), must b Analysis of Revenue and Expenses (The total of	T Cash basis.)					(d) Disbursements	
	al L I	amounts in columns (b), (c), and (d) may not necessarily equal	(a) Revenue and expenses per		investment		djusted net	for charitable	
		the amounts in column (a) (see instructions).)	books	ın	come	"	ncome	purposes (cash basis only)	
	1	Contributions, gifts, grants, etc., received (attach schedule)						ı	
	2	Check ► ☒ if the foundation is not required to attach Sch. B				Г			
	3	Interest on savings and temporary cash investments	19,707.				— KE	EIVED	
₹	4	Dividends and interest from securities	66,476.				7	7,	
0707	5a	Gross rents				1	3 JUL	1 3 2020	
.73	ь	Net rental income or (loss)				1	7 -	9	
<u>⊸₁ o</u>	6a	Net gain or (loss) from sale of assets not on line 10	47,812.	1			OGL	ENI LIT	
≥ દૂં	b	Gross sales price for all assets on line 6a 386, 389.		L-6a	Stmt	L		E14, O1	
2 %	7	Capital gain net income (from Part IV, line 2)			47,812.				
ے شر	8	Net short-term capital gain					38.		
IJ	9	Income modifications							
Ž.	10a	Gross sales less returns and allowances		<u> </u>					
SCANNEU NUV I Revenue	b	Less: Cost of goods sold							
တ္တ	С	Gross profit or (loss) (attach schedule)							
•	11	Other income (attach schedule)							
	12	Total. Add lines 1 through 11	133,995.	<u> </u>	47,812.		38.		
S	13	Compensation of officers, directors, trustees, etc.	36,654.					3,500.	
xpenses	14	Other employee salaries and wages							
ē	15	Pension plans, employee benefits		+					
Ж	16a b	Legal fees (attach schedule)	2.750	 	1 075			1 075	
Š	1	Other professional fees (attach schedule)	3,750.		1,875.		-	1,875.	
ati	С 17	Interest				_		-	
str	18	Taxes (attach schedule) (see instructions)	<u> </u>	 					
ΞΞ	19	Depreciation (attach schedule) and depletion		1				1	
ᄁᇀ	20	Occupancy		1				- '	
πŽ	21	Travel, conferences, and meetings							
20 E	22	Printing and publications						_	
§ 50	23	Other expenses (attach schedule)							
<u>ا ا</u>	24	Total operating and administrative expenses.							
<u> </u>		Add lines 13 through 23	40,404.		1,875.			5,375.	
_ ຊັ	25	Contributions, gifts, grants paid	147,000.		د			147,000.	
<u> </u>	26	Total expenses and disbursements. Add lines 24 and 25	187,404.		1,875.			152,375.	
3 と JIIV upperione 当当	27	Subtract line 26 from line 12:							
က ပ	а	Excess of revenue over expenses and disbursements	-53,409.						
วกวก	b	Net investment income (if negative, enter -0-) .	•	ļ	45 , 937.				
_	С	Adjusted net income (if negative, enter -0-)					38.	1	

Pa	art II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	En	d of year
		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			
	2	Savings and temporary cash investments	115,029.	163,122	163,122.
	3	Accounts receivable ▶			
		Less: allowance for doubtful accounts ▶ _ ·			
	4	Pledges receivable ▶			
		Less: allowance for doubtful accounts ▶			
	5	Grants receivable			
ì	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
	7	Other notes and loans receivable (attach schedule) ▶		··. — — ···	
		Less: allowance for doubtful accounts ▶			
ts	8	Inventories for sale or use			
Assets	9	Prepaid expenses and deferred charges L-10a Stmt	7,794.	2,841	2,841.
Ä	10a	Investments—U.S. and state government obligations (attach schedule)	329,575.	229,572	232,448.
	b	Investments—corporate stock (attach schedule) L-10b Stmt	862,075.	890,274	. 2,283,028.
	C	Investments—corporate bonds (attach schedule) L-10c Stmt	400,302.	375,557	386,560.
	11	Investments—land, buildings, and equipment: basis ▶		-	
		Less: accumulated depreciation (attach schedule) ▶			
	12	Investments—mortgage loans			
	13	Investments—other (attach schedule) . L-13. Stmt	521,200.	521,200	692,842.
	14	Land, buildings, and equipment: basis ▶			
i		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 l)	2,235,975.	2,182,566	3,760,841.
	17	Accounts payable and accrued expenses			, , , , , , , , , , , , , , , , , , , ,
S.	18	Grants payable			<u> </u>
ij	19	Deferred revenue			3
Ē	20	Loans from officers, directors, trustees, and other disqualified persons			
Liabilities	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe ▶)			
	23	Total liabilities (add lines 17 through 22)			
alances		Foundations that follow FASB ASC 958, check here ► 🗵			
١		and complete lines 24, 25, 29, and 30.			,
9	24	Net assets without donor restrictions		·	
<u> </u>	25	Net assets with donor restrictions	2,235,975.	2,182,566	•
Ĭ		Foundations that do not follow FASB ASC 958, check here ▶ □			
띠	00	and complete lines 26 through 30.			
ا ة	26	Capital stock, trust principal, or current funds			
ا <u>پ</u> ا	27	Paid-in or capital surplus, or land, bldg., and equipment fund			
SS	28	Retained earnings, accumulated income, endowment, or other funds	0.005.075	0 100 546	
۲	29	Total net assets or fund balances (see instructions)	2,235,975.	2,182,566	
Net Assets or Fund	30	Total liabilities and net assets/fund balances (see instructions)	2 225 075	2 102 566	
	rt III	Analysis of Changes in Net Assets or Fund Balances	2,235,975.	2,182,566	•
		Il net assets or fund balances at beginning of year—Part II, colur	mn (a) line 20 (must	agree with	
•		of-year figure reported on prior year's return)			2,235,975.
2		er amount from Part I, line 27a			
		er increases not included in line 2 (itemize) ROUNDING			33,403.
4	Add	lines 1, 2, and 3			
5	D				
_6	Tota	reases not included in line 2 (itemize) ► Il net assets or fund balances at end of year (line 4 minus line 5)—F	Part II, column (b), lin	e 29 6	

