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	Return of Private Foundation or Section 4947(a)(1) Trust Treated as Private Foundation					OM	3 No 1545-0047					
	Form	. JJ	U-, I	or Se	ction 4947(a)(1) Trust	Treated as	Private Fo	undation	100	9	2019	
	Depa	rtment of	f the Treasury		er social security numb							
			ue Service	► Go to ww	w.irs.gov/Form990PF fo	r instructions	and the lat	est information	oń.	Open t	o Public Inspection	l
				19 or tax year begin	nning June		<u>, 2019, and</u>	ending	1404 3	<u> </u>	, 20 <i>IV</i>	
• •	Nam	of four	ndation To	chi Tour	de lier T	- 1		A Employe	r identification	numbe	7	
بخ	1	ULY	or tun	NITY TOURIC	XXTIOP) _L [) <i>(</i>		31-	-11444			
Š.	Num	ber and		box number if mail is not di			Room/suite	B Telephon	e number (see ir	istruction	ons)	
23	Δ				treet	<u> </u>		Value,	107-	4//		1
©	City			nce country, and ZIP or fore	eign postal code Z			C If exempt	ion application i	s pendii	ng, check here ▶	
N 0	يل	100 1	tur, L	N 40193	<u> </u>			4			_	
Z	G	Check	all that app		—	n of a former	oublic charit	y D 1. Foreigi	n organizations,	check h	nere ► _	j
				☐ Final return ☐ Address cha	_				n organizations		the 85% test,	1
	$\overline{\mathbf{H}}$	Chaol	t hina of ora		ion 501(c)(3) exempt p		ation /		here and attach	-	_	i
12					le trust				07(b)(1)(A), chec		erminated under]
وسوس] من ده ا					Accounting method						_	
				n Part II, col. (c),	Other (specify)	. E Guoi,		I II LITE TOU	ndation is in a 60 ction 507(b)(1)(B			1
97			S) > \$1.3°		Part I, column (d), must b	e on cash bas	 ıs)					•
	_	art I		of Revenue and Expe		(a) Revenue	and	<u> </u>			(d) Disbursements	•
2			•	olumns (b), (c), and (d) ma		expenses ;		et investment income	(c) Adjusted income	net	for charitable purposes	
/			the amounts	ın column (a) (see ınstruct	tions))	books					(cash basis only)	A
4		1	Contribution	ns, gifts, grants, etc , rec	cerved (attach schedule)	400,00	00					
1		2	Check ► [If the foundation is not	required to attach Sch B							
		3		savings and tempora	•	3'	74	374				
		4	Dividends	and interest from sec	curities	7,04	7 1	7.047				_
		5a	Gross rent			1,400	2+i	1900				-
		b		income or (loss)								-
	Ĭ	6a	-	r (loss) from sale of as							,	_
	/er	b		price for all assets on lin								-
	Revenue	7 8		in net income (from P term capital gain ,,								-
	_	9		odifications								-
		10a		less returns and allowar	nces!			······································				-
		b									·	•
		С		fit or (loss) (attach sch	nedule) .						 	Ī
		11	· ·	me (attach schedule)	•	_						1
		12	Total. Add	l lines 1 through 11		409.3	2/	7.321	(1)			
	S	13	Compensa	ation of officers, direc	tors, trustees, etc.			7	7			•
	Se	14		loyee salaries and wa								_
	and Administrative Expenses	15		ans, employee benef	its							
	X	16a	_	(attach schedule)		ļ,	9,					
	ē	b		g fees (attach schedu						RE(CEIVED	.
	ati,	c		essional fees (attach								SC
	str	17	Interest .			1.75	/ 1	THA	138	CEU	2 8 2020	-0
	ž	18 19		on (attach schedule) a	•	1,19		190		SEP		ξģ
		20	Occupanc							20		8
ر	Ă	21		oferences, and meeting						اف	DEN, UT	
3	ī	22		id publications .							···········	
Ö	g	23	_	enses (attach schedul	le)						-	•
H-	Operating	24	Total ope	erating and admini		1 72	9 1	77)				•
m	era		Add lines 1			1,75	D 1,	758	•			
4	ă	25		ons, gifts, grants paid		251.4	50				251,457)
SIMBFOR	_	26		nses and disbursemen	ts. Add lines 24 and 25	253,2	08 1,	758	-0-		251.451)
V		27		ne 26 from line 12		11-1 11	12					
		a		revenue over expense		156,11						í
		b		ment income (if nega			$ \frac{1}{2}$	563				
		С	<u>Aajusted r</u>	net income (if negativ	ve, enter -0-)		1 '		-1)-	- T		

