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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	cale	ndar year 2019, or tax year beginning 10-01-20)19 , aı	nd ending 09-30	2020	
		Indation DUNDATION INC		A Employer id	entification numbe	r
				35-1557058		
	ber and	d street (or P.O. box number if mail is not delivered to street address) 218	Room/suite	B Telephone nu	ımber (see instructio	ns)
·				(765) 998-813	Э	
		n, state or province, country, and ZIP or foreign postal code I 46989		C If exemption	application is pendin	g, check here
<u> </u>			forms on multiplication	D.1 Farming or		, , , , , , , , , , , , , , , , , , ,
G CI	песк а	ll that apply: □ Initial return □ Initial return of a □ Final return □ Amended return	former public charity		ganizations, check he rganizations meeting	▶ ⊔
		☐ Address change ☐ Name change			k here and attach co	
H C	neck tv	/pe of organization: ✓ Section 501(c)(3) exempt private	foundation		undation status was t in 507(b)(1)(A), chec	
_	,		e private foundation	under section	11 307(b)(1)(A), clied	K liele
			☑ Cash ