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2019

OMB No. 1545-0052

## **Return of Private Foundation**

Department of the Treasury Internal Revenue Service

Form 990-PF

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

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

Open to Public Inspection

For	caler	ndar year 2019, or tax year begii	nning 07-01-20	)19 , ;	and e	nding 06-30-	2020	
		ındation ISON MOUNTAIN FUND					entification numbe	r
						61-0449642		
	ber and O BOX 5	d street (or P.O. box number if mail is not delive 54930	red to street address)	Room/suite		<b>B</b> Telephone nu	mber (see instructior	ns)
						(859) 269-2624		
		n, state or province, country, and ZIP or foreign , KY 405554930	postal code			C If exemption	application is pending	g, check here
G CI	neck al	ll that apply: 🔲 Initial return 🗀	Initial return of a	former public charit	у	<b>D 1.</b> Foreign org	ganizations, check he	re
		☐ Final return ☐	Amended return				ganizations meeting	
		$\square$ Address change $\square$	Name change				k here and attach cor	· -
H C	neck ty	pe of organization: 🗹 Section 501(c)(	3) exempt private	foundation			ındation status was t n 507(b)(1)(A), chec	
	Section	1 4947(a)(1) nonexempt charitable trust	Other taxable	e private foundation				
		rom Part II col (c)	,	☐ Cash ☑ Acc	rual		tion is in a 60-month n 507(b)(1)(B), checl	
		▶\$ 18.756.162 \	Other (specify) _ I, column (d) must	be on cash basis.)		ander section	1 307 (8)(1)(8), check	Chere
Pa	rt I	Analysis of Revenue and Exper	nses (The total	( ) 5				(d) Disbursements
		of amounts in columns (b), (c), and (d) may equal the amounts in column (a) (see instruc	not necessarily	(a) Revenue and expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
	1	Contributions, gifts, grants, etc., receive schedule)	ed (attach					
	2	Check ► ✓ if the foundation is <b>not</b> req	uired to attach					
		Sch. B						
	3	Interest on savings and temporary cash	investments	220.4	12	220 442	220 442	
	4	Dividends and interest from securities		328,4	13	328,413	328,413	
	5a b	Gross rents						
d)	6a	Net gain or (loss) from sale of assets no	ot on line 10	-338,9	20			
Revenue		- , ,		330,31	+			
	b	Gross sales price for all assets on line 6	a 17,761,437					
	7	Capital gain net income (from Part IV, li	ine 2)					
	8	Net short-term capital gain						
	9	Income modifications						
	10a	Gross sales less returns and allowances						
	b	Less: Cost of goods sold			-			
	C	Gross profit or (loss) (attach schedule)		<b>M</b> 1				
	11	Other income (attach schedule)		1,8		1,869	1,869	
	12			-8,6.	38	330,282	330,282	
	13	Compensation of officers, directors, trus	•	126.7	70	15 000		111 770
	14 15			126,7	_	15,000 18,029		111,770 82,744
ses	16a	Legal fees (attach schedule)		100,7	7	10,029		02,744
ben	ь	Accounting fees (attach schedule)		9,0	00	4,500		4,500
and Administrative Expenses	C	Other professional fees (attach schedule		<b>9</b> 68,7		68,787		.,550
ĭve	17	Interest		2				
rat	18	Taxes (attach schedule) (see instruction	ne)	11,33	36			
ıist	19	Depreciation (attach schedule) and depl	•	54,9.	_			
Ē	20	Occupancy		<b>2</b>				
Ad	21	Travel, conferences, and meetings		2.	32	116		116
pu	22	Printing and publications						
	23	Other expenses (attach schedule)		79,7	70	11,695		68,075
Operating	24	Total operating and administrative						
ber		Add lines 13 through 23		451,6	52	118,127		267,205
Ō	25	Contributions, gifts, grants paid		498,9	50			498,950
	26	<b>Total expenses and disbursements.</b> 25	Add lines 24 and	950,6	02	118,127		766,155
	27	Subtract line 26 from line 12:				,		,
	a	Excess of revenue over expenses an	nd	255				
	ь	disbursements  Net investment income (if negative, e	enter -0-)	-959,24	+0	242 455		
	c	Adjusted net income (if negative, ent				212,155	330,282	
For		work Reduction Act Notice, see instru	•	l		Cat. No. 11289X	· ·	<u> </u> m <b>990-PF</b> (2019)