Part	IV Capital Gains and	d Losses for Tax on Investr	nent Income			
		nd(s) of property sold (for example, real e ise; or common stock, 200 shs MLC Co.		(b) How acquired P—Purchase D—Donation	(c) Date acqui (mo , day, yr	
<u>1a</u>	SEE ATTACHED FOR D	ETAIL OF STOCK SOLD		P	02/01/20	19 03/27/2019
b	SEE ATTACHED FOR D	ETAIL OF STOCK SOLD		P	05/06/20	14 01/31/2020
		ETAIL OF STOCK SOLD		P	05/06/20	
	SEE ATTACHED FOR D	ETAIL OF STOCK SOLD		P	01/31/20:	20 01/31/2020
e	····			<u></u>		
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		other basis inse of sale		h) Gain or (loss) plus (f) minus (g))
<u>a</u>	545.			547 <u>.</u>		-2.
b	9,040.			0.		9,040.
<u>c</u>	376,764.			338,030.		38,734.
<u>d</u>	40.			0.		40.
<u> </u>	Complete only for assets sho	owing gain in column (h) and owned	by the foundation	on 12/21/60		
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Exces	s of col (i) . (j), if any	col (k), b	us (Col (h) gain minus out not less than -0-) or sees (from col (h))
a						-2.
b						9,040.
						38,734.
d						40.
<u> </u>				41 P 7 . 3		
2	Capital gain net income o		also enter in Pa , enter -0- in Pai		2	47,812.
3	If gain, also enter in Part	n or (loss) as defined in sections I, line 8, column (c). See instru	ctions. If (loss)		3	20
Part	V Qualification Und	er Section 4940(e) for Redu	red Tay on N	let Investment	,	38.
_	· · · · · · · · · · · · · · · · · · ·	vate foundations subject to the				`
Was th		e this part blank. section 4942 tax on the distribu jualify under section 4940(e). Do			pase period?	☐ Yes ⊠ No
1		ount in each column for each year		•	aking any ent	ries.
Cale	(a) Base period years ndar year (or tax year beginning in)	(b)	·	(c) f noncharitable-use as	and a	(d) Distribution ratio I (b) divided by col (c))
	2018	152,0	00.	3,395,9		0.044759
	2017	163,5		3,348,7		0.048836
	2016	159,8		3,192,2		0.050074
	2015	161,8		3,429,3		0.047193
	2014	160,8	50.	3,334,6		0.048236
2	Total of line 1, column (d)				. 2	0.239098
3		for the 5-year base period—div oundation has been in existence				0.047820
4	Enter the net value of non-	charitable-use assets for 2019 f	rom Part X, line	5	. 4	3,551,860.
5	Multiply line 4 by line 3				. 5	169,850.
6	Enter 1% of net investmen	nt income (1% of Part I, line 27b)		. 6	459.
7	Add lines 5 and 6				. 7	170,309.
8		ns from Part XII, line 4				152,375.
	If line 8 is equal to or great Part VI instructions.	ter than line 7, check the box in	n Part VI, line 1b	o, and complete t	nat part using	g a 1% tax rate. See the

Part	Excise Tax based on investment income (Section 4940(a), 4940(b), 4940(e), or 4948—see	: Instri	uctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.			1
	Date of ruling or determination letter: (attach copy of letter if necessary—see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check	<u> </u>	9	<u> 19.</u>
С	here ▶ ☐ and enter 1% of Part I, line 27b			
C	Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	<u> </u>		0.
3	Add lines 1 and 2		9	<u> 19.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		9	19.
6	Credits/Payments: 2019 estimated tax payments and 2018 overpayment credited to 2019 6a 2,565.			
a b	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 2,565. Exempt foreign organizations—tax withheld at source 6b 748.			
C	Tax paid with application for extension of time to file (Form 8868) 6c 0.	ĺ		
ď	Backup withholding erroneously withheld 6d	1		
7	Total credits and payments. Add lines 6a through 6d		3,3	13
8	Enter any penalty for underpayment of estimated tax. Check here 🗵 if Form 2220 is attached		J, J	0.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid > 10		2.3	94.
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ▶ 2,394. Refunded ▶ 11			
Part	VII-A Statements Regarding Activities			
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did if		Yes	No
	participate or intervene in any political campaign?	1a		×
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		×
	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.			
C	Did the foundation file Form 1120-POL for this year?	1c		×
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	۰		
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$.		1
е	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? If "Yes," attach a detailed description of the activities.	2		×
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .	3		<u>×</u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<u>×</u>
_b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u>×</u>
_	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: • By language in the governing instrument, or		`	
	• 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	-	
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		×	
, 8a	Enter the states to which the foundation reports or with which it is registered. See instructions.	-	 ^ 	
Ja	See Statement			
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 <i>General Instruction G?</i> If "No," attach explanation	8b		
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			
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10		

rai	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)? If "Yes," attach schedule. See instructions	11		×
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			i
40	person had advisory privileges? If "Yes," attach statement. See instructions	12		×
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	×	
44	Website address ► WWW.JCCF.ORG/SCHOLARSHIPS The books are in care of ► Hilliard Lyons Trust Co., LLC Telephone no. ► (502) 5			
14	Ine books are in care of Philliard Lyons Trust Co., LLC lelephone no. (502) 5	88-	3623	}
15	Located at ▶ 500 W Jefferson St Louisville KY ZIP+4 ▶ 40202 Section 4047(a)(1) papayamet aboritable trusts filing Form 200 PF in lay of Form 1011			
13	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		•	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		×
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of			
D	the foreign country >			
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
1a	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
ıa	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 No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	3		
	disqualified person?	۰		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(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.)			
b	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 Organizations relying on a current notice regarding disaster assistance, check here	1b		×
С	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		×
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 6d and 6e) for tax year(s) beginning before 2019?			
	6d and 6e) for tax year(s) beginning before 2019?			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see instructions.)	2b		×
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	▶ 20 , 20 , 20 , 20	١		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
ь	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, 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		×
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		×

Part	VII-B	Statements Regarding Activities	s for V	Vhich Form	4720	May Be F	Require	ed (conti	nued)			
5a	During t	he year, did the foundation pay or incur	any am	nount to:							Yes	No
		y on propaganda, or otherwise attempt t		_	•	•	• •	☐ Yes	⊠ No			
		ence the outcome of any specific publi				•	•	,				
	direc	ctly or indirectly, any voter registration di	rive?					TYes	⊠ No			
		ride a grant to an individual for travel, stu						☐ Yes	⊠ No			
		ride a grant to an organization other than					rıbed ır	1				
		ion 4945(d)(4)(A)? See instructions						☐ Yes	⊠ No		,	
		ide for any purpose other than religious						' _	_			
		oses, or for the prevention of cruelty to						∐Yes	⊠ No			
ь		nswer is "Yes" to 5a(1)–(5), did any of the							scribed			
	in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions							5b				
_												
С		nswer is "Yes" to question 5a(4), does to a transition to the same it maintained expenditure responsibility									,	
		-		=				∐ Yes	∐ No			
6a		attach the statement required by Regulation, during the year, receive any					amii ime					
O.		sonal benefit contract?	iuiius,	directly of in	unechy	, to pay pi	SITIUITIS) □Yes	⊠ No			
b	•	foundation, during the year, pay premiur	ne dura	otly or indire	ctly on	a porcona	 Lbonofi	_	_	6b		×
•		to 6b, file Form 8870.	ns, une	ctry or maner	chy, on	a persona	Denen	Comiaci		0.5		
7a		me during the tax year, was the foundation	a narti	v to a prohibit	ed tax s	helter trans	action?	□ Ves	⊠ No			
b		did the foundation receive any proceed								7b		
8		undation subject to the section 4960 ta										
		ation or excess parachute payment(s) di							□No			
Part	VIII	Information About Officers, Direc							Paid E	mploy	ees,	
		and Contractors		•				•			•	
1	List all o	officers, directors, trustees, and found	lation ı	managers ar	d their	compens	ation. S	See instru	uctions			
						•						
		(a) Name and address		e, and average		mpensation		Contribution		(e) Expe		
			hou devot	ed to position	i (lf ı		emplo	Contribution byee benefit erred compe	plans		nse acc allowan	
		YONS TRUST CO	hou	rs per week ed to position	(lf i en	mpensation not paid, iter -0-)	emplo	yee benefit	plans ensation			ces
500	W JEFF	LYONS TRUST CO ERSON ST LOUISVILLE KY 40202	hou devot TRUS	red to position TEE 5.00	(lf i en	mpensation not paid,	emplo	yee benefit	plans			
500 WOOD	W JEFF	LYONS TRUST CO ERSON ST LOUISVILLE KY 40202 GROUP, LLC	hou devot	rs per week ed to position TEE 5.00 SOR	(lf i en	mpensation not paid, iter -0-)	emplo	yee benefit	plans ensation			O.
500 WOOD 2048	W JEFF DBURY O NORTH I	LYONS TRUST CO ERSON ST LOUISVILLE KY 40202 GROUP, LLC MORTON STREET FRANKLIN IN 46131	TRUS	rs per week ed to position TEE 5.00 SOR 2.00	(lf i en	mpensation not paid, iter -0-)	emplo	yee benefit	plans ensation			ces
500 WOOD 2048 JOE	W JEFF DBURY O NORTH I DEHART	LYONS TRUST CO ERSON ST LOUISVILLE KY 40202 GROUP, LLC MORTON STREET FRANKLIN IN 46131	hou devot TRUS	TEE 5.00 SOR 2.00	(lf i en	mpensation not paid, iter -0-) 30, 154.	emplo	yee benefit	plans ensation 0.			0. 0.
500 WOOD 2048 JOE 3686	W JEFF DBURY O NORTH I DEHART G W 400	LYONS TRUST CO ERSON ST LOUISVILLE KY 40202 GROUP, LLC MORTON STREET FRANKLIN IN 46131 C O S TRAFALGAR IN 46181	TRUS	rs per week ed to position TEE 5.00 SOR 2.00	(lf i en	mpensation not paid, iter -0-)	emplo	yee benefit	plans ensation			O.
500 WOOD 2048 JOE 3686	W JEFF DBURY O NORTH I DEHART	LYONS TRUST CO ERSON ST LOUISVILLE KY 40202 GROUP, LLC MORTON STREET FRANKLIN IN 46131 C O S TRAFALGAR IN 46181	TRUS	res per week ed to position TEE 5.00 SOR 2.00 SOR 2.00	(lf i en	30,154. 3,750.	emplo	yee benefit	O. O.			0. 0.
500 WOOD 2048 JOE 3686	W JEFF DBURY C NORTH I DEHART W 400 Statem	LYONS TRUST CO ERSON ST LOUISVILLE KY 40202 GROUP, LLC MORTON STREET FRANKLIN IN 46131 C D S TRAFALGAR IN 46181 ment	hou devot TRUS	SOR 2.00 SOR 2.00 6.00	(lf i	30,154. 3,750. 1,500.	emplo and def	oyee benefit	0. 0. 0.	other :	allowan	0. 0.
500 WOOL 2048 JOE 3686 See	W JEFF DBURY C NORTH I DEHART W 400 Statem	LYONS TRUST CO ERSON ST LOUISVILLE KY 40202 GROUP, LLC MORTON STREET FRANKLIN IN 46131 C D S TRAFALGAR IN 46181 Thent The street in the street contains the street con	hou devot TRUS	SOR 2.00 SOR 2.00 6.00	(lf i	30,154. 3,750. 1,500.	emplo and def	oyee benefit	0. 0. 0.	other :	allowan	0. 0.
500 WOOL 2048 JOE 3686 See	W JEFF DBURY C NORTH I DEHART W 400 Statem	LYONS TRUST CO ERSON ST LOUISVILLE KY 40202 GROUP, LLC MORTON STREET FRANKLIN IN 46131 C D S TRAFALGAR IN 46181 Thent The street in the street contains the street con	hou devot TRUS	SOR	(If i	30,154. 3,750. 1,500.	emplo and def	see instr	O. O. uctions	other:	one, (0. 0. 0. enter
500 WOOD 2048 JOE 3686 See	W JEFF DBURY C NORTH I DEHART W 400 Statem Comper	LYONS TRUST CO ERSON ST LOUISVILLE KY 40202 GROUP, LLC MORTON STREET FRANKLIN IN 46131 C D S TRAFALGAR IN 46181 Thent The street in the street contains the street con	ADVI	sor week ed to position TEE 5.00 SOR 2.00 SOR 2.00 6.00 er than those hours per week ed to position to position the following per week ed to	se incl	30,154. 3,750. 1,500.	emplo and def	see instr	0. 0. uctions	s). If no	one, (0. 0. 0. enter
500 WOOD 2048 JOE 3686 See	W JEFF DBURY C NORTH I DEHART W 400 Statem Comper	LYONS TRUST CO ERSON ST LOUISVILLE KY 40202 GROUP, LLC MORTON STREET FRANKLIN IN 46131 C O S TRAFALGAR IN 46181 Dent Dent Desired Highest-paid employee	ADVI	SOR	se incl	30,154. 3,750. 1,500. 5,000. uded on li	emplo and def	see instr	0. 0. uctions	s). If no	one, (0. 0. 0. enter
500 WOOD 2048 JOE 3686 See	W JEFF DBURY C NORTH I DEHART W 400 Statem Comper "NONE. a) Name an	LYONS TRUST CO ERSON ST LOUISVILLE KY 40202 GROUP, LLC MORTON STREET FRANKLIN IN 46131 C O S TRAFALGAR IN 46181 Dent Dent Desired Highest-paid employee	ADVI	sor week ed to position TEE 5.00 SOR 2.00 SOR 2.00 6.00 er than those hours per week ed to position to position the following per week ed to	se incl	30,154. 3,750. 1,500. 5,000. uded on li	emplo and def	see instr	0. 0. uctions	s). If no	one, (0. 0. 0. enter
500 WOOL 2048 JOE 3686 See	W JEFF DBURY C NORTH I DEHART W 400 Statem Comper "NONE. a) Name an	LYONS TRUST CO ERSON ST LOUISVILLE KY 40202 GROUP, LLC MORTON STREET FRANKLIN IN 46131 C O S TRAFALGAR IN 46181 Dent Dent Desired Highest-paid employee	ADVI	sor week ed to position TEE 5.00 SOR 2.00 SOR 2.00 6.00 er than those hours per week ed to position to position the following per week ed to	se incl	30,154. 3,750. 1,500. 5,000. uded on li	emplo and def	see instr	0. 0. uctions	s). If no	one, (0. 0. 0. enter
500 WOOL 2048 JOE 3686 See	W JEFF DBURY C NORTH I DEHART W 400 Statem Comper "NONE. a) Name an	LYONS TRUST CO ERSON ST LOUISVILLE KY 40202 GROUP, LLC MORTON STREET FRANKLIN IN 46131 C O S TRAFALGAR IN 46181 Dent Dent Desired Highest-paid employee	ADVI	sor week ed to position TEE 5.00 SOR 2.00 SOR 2.00 6.00 er than those hours per week ed to position to position the following per week ed to	se incl	30,154. 3,750. 1,500. 5,000. uded on li	emplo and def	see instr	0. 0. uctions	s). If no	one, (0. 0. 0. enter
500 WOOL 2048 JOE 3686 See	W JEFF DBURY C NORTH I DEHART W 400 Statem Comper "NONE. a) Name an	LYONS TRUST CO ERSON ST LOUISVILLE KY 40202 GROUP, LLC MORTON STREET FRANKLIN IN 46131 C O S TRAFALGAR IN 46181 Dent Dent Desired Highest-paid employee	ADVI	sor week ed to position TEE 5.00 SOR 2.00 SOR 2.00 6.00 er than those hours per week ed to position to position the following per week ed to	se incl	30,154. 3,750. 1,500. 5,000. uded on li	emplo and def	see instr	0. 0. uctions	s). If no	one, (0. 0. 0. enter
500 WOOL 2048 JOE 3686 See	W JEFF DBURY C NORTH I DEHART W 400 Statem Comper "NONE. a) Name an	LYONS TRUST CO ERSON ST LOUISVILLE KY 40202 GROUP, LLC MORTON STREET FRANKLIN IN 46131 C O S TRAFALGAR IN 46181 Dent Dent Desired Highest-paid employee	ADVI	sor week ed to position TEE 5.00 SOR 2.00 SOR 2.00 6.00 er than those hours per week ed to position to position the following per week ed to	se incl	30,154. 3,750. 1,500. 5,000. uded on li	emplo and def	see instr	0. 0. uctions	s). If no	one, (0. 0. 0. enter
500 WOOL 2048 JOE 3686 See	W JEFF DBURY C NORTH I DEHART W 400 Statem Comper "NONE. a) Name an	LYONS TRUST CO ERSON ST LOUISVILLE KY 40202 GROUP, LLC MORTON STREET FRANKLIN IN 46131 C O S TRAFALGAR IN 46181 Dent Dent Desired Highest-paid employee	ADVI	sor week ed to position TEE 5.00 SOR 2.00 SOR 2.00 6.00 er than those hours per week ed to position to position the following per week ed to	se incl	30,154. 3,750. 1,500. 5,000. uded on li	emplo and def	see instr	0. 0. uctions	s). If no	one, (0. 0. 0. enter
500 WOOL 2048 JOE 3686 See	W JEFF DBURY C NORTH I DEHART W 400 Statem Comper "NONE. a) Name an	LYONS TRUST CO ERSON ST LOUISVILLE KY 40202 GROUP, LLC MORTON STREET FRANKLIN IN 46131 C O S TRAFALGAR IN 46181 Dent Dent Desired Highest-paid employee	ADVI	sor week ed to position TEE 5.00 SOR 2.00 SOR 2.00 6.00 er than those hours per week ed to position to position the following per week ed to	se incl	30,154. 3,750. 1,500. 5,000. uded on li	emplo and def	see instr	0. 0. uctions	s). If no	one, (0. 0. 0. enter
500 WOOL 2048 JOE 3686 See	W JEFF DBURY C NORTH I DEHART W 400 Statem Comper "NONE. a) Name an	LYONS TRUST CO ERSON ST LOUISVILLE KY 40202 GROUP, LLC MORTON STREET FRANKLIN IN 46131 C O S TRAFALGAR IN 46181 Dent Dent Desired Highest-paid employee	ADVI	sor week ed to position TEE 5.00 SOR 2.00 SOR 2.00 6.00 er than those hours per week ed to position to position the following per week ed to	se incl	30,154. 3,750. 1,500. 5,000. uded on li	emplo and def	see instr	0. 0. uctions	s). If no	one, (0. 0. 0. enter
500 WOOL 2048 JOE 3686 See	W JEFF DBURY C NORTH I DEHART W 400 Statem Comper "NONE. a) Name an	LYONS TRUST CO ERSON ST LOUISVILLE KY 40202 GROUP, LLC MORTON STREET FRANKLIN IN 46131 C O S TRAFALGAR IN 46181 Dent Dent Desired Highest-paid employee	ADVI	sor week ed to position TEE 5.00 SOR 2.00 SOR 2.00 6.00 er than those hours per week ed to position to position the following per week ed to	se incl	30,154. 3,750. 1,500. 5,000. uded on li	emplo and def	see instr	0. 0. uctions	s). If no	one, (0. 0. 0. enter
500 WOOL 2048 JOE 3686 See 2	W JEFF DBURY C NORTH I DEHART W 400 Statem Comper "NONE."	LYONS TRUST CO ERSON ST LOUISVILLE KY 40202 GROUP, LLC MORTON STREET FRANKLIN IN 46131 C O S TRAFALGAR IN 46181 Dent Dent Desired Highest-paid employee	ADVI	sper week ed to position TEE 5.00 SOR 2.00 SOR 2.00 6.00 er than those (b) Title, and a hours per widevoted to position	se incl	30,154. 3,750. 1,500. 5,000. uded on li	emplo and def	see instr (d) Contribe employee plans and compens	0. 0. uctions	s). If no	one, (0. 0. 0. enter

Part VIII Information About Officers, Directors, Trustees, Foundand Contractors (continued)	ation Managers, Highly Paid Em	ployees,
3 Five highest-paid independent contractors for professional services. S	ee instructions. If none, enter "NONI	E."
(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 company		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	· · · · · · · · · · · · · · · · · · ·	0
List the foundation's four largest direct charitable activities during the tax year. Include relevant	etatistical information purch as the supplier of	
organizations and other beneficiaries served, conferences convened, research papers produced, e		Expenses
1 THE FOUNDATION PROVIDED 18 SCHOLARSHIPS TO ELIGI	BLE INDIAN CREEK AND	
OTHER JOHNSON COUNTY HIGH SCHOOL GRADUATES.		
		93,217.
2 THE JOUNSON COUNTY COMMUNITY FOUNDATION ADMINIST	ERS OVER 250 FUNDS. THE	
JCCCF ALSO PROVIDES THE PUBLIC NOTIFICATION REQUI	REMENTS REQUIRED OF THE	
PITCHER FOUNDATION.	.,_	23,384.
3 THE FRANKLIN UNITED METHODIST COMMUNITY (OTTERBIE)	N) PROVIDES RESIDENCE	
AND HEALTH SERVICES FOR THE RETIRED.		
A TUE TOUNGOU COUNTY UTGESTED		7,015.
4 THE JOHNSON COUNTY HISTORICAL SOCIETY PROVIDES A	MUSEUM AND MANY	
HISTORICAL RESOURCES.		22 204
Part IX-B Summary of Program-Related Investments (see instruc	etions)	23,384.
Describe the two largest program-related investments made by the foundation during the tax year		Amount
1		
•		
2	-	
All other program-related investments See instructions		
3		
Total Add lines 1 thursuals 0		
Total. Add lines 1 through 3	<u> </u>	5 000 DE (0040)

BAA

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreit see instructions.)	ign fo	undations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	3,430,681.
b	Average of monthly cash balances	1b	175,268.
С	Fair market value of all other assets (see instructions)	1c	
d	Total (add lines 1a, b, and c)	1d	3,605,949.
е	Reduction claimed for blockage or other factors reported on lines 1a and		-
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	3,605,949.
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	ınstructions)	4	54,089.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V. line 4	5	3,551,860.
6	Minimum investment return. Enter 5% of line 5	6	177,593.
Part		ounda	
1	Mınımum investment return from Part X, line 6	1	177,593.
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.) 2b		
С	Add lines 2a and 2b	2c	919.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	176,674.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	176,674.
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	7	176,674.
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	152,375.
b	Program-related investments—total from Part IX-B	1b	
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:		
а	Suitability test (prior IRS approval required)	3a	
ь	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	152,375.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.		102,01
	Enter 1% of Part I, line 27b. See instructions	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	152,375.
-	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating	ــــــــــــــــــــــــــــــــــــــ	
	qualifies for the section 4940(e) reduction of tax in those years.	9 ***	and the loandation

Part	XIII Undistributed Income (see instruction	ons)			
		(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
1	Distributable amount for 2019 from Part XI, line 7	_	***		176,674.
2	Undistributed income, if any, as of the end of 2019:				1/0/0/3.
а	Enter amount for 2018 only			151,458.	
b	Total for prior years: 20, 20, 20				
3	Excess distributions carryover, if any, to 2019:				
а	From 2014				
b	From 2015 0.]	Q.		ļ
C	From 2016				
d	From 2017				
e	From 2018	1 040			
f	Total of lines 3a through e	1,042.			
4	Qualifying distributions for 2019 from Part XII, line 4: > \$152,375.				
a	Applied to 2018, but not more than line 2a .			151,458.	
b	Applied to undistributed income of prior years (Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2019 distributable amount				917.
е	Remaining amount distributed out of corpus	0.			
5	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:	<u> </u>			0.
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	1,042.			<u> </u>
b	Prior years' undistributed income. Subtract line 4b from line 2b	-	0.		
С	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—see instructions		0.		
е	Undistributed income for 2018. Subtract line				
	4a from line 2a. Taxable amount-see				
	instructions			0.	
f	Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020	۰			175,757.
7	Amounts treated as distributions out of corpus				173,137.
•	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 2014 not applied on line 5 or line 7 (see instructions).	0.			
9	Excess distributions carryover to 2020.		,		
	Subtract lines 7 and 8 from line 6a	1,042.			
10	Analysis of line 9:				
a	Excess from 2015				
b	Excess from 2016		٥		
c d	Excess from 2017				
e	Excess from 2019 0.				

Part	XIV Private Operating Founda	tions (see instri	ictions and Part	VII-A guestion (<u>)</u>	N/A
	If the foundation has received a ruling				<u>,, </u>	N/A
14	foundation, and the ruling is effective fo	r 2019 enter the d	ate of the ruling	private operating		
ь	Check box to indicate whether the fou				ection D 4942(i)	(3) or 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		1(3) 01 🔲 4942()(3)
	income from Part I or the minimum	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(e) Total
	investment return from Part X for each year listed	(8) 2013	(5) 2010	(6) 2017	(u) 2010	
ь	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:		/			
а	"Assets" alternative test-enter:					
	(1) Value of all assets					,
	(2) Value of assets qualifying under			- 1		-
	section 4942(j)(3)(B)(i)					
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)					
	(3) Largest amount of support from					
	an exempt organization				_	
	(4) Gross investment income	(2)				<u></u>
Part			•	ne foundation h	ad \$5,000 or m	ore in assets at
	any time during the year-		IS.)			
1_	Information Regarding Foundation	_		/ -6 4b - 4-4-1 4	-16	L AL
а	List any managers of the foundation was before the close of any tax year (but of					by the foundation
,	IONE	inly if they have co	minibuted more th	an \$5,000). (See S	ection 507(d)(2).)	
ь	List any managers of the foundation	who own 10% or	more of the stee	k of a corporation	or an equally la	ergo portion of the
_	ownership of a partnership or other er					arge portion of the
N	IONE	,,		. o , o o , g. ou.o		
2	Information Regarding Contribution	Grant Gift Loa	n Scholarshin e	to Programs:		
_	Check here ► 🗵 if the foundation			•	organizations and	I does not accent
	unsolicited requests for funds. If the fe					
	complete items 2a, b, c, and d. See in		3 , 3 ,,		3	
а	The name, address, and telephone nu		ress of the persor	n to whom applica	tions should be a	ddressed:
-	,		P0.001	т принос		
Ь	The form in which applications should	l be submitted and	I information and i	materials they sho	uld include:	
				, -/		
С	Any submission deadlines:					
d	Any restrictions or limitations on aw	ards, such as by	geographical ar	eas, charitable fie	elds, kinds of ins	stitutions, or other
	factors:					

Part XV Supplementary Information (continued)

3 Grants and Contributions Paid During t	he Year or Approv	ed for Fut	ture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	Contribution	
a Paid during the year		-		
PURDUE UNIVERSITY FBO GRACE MAHER				
619 PURDUE MALL	.,			10.510
WEST LAFAYETTE IN 47916	None	None	Scholarship	12,540.
FRANKLIN COLLEGE FBO MARIAH WEDDLE 101 BRANIGIN BLVD				
FRANKLIN IN 46131	NONE	NONE	SCHOLARSHIP	2,000.
FRANKLIN COLLEGE FBO MACY ASHLEY	NONE	NONE	SCHOBARSHII	2,000.
101 BRANIGIN BLVD				
FRANKLIN IN 46131	NONE	NONE	SCHOLARSHIP	4,000.
FRANKLIN COLLEGE FBO BRANDON BARGER				1,5551
101 BRANIGIN BLVD				
FRANKLIN IN 46131	NONE	NONE	SCHOLARHSIP	5,000.
FRANKLIN COLLEGE FBO MADELYN GRAY				
101 BRANIGIN BLVD				
FRANKLIN IN 46131	NONE	NONE	SCHOLARSHIP	5,000.
FRANKLIN COLLEGE FBO HANNAH GRAY				
101 BRANIGIN BLVD	None	NONE	COUCL TROUTS	F 000
FRANKLIN IN 46131 FRANKLIN COLLEGE FBO DYLAN CAMPBELL	NONE	NONE	SCHOLARSHIP	5,000.
101 BRANIGIN BLVD				
FRANKLIN IN 46131	NONE	NONE	SCHOLARSHIP	4,000.
FRANKLIN COLLEGE FBO NATALIE HURLEY	1,01,2			1,000.
101 BRANIGIN BLVD				
FRANKLIN IN 46131	NONE	NONE	SCHOLARSHIP	4,000.
FRANKLIN COLLEGE FBO SYDNEY LOGSDON				
101 BRANIGIN BLVD				
FRANKLIN IN 46131	NONE	NONE	SCHOLARSHIP	6,000.
See Statement				
				99,460.
				33,400.
Total	L.			147.000
b Approved for future payment	· · · · · · · · · · · · · · · · · · ·		<u> ▶ 3a</u>	147,000.
2 Approved for fatare payment				
				ĺ
Total			▶ 3b	

	rt XV		ctivities				
Ente	er gros	ss amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by secti	on 512, 513, or 514	1 (c)
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemp function income (See instructions.
1	Prog	ram service revenue:		<u> </u>			(CCC IIISTIGOTIONS.
	а				ļ		
	b _						_
				<u> </u>	-		_
	d _			<u> </u>			
	e _						
	T =				 		-
_	_	ees and contracts from government agencies			+		
2		bership dues and assessments		 -	1.4	10 707	
3 4		est on savings and temporary cash investments lends and interest from securities		·	14	19,707.	<u> </u>
5		rental income or (loss) from real estate:		<u> </u>	14	66,476.	
3		Debt-financed property		<u>. </u>			
		lot debt-financed property					
6		rental income or (loss) from personal property			-		
7		r investment income		-			
8		or (loss) from sales of assets other than inventory			14	47,814.	
9		ncome or (loss) from special events			14	47,014.	
10		s profit or (loss) from sales of inventory		-			
11		r revenue: a					
							
	c						
	d [–]		1 1	•	1		
	е _						-
12	Subt	otal. Add columns (b), (d), and (e)				133,997.	
13	Tota	I. Add line 12, columns (b), (d), and (e)					
		sheet in line 13 instructions to verify calculation					
Pa	rt XVI	-B Relationship of Activities to the A	ccomplishm	ent of Exemp	t Purposes		
Lin	e No. ▼	Explain below how each activity for which accomplishment of the foundation's exempt pur	income is repo poses (other than	rted in column by providing fur	(e) of Part XVI- nds for such purpo	A contributed in ses). (See instruc	nportantly to the tions.)
8		N/A					
					·		
_							
	_						
			-				
	-						
					_		
		-					_
			-				· -
		<u> </u>					
							<u> </u>

		Organizati	ons											
1 a	in se organ	he organization of ection 501(c) (of nizations? efers from the rep	other than sec	ction 501(c)((3) organization	s) or ii	n section	on 527, re					Yes	No
	(1) C	ash										1a(1)		×
		ther assets .										1a(2)		×
b	Othe	r transactions:												
	(1) S	ales of assets to	a noncharitab	le exempt or	ganization							1b(1)		×
		urchases of asse							• • •			1b(2)	_	×
		ental of facilities,									•	1b(3)	\rightarrow	$\frac{\hat{\mathbf{x}}}{\mathbf{x}}$
		eimbursement a								• • •	•	1b(4)	\rightarrow	$\frac{\hat{x}}{x}$
		oans or loan gua	_							• • •		1b(5)		÷
		erformance of se										1b(5)		
С		ng of facilities, e			-						1	1c		<u>×</u>
		answer to any											<u> </u>	
u		of the goods, or												
		in any transaction												
(a) Line		b) Amount involved			exempt organization			ption of transfe						
(0) 2.110		ay / amount involved	(0) 112				(u) Descri	phon or transit	trans	actions,	and snai	ing arrai	igerrie	
	-					-			_					
	+					-			-					
	+								_					
	\dashv	· · · · · · · · · · · · · · · · · · ·	-			+					-			
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	descr	e foundation direction 5 to 5," complete the	01(c) (other the following sche	an section 50	01(c)(3)) or in sec	tion 52				• •	. [☐ Yes	X	No
	_	(a) Name of organi	zation		(b) Type of organi	zation			(c) Desc	ription c	f relation	ship		
														
									-					
					- ·									
cia	Corre	r penalties of perjury I	declare that have e	examined this retu	rn, including accompa	nying sche	edules and which prepa	statements, and erer has any kno	to the be	est of my	knowledg	ge and be	lief, it i	s true,
Sign					·) / \			arer rias arry kilo	weage		lay the IR			
Here			<i>(</i>		7/2/2020	TRUS	TEE				ith the pre ee instruct			
	Sign	ature of officer or trus		<u> </u>	Date	Title				<u> </u>				
Paid		Print/Type preparer	s name	' Prepare	er's signature			Date	[,	Check [X If	TIN		
Prepa	rer	MAX S WOOD	BURY III,	EA MAX	S WOODBURY	III,	EA	06/25/2	020	self-emp	loyed P	01452	949	<u>}</u> _
Use C		Firm's name ▶	WOODBURY	GROUP LL	C						3-132			
	-···y	Fırm's address ▶	2048 N MC	RTON ST					Phone		17)73			
BAA		-	FRANKLIN			IN 4	46131					m 990		(2019)

Form 990-PF: Return of Private Foundation

Part XV, Line 3a: Grants and Contributions Paid During the Year

Continuation Statement

Fart XV, Line 3a. Grants and Contribu			ion Statement	
Recipient name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
FRANKLIN COLLEGE FBO TAYLOR NEELY	NONE	NONE	SCHOLARSHIP	4,000.
101 BRANIGIN BLVD				
FRANKLIN, IN 46131				
FRANKLIN COLLEGE FBO ANDREW POLLERT	NONE	NONE	SCHOLARSHIP	4,000.
101 BRANIGIN BLVD				
FRANKLIN, IN 46131				
FRANKLIN COLLEGE FBO KEELIE SATTER	NONE	NONE	SCHOLARSHIP	6,000.
101 BRANIGIN BLVD				
FRANKLIN, IN 46131				
FRANKLIN COLLEGE FBO GABRIELLE TERHUNE	NONE	NONE	SCHOLARSHIP	3,000.
101 BRANIGIN BLVD				
FRANKLIN, IN 46131				
JOHNSON COUNTY HISTORICAL SOCIETY INC	N/A	NONE	BENEFICIARY	23,384.
99 NORTH MAIN				
FRANKLIN, IN 46131				
WHITE SHRINE #6 OF INDIANAPOLIS	N/A	NONE	BENEFICIARY	2,338.
350 GRANADA PLACE				
NEW WHITELAND, IN 46184				
JOHNSON COUNTY COMMUNITY FOUNDATION	N/A	MANAGER	BENEFICIARY	23,384.
381 SOUTH MAIN				•
FRANKLIN, IN 46131				
FRANKLIN UNITED METHODIST COMMUNITY (OTTERBIEN)	N/A	NONE	BENEFICIARY	7,015.
1200 WEST JEFFERSON				
FRANKLIN, IN 46131				
TAMASSEE DAR SCHOOL	N/A	NONE	BENEFICIARY	2,339.
PO BOX 8	,			
TAMASSEE, SC 29686				
FRANKLIN COLLEGE FBO CLAYTON BLACK	N/A	NONE	BENEFICIARY	3,000.
101 BRANIGIN BLVD				
FRANKLIN, IN 46131				
FRANKLN COLLEGE FBO ASHLYNN MEADOWS	N/A	NONE	BENEFICIARY	5,000.
101 BRANIGIN BLVD		•		
FRANKLIN, IN 46131				
FRANKLIN COLLEGE FBO ELIZABETH PETERS	N/A	NONE	BENEFICIARY	5,000.
101 BRANIGIN BLVD				•
FRANKLIN, IN 46131				
FRANKLIN COLLEGE FBO AUSTIN SEWELL	N/A	NONE	BENEFICIARY	3,000.
101 BRANGIGIN BLVD				•
FRANKLIN, IN 46131				
FRANKLIN COLLEGE FBO NOLAN REMBURG	N/A	NONE	BENEFICIARY	5,000.
101 BRANIGIN BLVD				,
FRANKLIN, IN 46131				
FRANKLIN COLLEGE FBO ABIGAIL SEWELL	N/A	NONE	BENEFICIARY	3,000.
101 BRANIGIN BLVD				2,300.
FRANKLIN, IN 46131				
	l	I		

99,460.

GEORGE/MARIE PITCHER CH IRR TR

Form 990-PF: Return of Private Foundation

Continuation Statement Part VIII: Information about Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

0. 0 0 Expense account, other allowances 0 0 Contributions to employee benefit plans and deferred compensation 0. 1,500. 3,500. Compensation hours per week devoted to position Title, and average ADMINISTRATOR 2.00 ADVISOR 2.00 Advisor 2.00 JOHNSON COUNTY COMMUNITY FOUNDATION Name and address MORGANTOWN, IN 46160 EDINBURGH, IN 46124 MAX S WOODBURY CPA FRANKLIN, IN 46131 398 S MAIN STREET 106 N PLEASANT 6601 W 500 S LYMAN SNYDER

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5,000.

Additional information from your Form 990-PF: Return of Private Foundation

Form 990-PF: Return of Private Foundation

1 om 330-1 1. Return of 1 mate 1 oundation	
Reporting state	

Continuation Statement

	Reporting state	
IN		
KY		·

Name	Employer Identification No
GEORGE/MARIE PITCHER CH IRR TR	27-6463143
Asset Information:	
Description of Property SHORT TERM CAPITAL GAIN/LOSS-DETA	AIL ATTACHED
Business Code Exclusion Code 3	
Date Acquired02/01/19 How Acquired Purchased	
Date Sold 03/27/19 Name of Buyer . EXCHANGES	
Check Box, if Buyer is a Business X	
Sales Price 545. Cost or other basis (do not reduce by depreciat	ion) . 547.
Sales Expense Valuation Method	
Total Gain (Loss) -2. Accumulated Depreciation	-
Description of Property LONG TERM CAPITAL GAIN/DISTR-DETA	
Business Code Exclusion Code 3	
Date Acquired05/06/14 How Acquired . Purchased	
Date Sold01/31/20 Name of Buyer . EXCHANGES	
Check Box, if Buyer is a Business X	
Sales Price 9, 040. Cost or other basis (do not reduce by depreciat	ion)
Sales Expense. Valuation Method. Pair Market Wall	1000
Sales Expense Valuation Method Fair Market Val	.ue
Total Gain (Loss) 9,040 . Accumulated Depreciation	
Description of Property LONG TERM CAPITAL GAIN-DETAIL ATT	ACHED
Business Code Exclusion Code 3	
Date Acquired05/06/14 How Acquired . Purchased	
Date Sold 05/06/19 Name of Buyer . EXCHANGES	
Check Box, if Buyer is a Business	
Sales Price <u>376, 764</u> . Cost or other basis (do not reduce by depreciat	
Sales Expense Valuation Method	
Total Gain (Loss) 38,734. Accumulated Depreciation	
Description of Property SHORT TERM CAPITAL GAIN-DETAIL AT	TACHED
Business Code Exclusion Code 3	
Date Acquired01/31/19 How Acquired . Purchased	
Date Sold 01/31/19 Name of Buyer . EXCHANGES	
Check Box, if Buyer is a Business	
Sales Price 40. Cost or other basis (do not reduce by depreciate	
Sales Expense Valuation Method	
Total Gain (Loss)	
Description of Property	
Business Code Exclusion Code	
Date Acquired How Acquired .	
Date Sold Name of Buyer	
Check Box, if Buyer is a Business	
Sales Price Cost or other basis (do not reduce by depreciate	ion)
Sales Expense Valuation Method	
Total Gain (Loss) Accumulated Depreciation	
Totals:	
Total Gain (Loss) of all assets 47,812.	
Gross Sales Price of all assets <u>386, 389.</u>	
Unrelated Business Income Business Code .	
Excluded by section 512, 513, 514 47, 812. Exclusion Code . 3	-
Related/Exempt Function Income	-
QuickZoom here to Form 990-PF, Page 1	
QuickZoom here to Form 990-PF, Page 12	
- , y	

Legal and Professional Fees

2019

Name	Employer Identification No
GEORGE/MARIE PITCHER CH IRR TR	27-6463143

Line 16a - Legal Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
	· · · · · · · · · · · · · · · · · ·				
Total to Form 990	D-PF, Part I, Line 16a				

Line 16b - Accounting Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
WOODBURY GROUP, LLC	PREPARE 990PF	3,750.			1,875.
Total to Form 990-	PF, Part I, Line 16b	3,750.			1,875.

Line 16c - Other Professional Fees

Name of Provider	Type of Service Provided	Amount Paid Per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
al to Form 990)-PF, Part I, Line 16c				

Investments

Name SEORGE/MARIE PITCHER CH	IRR TR			oloyer Identification No
Line 10a - Investments - US and State Government Obligations:	End o State and Local Obligations Book Value	f Year State and Local Obligations FMV	End US Governmer Obligations Book Value	d of Year nt US Government Obligations FMV
See Schedule	104,636.	107,223.	124,936	125,225.
Tot to Fm 990-PF, Pt II, Ln 10a	104,636.	107,223.	124,936	125,225.
Line 10b - Investme	ents - Corporate	Stock:	End Book Value	d of Year Fair Market Value
See Schedule			890,274	2,283,028.
Totals to Form 990-PF, Part II, L	ine 10b		890,274	. 2,283,028.
Line 10c - Investme	nts - Corporate E	Bonds:	End Book Value	d of Year Fair Market Value
See Schedule			375,557	. 386,560.
Totals to Form 990-PF, Part II, L	ine 10c		375,557	386,560.
Line 12 - Investme	nts - Mortgage Id	oans:	End Book Value	of Year Fair Market Value
Totals to Form 990-PF, Part II, L	ine 12			
Line 13 - Inve	stments - Other:		End Book Value	l of Year Fair Market Value
See Schedule-Mutual Fun See Schedule-ETF	ds		470,128 51,072	
	ine 13		521,200	692,842.

Additional information from your 2019 Federal Exempt Tax Return

Form 990-PF: Return of Private Foundation

Line 6b Amount

Itemization Statement

Description	Amount	
FOREIGN TAX - QUAL DIV	72	22.
FOREIGN TAX - NON QUAL DIV	2	26.
· · · · · · · · · · · · · · · · · · ·	Total 7	748.