1 Cash—non-interest-bearing 751,347 307,460 307	Pa	rt [l	Balance Sheets Attached schedules and amounts in the description column	Beginning of year			f year
Savings and temporary cash investments 3 Accounts receivable ► Less allowance for doubtful accounts ► 5 Grants receivable 4 Piedges receivable Less allowance for doubtful accounts ► 5 Grants receivable 6 Receivables due from officiers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) 7 Other notes and toars receivable (attach schedule) ► Less allowance for doubtful accounts ► 8 Inventiones for sale or use 9 Prepade expenses and deferred charges 10 Investments—Corporate bonds (attach schedule) b Investments—Corporate bonds (attach schedule) 11 Investments—Corporate bonds (attach schedule) 12 Investments—Corporate bonds (attach schedule) 13 Investments—Corporate bonds (attach schedule) 14 Land, buildings, and 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) 17 Accounts payable and accrued expenses 18 Grants payable. 20 Loss from officers, directors, frustees, and other disqualified persons 19 Prepade inse 24, 25, 29, and 30. Net assets with donor restrictions Foundations that follow FASB ASC 958, check here ► 21 Total liabilities (add lines 17 through 22) 22 The foundations that do not follow FASB ASC 958, check here ► 23 Total liabilities and net assets/fund balances (see instructions), and properly and complete lines 24, 25, 29, and 30. 16 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-yearses not included in line 2 (itemize) ► 10 Total late assets or fund balances at beginning of year—Part II, column (b), line 29 (must agree with end-of-yearses not included in line 2 (itemize) ► 10 Total net assets or fund balances at end of year (line 4 mmus line 5)—Part III, column (b), line 29 (file 4 mmus line 5)—Part III, column (b), line 29 (file 4 mmus line 5)—Part III, column (b), line 29 (file 4 mmus line 5)—Part III, column (b), line 29 (file 4 mmu	_		should be for end-of-year amounts only (See instructions)			_	(c) Fair Market Value
A Accounts receivable ▶ Less allowance for doubtful accounts ▶ Less allowance for doubtful accounts ▶ 6 Receivables due from officers, directors, trustees, and other disqualified persons (datach schedule) ▶ Less allowance for doubtful accounts ▶ 7 Other notes and loans receivable (attach schedule) ▶ Less allowance for doubtful accounts ▶ 8 Perpadia expenses and deferred charges 9 Prepadia expenses and deferred charges 10a Investments—US, and state government obligations (attach schedule) ▶ 10b Investments—Corporate bonds (attach schedule) □ 11 Investments—Corporate bonds (attach schedule) □ 12 Investments—Corporate bonds (attach schedule) □ 13 Investments—Corporate bonds (attach schedule) □ 14 Land, buildings, and equipment basis ▶ Less accumitated deprenation (attach schedule) □ 15 Other assets (describe ▶ 16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item f) 1 16 Total assets (to be completed by all filers—see the instructions Also, see page 1, item f) 1 17 Accounts payable and accrued expenses 1 18 Grants payable 20 Less accumitated deprenation (attach schedule) ▶ 21 Deferred revenue 22 Other histories (lesscribe ▶ 23 Total liabilities (add lines 17 irrough 22) 24 Act assets with donor restrictions 25 Net assets without or restrictions 26 Capital stock, trust principal, or current funds 27 Paden or capital surplus, or aland, bligh, and equipment fund 28 Related earnings, accumulated income, endowment, or other funds 29 Total liabilities and net assets/fund balances (see instructions) 30 Total liabilities and net assets/fund balances (see instructions) 31 Total liabilities and net assets/fund balances (see instructions) 32 Total account from Part I, inc 27a 33 Other increases not included in line 2 (itemize) ▶ 34 Acdd lines 1, 2, and 3 45 Decreases not included in line 2 (itemize) ▶ 46 Total net assets or fund balances at end of year (line 4 minus line 5)—Part III, column (b), line 29 46 Total net assets or fund balances at end of y		1	Cash—non-interest-bearing	151,347	307,46	0	307,400
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2 Enter amount from Part I, line 27a	1	ond	al net assets or fund balances at beginning of year—Part II, colu	ımn (a), line 29 (mus	st agree with	_	202 20%
3 Other increases not included in line 2 (itemize) ► 4 Add lines 1, 2, and 3 5 Decreases not included in line 2 (itemize) ► 6 Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 29 6 879,319	2				• • • •		123200
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	_			Dart II. ook oo /b\ !		<u> </u>	0110 010 -
	_ _	- 018	ine access of fund balances at end of year time 4 minus line 5)—	rait II, COIUMN (D), II	ne 29	<u>6</u>	8.14,319

الا Part	Capital Gains and	Losses for Tax on Investn	nent Income			
· · · · ·	(a) List and describe the kin	d(s) of property sold (for example, real ese, or common stock, 200 shs MLC Co	estate,	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1a		NIA				
b						
С			 —			
d						
е			·			
	(e) Gross sales price	(f) Depreciation allowed (or allowable)		or other basis ense of sale		ain or (loss) s (f) minus (g))
a	N/H					
b	r .					
<u> c </u>			-			
<u>u</u>						-
_	Complete only for assets sho	wing gain in column (h) and owned	by the foundatio	n on 12/31/69.	(I) Gains (C	ol (h) gain minus
((i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69		ess of col (i)	col (k), but n	ot less than -0-) or (from col (h))
а	NIA	· · · · · · · · · · · · · · · ·				
b	1*/					
С						
d						
e			<u> </u>		-	. / .4
2 (Capital gain net income of		, also enter in P), enter -0- in Pa		2	NA
I	f gain, also enter in Part	n or (loss) as defined in section: I, line 8, column (c). See instru			3 \	N/A I/A
Part V		er Section 4940(e) for Red	uced Tax on	Net Investmen		· · · · · · · · · · · · · · · · · · ·
	-	vate foundations subject to the		•		
	•	·	000000000000000000000000000000000000000	y tax on not invoc	anone moonio.,	
Was the		section 4942 tax on the distribu			base period?	☐ Yes 🗹 No
		qualify under section 4940(e). Do ount in each column for each ye			aking any entries	
	(a)		ar, see the mist		aking any entries	(d)
Calend	Base period years dar year (or tax year beginning in)	(b) Adjusted qualifying distribution	ns Net value	(c) of noncharitable-use a	ussets Cool (b	stribution ratio) divided by col (c))
	2018	23/4 875		924/274	/ (00) (0	25.10%
	2017	02 4/05		14/24/19		14.3.1.
	2016	103 175	2	179,1196		51.5.1.
	2015	112:548	4	23,439		7/0.5.1.
	2014	95. 730	4	IL GOLO	0	23.3%
2	Fotal of line 1, column (d)				2 /	111.2.1.
		for the 5-year base period—di bundation has been in existence			r by . 3 . 6	22.2.1.
		charitable-use assets for 2019	·		4 / 6	143,1052
		5. Tar. 10. 10. 10. 10. 10. 10. 10. 10. 10. 10	nom ratex, inc		111	17/2001
	Multiply line 4 by line 3				. 5 🗪	14,071 M1.
		nt income (1% of Part I, line 27t	0)		6	11 11 11
7 /	Add lines 5 and 6				7 27	16,167
8 E	Enter qualifying distributio	ns from Part XII, line 4			8 22	51.450
l'	f line 8 is equal to or grea Part VI instructions	ter than line 7, check the box i	n Part VI, line 1	b, and complete		1% tax rate. See th

Part '	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see	ınstru	ction	is)	
1a	Exempt operating foundations described in section 4940(d)(2), check here ▶ ☐ and enter "N/A" on line 1.	50	•	*	
	Date of ruling or determination letter. (attach copy of letter if necessary—see instructions)		' /-	لــــا	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		14		
	here ► 🗹 and enter 1% of Part I, line 27b			1	
С	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)	مراو فا	<u> </u>		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		0-	-	
3	Add lines 1 and 2	\overrightarrow{P}	70		
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		5 –		
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0	77	1,		
6	Credits/Payments.			7	
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a				
b	Exempt foreign organizations—tax withheld at source			- 1	
C	Tax paid with application for extension of time to file (Form 8868) 6c	-		1	
d	Backup withholding erroneously withheld		٠,	M	
7	Total credits and payments. Add lines 6a through 6d		10°-		
8	Enter any penalty for underpayment of estimated tax. Check here from 2220 is attached 8		ين		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		1/1		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		<i>W</i>		
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax Refunded 11				
	VII-A Statements Regarding Activities		-		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	T -	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		V	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	, E	-	\$ 1	
	published or distributed by the foundation in connection with the activities.	`			
С	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:	٠,		• 1	
	(1) On the foundation. ▶ \$ (2) On foundation managers. ▶ \$	`.'	, '	: .	
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed	, ,	١. ١	g-	
	on foundation managers. ▶ \$	ľ		皇 丿	,
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2			
	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	•		1	_
=	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes .	3		7	-
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a			_
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		_/	
	If "Yes," attach the statement required by General Instruction T.	<u> </u>	'		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.	3	· ;		
	By language in the governing instrument, or	1], -	J	
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that		لزا	لنه	
	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	7			
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶	١٠	-	1	
		J. '.		् व	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		ار دا		
	(or designate) of each state as required by General Instruction G? 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	.5/5			
	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	9			_
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			$\overline{}$	
	names and addresses	10			

Part	VII-A Statements Regarding Activities (continued)		1	
		\vdash	Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions	1	1	/
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disquali person had advisory privileges? If "Yes," attach statement. See instructions		2 /	
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption applicat			
	Website address ► <i>MA</i>	7×4-2		n-:-:-1
14	The books are in care of ► SOH D • POTE Telephone no. ► Located at ►	10)76	74-6	1111
15	Located at >200 Wist MONTOE Shreet December 1/V ZIP+4 > 40	11.3.3	-20	
13	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 author	ority	Yes	No
	over a bank, securities, or other financial account in a foreign country?	10	6	
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name	e of		'
	the foreign country ▶			1 1
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required		1,,	Т
4_	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	- A -	Yes	No
1a	During the year, did the foundation (either directly or indirectly):		٠	\
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	No ,		'
	_ =	No :	.4	1 2
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	JNo 🚉	رة أ ^م إ	3
	(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)?	3No	# 4. # 1	3
	(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)	No S	4,	
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions describe Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	d in 1		3
	Organizations relying on a current notice regarding disaster assistance, check here	▸□ ̄	-	15 E
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, were not corrected before the first day of the tax year beginning in 2019?	that 1		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a pri- operating foundation defined in section 4942(j)(3) or 4942(j)(5)).	vate		1
а		No ·	.,	., ,
	If "Yes," list the years ▶ 20, 20, 20, 20	}		"
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2 all years listed, answer "No" and attach statement—see instructions.)	2) to	_	
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 , 20 , 20 , 20	21	2	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	No		
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation	- 1	٠ أ	1 .
-	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by	the .	: 0	ن ا
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the laps		1 2 9	1 ' T
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if		<u></u>	1
4-	foundation had excess business holdings in 2019.)	31	_	1/
4a b	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposed bid the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize	es? 4:		<u>//</u> ,
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 20	e its 🛂 19?		

Р	age	е
г	ayc	•

Part	VII-B Statements Regarding Activities	tor W	hich Form	4/20 F	viay Be Re	equire	a (conur	iuea)			
5a	During the year, did the foundation pay or incur a							/		Yes	No
	(1) Carry on propaganda, or otherwise attempt to	o influei	nce legislatio	n (secti	ion 4945(e))	? .	Yes	□No		7.	
	(2) Influence the outcome of any specific public	election	on (see secti	on 495	5); or to ca	rry on,		_	.	13	
	directly or indirectly, any voter registration dri	ve?					☐ Yes	IJN ₀	-	2	7.1
	(3) Provide a grant to an individual for travel, stud	dy, or o	ther similar p	ourpose	es?		☐ Yes	⊡ N₀	l		
	(4) Provide a grant to an organization other than								1	` <i>'</i>	"
							☐ Yes	☑ No]· ,		
	(5) Provide for any purpose other than religious,	charita	able, scientifi	c, litera	ry, or educ	ational			1. *	, AL	* 44
	purposes, or for the prevention of cruelty to o						Yes	☑No		-	3.
b	If any answer is "Yes" to 5a(1)-(5), did any of th	e trans	actions fail to	o qualif	y under the	excep	tions des	cribed	,		
	in Regulations section 53.4945 or in a current no	tice reg	jarding disas	ter assi	stance? Se	e instru	uctions		5b		
	Organizations relying on a current notice regarding	-						▶ □		'	
С	If the answer is "Yes" to question 5a(4), does to			-					.	'	
	because it maintained expenditure responsibility	for the	grant?				☐ Yes	☐ No	,		
	If "Yes," attach the statement required by Regula								٠, الم	· ·	1
6a	Did the foundation, during the year, receive any		-			miums	_	_/	1		1
	•						☐ Yes	☑No			_/
b	Did the foundation, during the year, pay premiun	ns, dire	ctly or indire	ctly, on	a personal	benefit	contract	?	6b	<u> </u>	
_	If "Yes" to 6b, file Form 8870.								1.		
7a	At any time during the tax year, was the foundation										
ь	If "Yes," did the foundation receive any proceeds is the foundation subject to the section 4960 tax		•				ansactio	1 <i>′</i>	7b		
8	remuneration or excess parachute payment(s) du						☐Yes	No		ļ	
Par	t VIII Information About Officers, Direc								nnlov	200	1 -H
	and Contractors	, .	1401000, 1	Junuu	alon mane	.90.0,		u.u =.		000,	
1	List all officers, directors, trustees, and found	ation n	nanagers ar	d their	compens	ation. S	See instru	ıctions	•		
-		(b) Title	e, and average	(c) Co	mpensation	(d) (Contribution	s to	(e) Expe	nse ac	count.
_	(a) Name and address		rs per week ed to position		not paid, iter -0-)		yee benefit erred compe			allowar	
Szi	HD. POAC	Dresi	gent		0-						
<i>3200</i>	Wist MONDE St. Decatur, IN 44133	21	now								
Pof	ant R. Porter	EXEL	CVICE		\mathcal{O}			1			
<i>1300</i>	Wist Mondest-Decatur, IN 40733	PR5:	-1nour								
	•										
2	Componentian of five highest paid employee	o (oth	or than the	o incl	udad an li	1	ann innt		1 14		
2	Compensation of five highest-paid employed "NONE."	35 (Oth	er man mo	se inci	uaea on III	ne 1—:	see mstr	uctions	<i>9.</i> II N	one,	enter
			-		<u> </u>		(d) Contrib	ttone to		-	
	(a) Name and address of each employee paid more than \$50,00	00	(b) Title, and a		(c) Compen	sation	employee	benefit	(e) Expe		
	, , , , , , , , , , , , , , , , , , , ,	-	devoted to p		(,, ,		plans and compen		otner	allowar	ices
	U/A		-					+			
	*/										
[otal	number of other employees paid over \$50,000 .										
vial	number of other employees paid over \$50,000 .										

Part \	and Contractors (continued)		
3	Five highest-paid independent contractors for professional services. See instructions. If n	one, enter "NONE.	
	(a) Name and address of each person paid more than \$50,000 (b) Type of	of service	(c) Compensation
	N/A		
Total	number of others receiving over \$50,000 for professional services	. <u> ▶</u>	
Part			
List	the foundation's four largest direct charitable activities during the tax year include relevant statistical information su inizations and other beneficiaries served, conferences convened, research papers produced, etc	ich as the number of	Expenses
1	N/A		
2 			
3			
4			
Part	IX-B Summary of Program-Related Investments (see instructions)		
	cribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	1	Amount
1	N/A		
2			
All o	ther program-related investments. See instructions		
Total.	Add lines 1 through 3		

Part	Minimum Investment Return (All domestic foundations must complete this part. Foreign see instructions.)	gn to	undations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
•	purposes.		000 212
а	Average monthly fair market value of securities	1a	883,213
b	Average of monthly cash balances	1b	327, 931
С	Fair market value of all other assets (see instructions)	1c	51.447
d	Total (add lines 1a, b, and c)	1d	1,262,591
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		Ω
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	1,242,591
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		1222
	instructions)	4	18,434
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4243,652
6	Minimum investment return. Enter 5% of line 5	6	112,183
Part		ound	ations
	and certain foreign organizations, check here ▶ □ and do not complete this part.)		1.2102
1	Minimum investment return from Part X, line 6	1	62183
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.)		76
C	Add lines 2a and 2b	2c	42,107
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	02107
4	Recoveries of amounts treated as qualifying distributions	5	12 100
5	Add lines 3 and 4	6	102,101
6 7	Deduction from distributable amount (see instructions)	-	-0
•	line 1	7	62,107
Part	XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.		2-111-0
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1a	251,450
b	Program-related investments—total from Part IX-B	1b	-0-
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		-0-
	purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		-0-
a	Suitability test (prior IRS approval required)	3a	U
b	Cash distribution test (attach the required schedule)	3b	-0-
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	251,450
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	_	0_
_	Enter 1% of Part I, line 27b See instructions	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	254450
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	g whe	ther the foundation
	quantities for the section 4545(c) reduction of tax in those years.		

Part	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		-		62,107
2	Undistributed income, if any, as of the end of 2019.				
а	Enter amount for 2018 only				
b	Total for prior years 20 , 20 , 20				
3	Excess distributions carryover, if any, to 2019:				
a	From 2014				
b	From 2015				
c d	From 2017				
e	From 2018				
f	Total of lines 3a through e	1040,793			
4	Qualifying distributions for 2019 from Part XII,	<i>(2)</i>		0-	
а	line 4 ▶ \$Applied to 2018, but not more than line 2a .			ーレー	
	Applied to undistributed income of prior years			,	_
	(Election required—see instructions)		-0-		
С	Treated as distributions out of corpus (Election required—see instructions)	-0-			_
d	Applied to 2019 distributable amount				-0-
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)	189,343			62,107
6	Enter the net total of each column as indicated below:	1 89,343 830,134			
а	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	0507124			
b	Prior years' undistributed income. Subtract line 4b from line 2b				
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				,
е	Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions				
f	Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				-0-
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
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	-0-	*		
10	Analysis of line 9:		· · · · · · · · · · · · · · · · · · ·		
a	Excess from 2015 /8,370				
b	Excess from 2016				
С	Excess from 2017				
d	Excess from 2018 142,150				
е	Excess from 2019				

	Di I O antin Familia	4: / unotru	ations and Bort \	/II A guestion 0	·	
Part						
1a	If the foundation has received a ruling foundation, and the ruling is effective fo	r 2019, enter the da	ate of the ruling	•	N/A	
b	Check box to indicate whether the four	ndation is a private	operating foundat		ction	3) or 🗌 4942(j)(5)
2a		Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for	(a) 2019	(b) 2018	(c) 2017	(d) 2016	
	each year listed	-0	-()-	-1)-	<u>-0-</u>	<i>i</i> 0 -
b	85% of line 2a	-0-	-0-	-0-	-0-	1-0-
С	Qualifying distributions from Part XII, line 4, for each year listed	251,450	236,875	92,465	103,175	683,965
d	Amounts included in line 2c not used directly for active conduct of exempt activities	-0-	-0	-0-	-0-	-0-
е	Qualifying distributions made directly for active conduct of exempt activities Subtract line 2d from line 2c	251,450	234,875	92,465	103175	683,965
3	Complete 3a, b, or c for the alternative test relied upon	N/A	Al/A	11/1	1/1	11/4
а	"Assets" alternative test—enter (1) Value of all assets .	////	////	10/5	10/17	////
	(2) Value of assets qualifying under section 4942(j)(3)(B)(i)	/		1	V	\overline{V}
b	"Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6, for each year listed	41,455	30,823	21,549	15,990	109.817
С	"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)	N/A	NIA	NA	N/A	N/A
	(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 .		1			
	(4) Gross investment income .	l V	V	V		
Part	XV Supplementary Information	on (Complete th	nis part only if the	he foundation h	ad \$ 5 ,000 or m	ore in assets at
	any time during the year-	-see instruction	ns.)			
1	Information Regarding Foundation					
а	List any managers of the foundation	who have contribu	uted more than 2%	6 of the total cont	ributions received	by the foundation
	before the close of any tax year (but o					
þ	List any managers of the foundation					rge portion of the
	ownership of a partnership or other e	ntity) of which the	toundation has a	10% or greater int	erest	
2	Information Regarding Contribution					
	Check here Virtue foundation	only makes conti	ributions to prese	lected charitable	organizations and	does not accept
	unsolicited requests for funds. If the t		giπs, grants, etc.,	to individuals or o	rganizations unde	r other conditions,
	complete items 2a, b, c, and d. See ii					
а	The name, address, and telephone no	umber or email add	dress of the perso	n to whom applica	itions should be a	ddressed.
b	The form in which applications should	d be submitted and	d information and	materials they sho	uld include:	
	10/71					
	Any submission deadlines.					
đ	Any restrictions or limitations on av	vards, such as b	y geographical ar	eas, charitable fie	elds, kinds of ins	titutions, or other

3 Grants and Contributions Paid During	the Vear or Approve	ed for Future	Payment	
	If recipient is an individual,	Foundation		
Recipient	show any relationship to any foundation manager	status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
Name and address (home or business) a Paid during the year Sel attached listing.	or substantial contributor	recipient	CONTRIBUTION	
Total			>	3a 257, 450
Total				3b - 7 -

	t XVI			siness income	Excluded by section	on 512, 513, or 514	
:ntei	gros	s amounts unless otherwise indicated.					(e) Related or exempt
			(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income
1	Progi	ram service revenue.	Dusiness code	711100110	ZXGIGGIGII GGGG		(See instructions)
	аŬ	ΛIIA					
	b _	747				<u></u>	
	c _						
	d _						
	e _						
	f						
	g F	ees and contracts from government agencies					
2	Mem	bership dues and assessments					
3	Intere	est on savings and temporary cash investments					
4	Divid	lends and interest from securities					
5	Net r	ental income or (loss) from real estate:			7		
		Pebt-financed property					
		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					
9		ncome or (loss) from special events					
10		s profit or (loss) from sales of inventory					
11	Othe	rrevenue. a	ļ				
	р [_]						
	c _			†			
	d _						
	е _						
12	Subt	otal. Add columns (b), (d), and (e)		[<u> </u>
13 500	Tota	II. Add line 12, columns (b), (d), and (e)				13	
	t XV	sheet in line 13 instructions to verify calculation Relationship of Activities to the A		ont of Evom	nt Burnasas		
	e No.	·		· · · · · ·	<u> </u>	A contributed i	mnortantly to the
	▼	Explain below how each activity for which accomplishment of the foundation's exempt put	rposes (other tha	in by providing fu	nds for such purp	oses) (See instru	ctions.)
		A//A					
		10/11					
						·	
					-		
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		Organizatio	ons									<u> </u>	
	ın se	he organization dection 501(c) (of nizations?	lirectly or indirectly e ther than section	engage in 501(c)(3)	any of the forganization	following ons) or	with any in section	other orgai on 527, re	nization des lating to p	scribed olitical		Yes	No
			orting foundation to	a nonch	aritable exe	mpt ora	anization	of:			, ,	- 1	Í
		ash		a nonon	unubio ono						1a(1)		-
						• •					1a(2)		_
		r transactions				• •				,			
			a noncharitable exe	mot orga	nization						1b(1)		
			ets from a noncharita								1b(2)		
			es from a noncharita equipment, or othe								1b(3)		
											1b(4)		
			rrangements								1b(5)		-
		oans or loan gua	rantees								1b(6)		
_			quipment, mailing lis		_						1c		
		•	of the above is "Yes				-					four m	arkot
d			ther assets, or servi										
			on or sharing arrange										
(-) I		(b) Amount involved	(c) Name of nonch					ription of transfe					
(a) Line	no	(b) Amount involved	(c) Name of Horici	Taritable exe	mpi organizati	011	(d) Desci		ers, transaction	is, and snai	ing arra	angeme	=======================================
				<u>-</u>									
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	ļ.												
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		= =.		<u> </u>									
										_			
2a			ectly or indirectly at					ore tax-exe	mpt organi	zations			
			501(c) (other than se		(c)(3)) or in s	section 5	5277 .			•	□ Ye	es 🔽	No
b	If "Ye		following schedule										
		(a) Name of organ	ization		(b) Type of org	anization			(c) Description	n of relation	iship		
					··								
	1												
2i	Und	er penalties of perjury, I ect. and complete. Decl	declare that I have examine aration of preparer (other that	ed this return, an taxnaved :	, including accor is based on all in	npanying s	chedules and	I statements, and	d to the best of	my knowled	ge and	belief, it	ıs true,
Sign	l k	1	7	u.,, (m/ba) 01/ 1		\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	-00 Ed	arer nas any kno are f	wieuge	May the IR			
Here		1 Jul 2 D'n			9-15-20	. y <u>Y</u> (<u>esiar</u>	nt _		with the pri See instruc	eparer s	Shown b	elow?
	Sigi	nature of officer or trus		T =	Date	Title				355			
Paid		Print/Type preparer	's name	Preparer'	s signature			Date	Check	(ıı F	PTIN		
Prepa	arer									mployed			
Jse (Firm's name ▶							Firm's EIN ▶				
		Firm's address ▶							Phone no		-		
										Fo	rm 99	0-PF	(2019)

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990 for the latest information. OMB No 1545-0047

2019

	ende Service							
Name of the	he organization	Foundation, Inc.	Employer identification number 31-1144513					
Organiz	Organization type (check/one)							
Filers of	:	Section:						
Form 99	0 or 990-EZ	☐ 501(c)() (enter number) organization						
		4947(a)(1) nonexempt charitable trust not treated as a private fou	Indation					
		527 political organization						
Form 99	0-PF	501(c)(3) exempt private foundation						
		4947(a)(1) nonexempt charitable trust treated as a private founda	tion					
		501(c)(3) taxable private foundation						
Note: O instruction General	Bale For an organization to	filing Form 990, 990-EZ, or 990-PF that received, during the year, confirming from any one contributor. Complete Parts I and II. See instructions.	tributions totaling \$5,000					
Special	Rules	,						
	regulations under se 13, 16a, or 16b, and	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 3 ctions 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 99 that received from any one contributor, during the year, total contributed the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line	90 or 990-EZ), Part II, line itions of the greater of (1)					
	contributor, during the	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that he year, total contributions of more than \$1,000 exclusively for religious all purposes, or for the prevention of cruelty to children or animals. Co	s, charitable, scientific,					
	contributor, during the contributions totaled during the year for a General Rule applie	described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that he year, contributions exclusively for religious, charitable, etc., purposed more than \$1,000. If this box is checked, enter here the total contribution exclusively religious, charitable, etc., purpose. Don't complete any of sit to this organization because it received nonexclusively religious, charitable, etc., purpose to this organization because it received nonexclusively religious, charitable, etc., purpose to this organization because it received nonexclusively religious, charitable, etc., purpose to this organization because it received nonexclusively religious, charitable, etc., purpose to the second nonexclusively religious, etc., purpose to the second nonexclusively religiou	es, but no such utions that were received f the parts unless the					

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990,

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Employer identification number Name of organization Foundation, Inc-Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. Part I (d) (c) (a) Type of contribution Name, address, and ZIP + 4 **Total contributions** No. Porter, Inc. PO Box 1003 Pavroll Noncash (Complete Part II for noncash contributions) (d) (c) (a) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person Payroli Noncash (Complete Part II for noncash contributions.) (b) (c) (d) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions) (b) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution **Person Payroll** Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for

noncash contributions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019) Employer identification number Name of organization Foundation, Inc. Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II (c) (a) No. (d) (b) from FMV (or estimate) **Date received** Description of noncash property given (See instructions) Part I (c) (a) No. (d) (b) FMV (or estimate) from **Date received** Description of noncash property given (See instructions) Part I (a) No. (c) from FMV (or estimate) Description of noncash property given **Date received** (See instructions) Part I (a) No. (c) (d) FMV (or estimate) from Description of noncash property given **Date received** Part I (See instructions) (a) No. (c) (b) (d) from FMV (or estimate) Description of noncash property given **Date received** Part I (See instructions.) (a) No. (c) (d) from FMV (or estimate) Description of noncash property given Date received Part I (See instructions)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Vame of or	ganization er Family Foundation	Inc.	Employer identification number			
Part III	Exclusively religious, charitable, e (10) that total more than \$1,000 for	tc., contributions to organization r the year from any one contribu- tions completing Part III, enter the ne year. (Enter this information onc	ns described in section 501(c)(7), (8), or etor. Complete columns (a) through (e) and total of exclusively religious, charitable, etc., ce. See instructions.)			
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
ļ	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4 Re	lationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_	Transferee's name, address, a	(e) Transfer of gift	fer of gift Relationship of transferor to transferee			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfer of gift and ZIP + 4 Re	lationship of transferor to transferee			
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
Part I						
	Transferee's name, address, a	(e) Transfer of gift nd ZIP + 4 Re	lationship of transferor to transferee			

Donations From Porter

All Accounts 6/1/19 Through 5/31/20

Charles Schwab Cash	\$ 150,000 00
Charles Schwab Cash	\$ 125,000 00
Charles Schwab Cash	\$ 125,000 00

Grand Total \$ 400,000 00

Donations to Charity - See Part XV 3. Grants and Contributions Paid During the Year... All Accounts 6/1/19 Through 5/31/20

6/11/2019 1029 Zion Lutheran Church, Decatur, IN 500 00 6/7/2019 1030 City of Decatur, IN - Hanna Nuttman Park 2 of 4 25,000 00 6/27/2019 1031 The Hope Clinic 2,000 00 6/27/2019 1033 Kekionga Festival (Decatur, IN) 1,500 00 7/15/2019 1035 Kadams Memonal Hospital Foundation 300 00 7/19/2019 1036 City of Decatur, IN - Hanna Nuttman Park 3 of 4 25,000 00 7/19/2019 1036 City of Decatur, IN - Hanna Nuttman Park 3 of 4 25,000 00 7/19/2019 1037 Decatur Police Department (Decatur, IN) 7,500 00 7/19/2019 1037 Decatur Police Department (Decatur, IN) 7,500 00 7/30/2019 1038 Zion Lutheran Church, Decatur, IN 7,500 00 8/20/2019 1041 Decatur Chamber of Community Foundation 5 of 5 20,000 00 8/21/2019 1042 City of Decatur, IN - Hanna Nuttman Park 4 of 4 25,000 00 8/21/2019 1042 City of Decatur, IN - Hanna Nutman Park 4 of 4 25,000 00 8/23/2019 1043 St. Joseph Catholic School, Decatur, IN 2,000 00 8/23/2019 1045 St. Joseph Catholic School, Decatur, IN 7,600 00 8/23/2019 1045 St. Joseph Catholic School, Decatur, IN 7,600 00 9/3/2019 1047 Antonie Rwarre - DAR 1,000 00 9/3/2019 1048 Annual Bishop's Appeal 1,000 00 9/3/2019 1048 Family Life Care 2,200 00 9/3/2019 1048 Family Life Care 2,200 00 9/3/2019 1048 Family Life Care 2,200 00 9/2/2019 1048 Family Life Care 2,200 00 9/2/2019 1055 The Hope Clinic 1,000 00 9/2/2/2019 1055 The Hope Clinic 1,000 00 9/2/2/2019 1055 The Hope Clinic 1,000 00 9/2/2/2019 1055 St. Mary of the Assumption Parish, Decatur, IN 1,000 00 9/2/2/2019 1055 St. Mary of the Assumption Parish, Decatur, IN 1,000 00 9/2/2/2019 1055 St. Mary of the Assumption Parish, Decatur, IN 1,000 00 12/5/2019 1055 St. Mary of the Assumption Parish, Decatur, IN 1,000 00 12/5/2019 1055 St. Mary of the Assumption Parish, Decatur, IN 1,000 00 12/2/3/2019 1056 St. Mary of the Assumption Parish, Decatur, IN 1,000 00 12/2/3/2019 1056 St. Mary of the Assumption Parish, Decatur, IN 1,000 00 12/2/3/2019 1056 St. Mary of the Assumption Parish, Decatur, IN 1,000 00 12/2/3/2019 1056 St. Mary of the Assumption Parish, Decatur, IN 1,000 00 12/	Date	Ck.	. #	Payee	Amount
6/17/2019 1030 City of Decatur, IN - Hanna Nuttman Park 2 of 4 6/19/2019 1031 The Hope Clinic 6/18/2019 1032 St Mary's Fail Fest (St Mary of the Assumption Parish 6/24/2019 1033 Kekinoga Festival (Decatur, IN) 7/15/2019 1035 City of Decatur, IN - Hanna Nuttman Park 3 of 4 7/19/2019 1035 City of Decatur, IN - Hanna Nuttman Park 3 of 4 7/19/2019 1036 City of Decatur, IN - Hanna Nuttman Park 3 of 4 7/19/2019 1037 Decatur Police Department (Decatur, IN) 7/30/2019 1038 Zion Lutheran Church, Decatur, IN 7/30/2019 1038 First United Methodist Church, Decatur, IN 7/30/2019 1039 First United Methodist Church, Decatur, IN 7/30/2019 1040 Adams County Community Foundation 5 of 5 8/20/2019 1041 Decatur Chamber of Commerce 2,000 00 8/21/2019 1042 City of Decatur, IN - Hanna Nuttman Park 4 of 4 8/21/2019 1042 City of Decatur, IN - Hanna Nuttman Park 4 of 4 8/23/2019 1044 St Mary of the Assumption Parish, Decatur, IN 7/800 00 8/23/2019 1045 St Joseph Catholic School, Decatur, IN 7/800 00 8/23/2019 1045 St Joseph Catholic School, Decatur, IN 7/800 00 8/23/2019 1045 St Mary of the Assumption Parish, Decatur, IN 7/800 00 8/23/2019 1045 St Joseph Catholic School, Decatur, IN 7/800 00 8/23/2019 1046 St Mary of the Assumption Parish, Decatur, IN 7/800 00 9/20/2019 1048 Family Life Care 9/9/2019 1049 Women's Care Center 9/9/2019 1049 Women's Care Center 9/9/2019 1055 The Hope Clinic 9/24/2019 1055 The Hope Clinic 9/24/2019 1055 St Mary of the Assumption Parish, Decatur, IN 1,000 00 1/24/2019 1056 St Mary of the Assumption Parish, Decatur, IN 1,000 00 1/24/2019 1056 St Mary of the Assumption Parish, Decatur, IN 1,000 00 1/24/2019 1056 St Mary of the Assumption Parish, Decatur, IN 1,250 00 1/27/2019 1056 St Mary of the Assumption Parish, Decatur, IN 1,250 00 1/27/2019 1056 St Mary of the Assumption Parish, Decatur, IN 1,250 00 1/27/2019 1056 St Mary of the Assumption Parish, Decatur, IN 1,250 00 1/27/2019 1057 Adams Countly Historical Society 1/27/2019 1058 Habitat for Humanity 2,250 00 1/27/2020 1068 Parish Countly Community Foundation				•	1,000 00
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6/24/2019	6/18/2019)	1032	St Mary's Fall Fest (St Mary of the Assumption Parish	2,000 00
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