Form 990-PF (2019)

Pa	rt II	Balance Sheets Attached schedules and amounts i	n the description column	Beginning of year		End of	f year
		should be for end-of-year amounts	s only. (See Instructions.)	(a) Book Value	(b) Book		(c) Fair Market Value
	1	-		9,979		27,403	27,403
	2	Savings and temporary cash investments		346,574		882,692	882,692
	3	Accounts receivable ►					
		Less: allowance for doubtful accounts ▶					
	4	Pledges receivable -					
		Less: allowance for doubtful accounts ▶					
	5	Grants receivable	[				
	6	Receivables due from officers, directors, trustees,	and other				
		disqualified persons (attach schedule) (see instru-	ctions)				
	7	Other notes and loans receivable (attach schedule	≘) ▶				
		Less: allowance for doubtful accounts ▶					
	8	Inventories for sale or use					
Assets	9	Prepaid expenses and deferred charges		17,452		21,620	21,620
155	10a	Investments—U.S. and state government obligati	-	=7,102			
1	b	Investments—corporate stock (attach schedule)	` '	15,076,353	+1	13,599,891	16,888,513
		·	-	13,070,333	۵	13,333,031	10,000,313
	C	Investments—corporate bonds (attach schedule)	L				
	11	Investments—land, buildings, and equipment: ba	· · · · · · · · · · · · · · · · · · ·				
		Less: accumulated depreciation (attach schedule)					
	12	Investments—mortgage loans					
	13	Investments—other (attach schedule)					
	14	Land, buildings, and equipment: basis ▶					
		Less: accumulated depreciation (attach schedule)		990,868	الخ	935,934	935,934
	15	Other assets (describe >	)				
	16	Total assets (to be completed by all filers—see t	he				
		instructions. Also, see page 1, item I)		16,441,226		15,467,540	18,756,162
	17	Accounts payable and accrued expenses		9,000		9,000	
	18	Grants payable		172,700		172,700	
es	19	Deferred revenue					
Liabilities	20	Loans from officers, directors, trustees, and other	<b>-</b>				
abi	21	Mortgages and other notes payable (attach sched	· · · · · ·				
	22	Other liabilities (describe	· L				
	23	Total liabilities(add lines 17 through 22)	- L	181,700		181,700	
	23	Total habilities (add lines 17 through 22)		101,700			
es		Foundations that follow FASB ASC 958, chec	k here ▶ 🗹				
		and complete lines 24, 25, 29 and 30.					
ala	24	Net assets without donor restrictions		16,259,526		15,285,840	
8	25	Net assets with donor restrictions	[				
Fund Balanc		Foundations that do not follow FASB ASC 95	8. check here ▶ ☐				
		and complete lines 26 through 30.	-,				
0	26	Capital stock, trust principal, or current funds					
ets	27	Paid-in or capital surplus, or land, bldg., and equi	<b>-</b>				
Assets	28	Retained earnings, accumulated income, endowm	· .				
		• ,	· · · · · · · · · · · · · · · · · · ·	16,259,526		15 295 940	
Net	29	Total liabilities and not assets (fund balances	· •			15,285,840	
	30	Total liabilities and net assets/fund balances	, ,	16,441,226		15,467,540	
	rt IIII				, 1		
1		l net assets or fund balances at beginning of year- ear figure reported on prior year's return)	-Part II, column (a), line	29 (must agree with e	nd- . <b>1</b>		16,259,526
2	•				. 2	+	-959,240
3		er increases not included in line 2 (itemize)			3		333,210
_	3 10						

Page **3** 

	be the kind(s) of property sold (e.g., arehouse; or common stock, 200 shs	. MLC Co.) P—Pu	icquired irchase onation	Date acquired (mo., day, yr.)	Date sold (mo., day, y
1a					
	(5)	(5)			L.\
(e) Gross sales price	<b>(f)</b> Depreciation allowed (or allowable)	(g) Cost or other bas plus expense of s		Gain o	<b>h)</b> r (loss) ) minus (g)
a					
c					
d					
<u>e</u>		11 11 6 111 12/24	(60		
Complete only for asset	s showing gain in column (h) and ow	ned by the foundation on 12/31 (k)	/69		<b>l)</b> h) gain minus
(i) F.M.V. as of 12/31/69	Adjusted basis	Excess of col. (i over col. (j), if ar		col. (k), but not	
a					
b					
d d					
e					
2 Capital gain net incom	e or (net capital loss)	If gain, also enter in Part I, line If (loss), enter -0- in Part I, line		2	
·	gain or (loss) as defined in sections : art I, line 8, column (c) (see instructi	.,	1		
in Part I, line 8			}	3	
	Under Section 4940(e) for Re				
(For optional use by domestic	private foundations subject to the sec	ction 4940(a) tax on net investn	nent incom	e.)	
If section 4940(d)(2) applies,	eave this part blank.				
	he section 4942 tax on the distributa ot qualify under section 4940(e). Do		ase period?	· Y	es 🔽 No
	mount in each column for each year;	see instructions before making	any entries	5.	
(a) Base period years Calendar year (or tax year beginning in)	<b>(b)</b> Adjusted qualifying distributions	(c) Net value of noncharitable-use asso	ets	<b>(d)</b> Distribution rati (col. (b) divided by c	· -
2018	734,263	17,163,			0.042780
2017	909,147	16,194,			0.056139
2016	824,143 807,845	15,962, 15,057,			0.051629
2014	793,500	15,296,			0.051874
2 Total of line 1, column	· · · · · · · · · · · · · · · · · · ·		. 2		0.256073
number of years the fou	o for the 5-year base period—divide ndation has been in existence if less	than 5 years	. 3		0.051215
<b>5</b> Multiply line 4 by line 3	oncharitable-use assets for 2019 fron	•	. 4		18,182,944
	nent income (1% of Part I, line 27b)		. 6		931,239
			. 7		933,361
	tions from Part XII, line 4 ,		. 8		766,155
If line 8 is equal to or gr instructions.	reater than line 7, check the box in Pa	art VI, line 1b, and complete tha	t part usin	g a 1% tax rate. Se	

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Ба	During the year did the foundation p	ay or incur any amount to:					Yes	No
	(1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?							
	(2) Influence the outcome of any specific public election (see section 4955); or to carry							
	on, directly or indirectly, any voter registration drive? Yes V No							
	(3) Provide a grant to an individual for travel, study, or other similar purposes?  Yes  No							
(4) Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.								
	(5) Provide for any purpose other than religious, charitable, scientific, literary, or							
educational purposes, or for the prevention of cruelty to children or animals?								
b	If any answer is "Yes" to $5a(1)-(5)$ ,							
	Regulations section 53.4945 or in a			uctions	•	5b		
_	Organizations relying on a current no							
С	If the answer is "Yes" to question 5a tax because it maintained expenditu	` ''	•					
	If "Yes," attach the statement requir	· · · · · · · · · · · · · · · · · · ·		· · L Yes	L N₁	0		
5a	Did the foundation, during the year,	· -		ime on				
Ju	a personal benefit contract?			. —				
b	Did the foundation, during the year,			res	_ <b>✓</b> №	0   6b		No
	If "Yes" to 6b, file Form 8870.	, , ,	,, ,					
7a	At any time during the tax year, was	the foundation a party to a p	prohibited tax shelter trai	nsaction?	<b>✓</b> N	_		
b	If "Yes", did the foundation receive a	any proceeds or have any net	income attributable to the	ne transaction?	· N	7b		
3	Is the foundation subject to the sect	ion 4960 tax on payment(s) o	of more than \$1,000,000	in remuneration or				
	excess parachute payment during th	e year?		· · 🔲 Yes	<b>✓</b> №	ا		
	Information About C	officers, Directors, Trust	tees, Foundation Ma				,	
Pal	and Contractors							
1	List all officers, directors, trustee	s, foundation managers ar	nd their compensation	See instructions				
	(-) Name and address	(b) Title, and average	(c) Compensation (If	(d) Contributions t		e) Exper	nse acc	ount,
	(a) Name and address	hours per week devoted to position	not paid, enter -0-)	employee benefit plans deferred compensati		other a	llowane	ces
ee /	Additional Data Table		,	'				
2	Compensation of five highest-pai	d employees (other than t	hose included on line 1	<del></del>		enter "	NONE	."
'a \	Name and address of each employee	(b) Title, and average		(d) Contributions t employee benefit		e) Expen	50 3000	ount
,	more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		other al		
		devoted to position		compensation				
ON	<u> </u>							
ota	I number of other employees paid over	 er \$50,000 <b></b> .						
		, -,				orm <b>99</b>	0-PF	(2019
								,

Form 990-PF (2019)		Page <b>7</b>
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional service	ces (see instructions). If none, enter	"NONE".
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		•
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include rel organizations and other beneficiaries served, conferences convened, research papers produ	evant statistical information such as the numbe uced, etc.	r of Expenses
1	,	
2		_
3		
4		
Part IX-B Summary of Program-Related Investments (see	instructions)	
Describe the two largest program-related investments made by the foundation during t		Amount
<b>1</b> N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		<b>•</b>
Iotal. Add lines 1 through 3	<del> </del>	Form 900 PE (2010)

1a

1b

2

3a 3b

4

5

766,155

766,155

766.155

Form 990-PF (2019)

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

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

Amounts set aside for specific charitable projects that satisfy the:

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

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26. . . . . . . . . . . .

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

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

1

2

3

4

5

b

a Excess from 2015. b Excess from 2016.

c Excess from 2017. d Excess from 2018. e Excess from 2019.

Undistributed Income (see instructions)

Part XIII

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		(a) Corpus	(b) Years prior to 2018	<b>(c)</b> 2018	( <b>d)</b> 2019
1	Distributable amount for 2019 from Part XI, line 7	·	·		904,904
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:				
а	From 2014				
b	From 2015 1,557				
С	From 2016				
d	From 2017				
е	From 2018				
	Total of lines 3a through e	180,196			
4	Qualifying distributions for 2019 from Part				
	XII, line 4: ► \$ 766,155				
а	Applied to 2018, but not more than line 2a				
	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				766,155
е	Remaining amount distributed out of corpus				
5	Excess distributions carryover applied to 2019.	138,749			138,749
	(If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	41,447			
b	Prior years' undistributed income. Subtract line 4b from line 2b				
	Enter the amount of prior years' undistributed				1

5	Excess distributions carryover applied to 2019.	138,749		138,749
	(If an amount appears in column (d), the same amount must be shown in column (a).)			
6	Enter the net total of each column as indicated below:			
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	41,447		
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			

	(If an amount appears in column (d), the same amount must be shown in column (a).)			
6	Enter the net total of each column as indicated below:			
а	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	41,447		
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)			
9	Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	41,447		
10	Analysis of line 9:			

41,447

b	Check box to indicate whether the organization	on is a private oper	ating foundation des	scribed in section $\Box$	] 4942(j)(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 each	(a) 2019	<b>(b)</b> 2018	(c) 2017	(d) 2016	(e) Iotai
	year listed					
b	85% of line 2a					
С	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					
е	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 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.					
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)					
	(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					
Pa	Supplementary Information assets at any time during the			foundation had s	\$5,000 or more i	n
1	Information Regarding Foundation Mana					
а	List any managers of the foundation who hav before the close of any tax year (but only if					ו
	List any managers of the foundation who own					
	ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.					

2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:

Check here ▶ ☐ if the foundation only makes contributions to preselected charitable organizations and does not accept

unsolicited requests for funds. If the foundation makes gifts, grants, etc. to individuals or organizations under

other conditions, complete items 2a, b, c, and d. See instructions

a The name, address, and telephone number or e-mail address of the person to whom applications should be addressed:

JUANITA STOLLINGS

AWARDS ARE RESTRICTED TO THE BENEFIT OF RESIDENTS OF 30 COUNTIES IN EASTERN KENTUCKY.

PO BOX 54930

LEXINGTON, KY 40555

(859) 269-2624 **b** The form in which applications should be submitted and information and materials they should include:

REQUESTS ARE INITIATED BY A FORMAL APPLICATION FORM; A COPY OF TAX EXEMPT STATUS UNDER SEC 501(C)(3) OF THE INTERNAL REVENUE CODE IS REQUIRED; COST AND PROJECT DETAILS MUST BE PROVIDED

c Any submission deadlines:

MARCH 1 AND SEPTEMBER 1. d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

ter gross amounts unless otherwise indicated.	Unrelated bu	siness income	Excluded by section	512, 513, or 514	(e) Related or exempt	
. Program service revenue:	(a) Business code	<b>(b)</b> Amount	(c) Exclusion code	<b>(d)</b> Amount	function income (See instructions.)	
a						
b						
c						
d						
e						
f						
g Fees and contracts from government agencies	5					
Membership dues and assessments						
Interest on savings and temporary cash investments						
Dividends and interest from securities					328,413	
Net rental income or (loss) from real estate:						
a Debt-financed property						
<b>b</b> Not debt-financed property						
Net rental income or (loss) from personal prope	erty		1			
Other investment income						
Gain or (loss) from sales of assets other than inventory					-338,920	
Net income or (loss) from special events:					355,525	
Gross profit or (loss) from sales of inventory						
Other revenue:						
a GAS ROYALTY					1,585	
b MISCELLANEOUS INCOME					284	
с	_					
d						
e						
Subtotal. Add columns (b), (d), and (e).					-8,638	
			13	}	-8,638	
<b>Total.</b> Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify	calculations.)				-8,638	
Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify art XVI-B Relationship of Activities to	calculations.) to the Accomplish	ment of Exem	pt Purposes		,	
Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify art XVI-B  Relationship of Activities to the accomplishment of the foundation	calculations.) to the Accomplish thich income is reporte	ment of Exemed in column (e) of	pt Purposes of Part XVI-A contribut	ted importantly to	,	
Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify art XVI-B Relationship of Activities to the accomplishment of the foundation the accomplishment of the foundation.	calculations.) to the Accomplish thich income is reporte	ment of Exemed in column (e) of	pt Purposes of Part XVI-A contribut	ted importantly to	,	
Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify art XVI-B Relationship of Activities to the accomplishment of the foundation	calculations.) to the Accomplish thich income is reporte	ment of Exemed in column (e) of	pt Purposes of Part XVI-A contribut	ted importantly to	,	
Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify art XVI-B Relationship of Activities to the accomplishment of the foundation	calculations.) to the Accomplish thich income is reporte	ment of Exemed in column (e) of	pt Purposes of Part XVI-A contribut	ted importantly to	,	
Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify art XVI-B  Relationship of Activities to the second s	calculations.) to the Accomplish thich income is reporte	ment of Exemed in column (e) of	pt Purposes of Part XVI-A contribut	ted importantly to	•	
Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify art XVI-B  Relationship of Activities to the second s	calculations.) to the Accomplish thich income is reporte	ment of Exemed in column (e) of	pt Purposes of Part XVI-A contribut	ted importantly to	,	
Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify art XVI-B  Relationship of Activities to the second s	calculations.) to the Accomplish thich income is reporte	ment of Exemed in column (e) of	pt Purposes of Part XVI-A contribut	ted importantly to	,	
Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify art XVI-B  Relationship of Activities to the second s	calculations.) to the Accomplish thich income is reporte	ment of Exemed in column (e) of	pt Purposes of Part XVI-A contribut	ted importantly to	,	
Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify art XVI-B  Relationship of Activities to the second s	calculations.) to the Accomplish thich income is reporte	ment of Exemed in column (e) of	pt Purposes of Part XVI-A contribut	ted importantly to	•	
Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify art XVI-B  Relationship of Activities to the accomplishment of the foundation	calculations.) to the Accomplish thich income is reporte	ment of Exemed in column (e) of	pt Purposes of Part XVI-A contribut	ted importantly to	,	
Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify art XVI-B  Relationship of Activities to the second s	calculations.) to the Accomplish thich income is reporte	ment of Exemed in column (e) of	pt Purposes of Part XVI-A contribut	ted importantly to	,	
Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify art XVI-B  Relationship of Activities to the second s	calculations.) to the Accomplish thich income is reporte	ment of Exemed in column (e) of	pt Purposes of Part XVI-A contribut	ted importantly to	•	
Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify art XVI-B  Relationship of Activities to the second s	calculations.) to the Accomplish thich income is reporte	ment of Exemed in column (e) of	pt Purposes of Part XVI-A contribut	ted importantly to	,	
Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify art XVI-B  Relationship of Activities to the second s	calculations.) to the Accomplish thich income is reporte	ment of Exemed in column (e) of	pt Purposes of Part XVI-A contribut	ted importantly to	•	
Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify art XVI-B  Relationship of Activities to the accomplishment of the foundation	calculations.) to the Accomplish thich income is reporte	ment of Exemed in column (e) of	pt Purposes of Part XVI-A contribut	ted importantly to	,	
Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify  THE XVI-B  Relationship of Activities to the second	calculations.) to the Accomplish thich income is reporte	ment of Exemed in column (e) of	pt Purposes of Part XVI-A contribut	ted importantly to	,	
Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify art XVI-B  Relationship of Activities to the second s	calculations.) to the Accomplish thich income is reporte	ment of Exemed in column (e) of	pt Purposes of Part XVI-A contribut	ted importantly to	,	
Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify art XVI-B Relationship of Activities to the accomplishment of the foundation	calculations.) to the Accomplish thich income is reporte	ment of Exemed in column (e) of	pt Purposes of Part XVI-A contribut	ted importantly to	,	

Form 990-I	PF (2019)						Pa	ge <b>13</b>
Part XV	Information Re Exempt Organi		fers To and Transact	ions and I	Relationships With Nonchari	table		
	e organization directly or in ner than section 501(c)(3)				ganization described in section 501 anizations?		Yes	No
<b>a</b> Transfe	ers from the reporting foun	idation to a noncha	aritable exempt organizatio	on of:				
<b>(1)</b> Ca	ash					1a(1)		No
(2) 01	ther assets					1a(2)		No
<b>b</b> Other t	ransactions:							
<b>(1)</b> Sa	ales of assets to a nonchar	itable exempt orga	nization			1b(1)		No
<b>(2)</b> Pu	ırchases of assets from a r	noncharitable exem	npt organization			1b(2)		No
( <b>3</b> ) Re	ental of facilities, equipmen	nt, or other assets.				1b(3)		No
(4) Re	eimbursement arrangemer	nts				1b(4)		No
<b>(5)</b> Lo	ans or loan guarantees.					1b(5)		No
<b>(6)</b> Per	rformance of services or m	embership or fund	raising solicitations			1b(6)		No
<b>c</b> Sharing	g of facilities, equipment, r	mailing lists, other	assets, or paid employees			1c		No
in any	transaction or sharing arra	ingement, show in	column (d) the value of the	ne goods, ot	n received less than fair market valu her assets, or services received.			
(a) Line No.	(b) Amount involved	(c) Name of nonch	aritable exempt organization	(d) Desc	cription of transfers, transactions, and sha	ring arra	ngemer	ts
0 - T- 11 1	Linear and the second second							
	foundation directly or indirectly	•	•			7		
	ed in section 501(c) (othe		(c)(3)) or in section 527?			<b>⊻</b> No		
<b>b</b> If "Yes,	complete the following s.", (a) Name of organization		(b) Type of organiza	tion	(c) Description of relati	onchin		
	(a) Name of organization	лі	ype or organiza	IUOH	(c) Description of relati	опашр		

(a) Name of organization	(b) Type of organization	(c) Description of relationship
	1 1411 1 1 1	

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best

of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge. Sign 2020-12-01 Here Signature of officer or trustee Title Date

Paid **Preparer** 

BRADLEY P OBERLANDER Firm's name ▶ OBERLANDER FINANCIAL SERVICES PLLC **Use Only** 

Firm's address ▶

Print/Type preparer's name

Preparer's Signature

997 GOVERNORS LANE STE 150

LEXINGTON, KY 40513

Date

2020-12-01

Check if selfemployed  $\blacktriangleright$  May the IRS discuss this return with the preparer shown

PTIN

(see instr.) 🔲 Yes 🗖 No

P00737422

Firm's EIN ▶84-2958243

Phone no. (859) 552-3342

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation (a) Name and address Title, and average (c) Compensation (If (d) Expense account, (e) other allowances hours per week not paid, enter Contributions to (b) devoted to position -0-) employee benefit plans and deferred compensation JUANITA STOLLINGS SECRETARY/TR 10.00 PO BOX 54930 LEXINGTON, KY 405554930 CHAIRMAN PAUL R THORNSBERRY 2.00 PO BOX 54930 LEXINGTON, KY 40555 J HAGAN CODELL VICE CHAIRMA 1.00 PO BOX 54930

0

TRUSTEE 1.00

TRUSTEE 1.00

TRUSTEE

TRUSTEE 1.00

TRUSTEE 1.00

TRUSTEE

1.00

1.00

LEXINGTON, KY 40555

SUSAN DUFF

SARA COMBS

PO BOX 54930 LEXINGTON, KY 40555

PO BOX 54930 LEXINGTON, KY 40555

HAROLD H MULLIS

PO BOX 54930 LEXINGTON, KY 40555 RONALD M JOHNSON

PO BOX 54930 LEXINGTON, KY 40555 REBECCA C WEBSTER

PO BOX 54930 LEXINGTON, KY 40555 JERRY WAYNE SLONE

PO BOX 54930 LEXINGTON, KY 40555

efile GRAPHIC print - DO NOT PROCESS   As Filed Data - DLN: 93491336003000   TY 2019 Accounting Fees Schedule								
Name: EO ROBINSON MOUNTAIN FUND EIN: 61-0449642								
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				

4,500

9,000

INDIRECT ACCOUNTING FEES

Note: To capture the full content of this document, please select landscape mode (11" $ imes$ 8.5") when printing.									
TY 2019 Depreciation Schedule									
Name: EO ROBINSON MOUNTAIN FUND									
	<b>EIN:</b> 61-0449642								
Depreciation Schedule									
Description of Property	Date Acquired	Cost or Other Basis	Prior Years' Depreciation	Computation Method	Rate / Life (# of years)	Current Year's Depreciation	Net Investment Income	Adjusted Net Income	Cost of Goods Sold Not

Expense

54,934

DLN: 93491336003000

Included

As Filed Data -

efile GRAPHIC print - DO NOT PROCESS

DEPRECIATION

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -		DLN: 93491336003000					
Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.								
TY 2019 Gain/Loss from Sale of Other Assets Schedule								
Name:	EO ROBINSON MO	DUNTAIN FUND						
EIN:	61-0449642							
Gain Loss Sale Other Assets Schedule								

-338,920

	Gain Loss Sale Other Assets Schedule											
ľ	Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation	١

18,100,357

17,761,437

PURCHASE

Name: EO ROBINSON MOUNTAIN FUND

**EIN:** 61-0449642

Investments Corporation Stock Schedule

**EXCHANGE-TRADED FUNDS** 

Name of Stock	End of Year Book Value	End of Year Fair Market Value				
CORPORATE BONDS	303,338	301,445				
COMMON STOCKS	6,031,725	8,348,817				
MUTUAL FUNDS	5,629,670	6,247,113				

1,991,138

1,635,158

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491336003000
TY 2019 Land, Etc. Schedule		

127,393

127,393

Name: FO ROBINSON MOUNTAIN FUND

127,393

**ETN:** 61-0449642

LAND AND LAND IMPROVEMENTS

Category / Item	Cost / Other Basis	Accumulated Depreciation	Book Value	End of Year Fair Market Value	
BUILDINGS AND IMPROVEMENTS	2,315,938	1,527,453	788,485	788,485	
EQUIPMENT	158,304	138,248	20,056	20,056	

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491336003000					
TY 2019 Other Decreases Schedule							
Name:	EO ROBINSON MOUNTAIN FUND						
EIN:	61-0449642						
De	escription	Amount					
INVESTMENT NET FMV CHANGE		14,446					

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491336003000					
TY 2019 Other Expenses Sche	dule				
Name:	EO ROBINSON I	MOUNTAIN FUND			
EIN:	61-0449642				
Other Expenses Schedule	,			1	
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes	
EXPENSES					
REPAIRS AND MAINTENANCE	23,671			23,671	
INSURANCE	28,882	2,500		26,382	
OFFICE SUPPLIES	1,357	597		760	
TELEPHONE	1,557	1,557			

7,041

17,262

7,041

17,262

MISCELLANEOUS

UTILITIES

Name: EO ROBINSON MOUNTAIN FUND

**EIN:** 61-0449642

## \_\_\_\_\_\_

MISCELLANEOUS INCOME

Other Income Schedule						
Description	Revenue And Expenses Per Books	Net Investment Income	Adjusted Net Income			
GAS ROYALTY	1,585	1,585	1,585			

284

284

284

TY 2019 Other Professional Fees Schedule								
Name: EO ROBINSON MOUNTAIN FUND EIN: 61-0449642								
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes				

68,787

68,787

INVESTMENT FEES

efile GRAPHIC print - DO NOT PROCESS	As Filed Data	-	DLN: 93491336003000						
TY 2019 Taxes Schedule				_					
	EO ROBINSO 61-0449642	ON MOUNTAIN FU	ND						
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes					
INDIRECT TAXES/LICENSES	11,386								

## E.O. ROBINSON MOUNTAIN FUND SCHEDULE OF GRANTS AND SCHOLARSHIPS

For the Year Ended June 30, 2020

Recipient		<u>Grants</u>		<u>Scholarships</u>		<u>Total</u>
Advent Health Manchester	\$	18,500	\$		\$	18,500
Adventure Serve Ministries	,	7,500	·		·	7,500
Alice Lloyd College		20,000		15,400		35,400
American Printing House for the Blind		1,100		,		1,100
Berea College				15,400		15,400
Big Sandy Health Care		15,000		Ź		15,000
Bluegrass Care Navigators		10,000				10,000
Boy Scouts of America Bluegrass Council		6,500				6,500
Breathitt County Museum		5,000				5,000
Campbellsville University		-		8,250		8,250
Eastern Kentucky University				8,250		8,250
Explorium of Lexington		2,500				2,500
Gateway Children's Services		10,000				10,000
Georgetown College				11,000		11,000
Hazard Community and Technical College -						
Lees Campus Intergeneration Center		65,000		15,800		80,800
Hindman Settlement School		10,000				10,000
Hospice Care Plus		15,000				15,000
Housing Development Alliance, Inc.		10,000				10,000
Kentucky Christian University				6,050		6,050
Kentucky Habitat for Humanity		15,000				15,000
Kentucky Infant Development Station		5,000				5,000
Kentucky Shakespeare		7,500				7,500
Kidney Health Alliance of Kentucky		2,500				2,500
Letcher County Schools Education Foundation		10,000				10,000
Lindsey Wilson College				13,750		13,750
Midway University				11,000		11,000
Morehead State University				13,750		13,750
Panco Youth Center		5,600				5,600
Radio Eye, Inc.		5,000				5,000
The David School		12,000				12,000
The Hearing and Speech Center		6,050				6,050
Transylvania University				11,000		11,000
Union College				15,400		15,400
University of Kentucky Children's Traveling Diabetes		10,000				10,000
University of Pikeville		20,000		13,750		33,750
University of the Cumberlands		20,000		15,400		35,400
Visually Impaired Preschool Services		5,000				5,000
Whitesburg Rotary Foundation, Inc.	_	5,000	-		-	5,000
Total grants and scholarships paid	\$_	324,750	\$	174,200	\$_	498,950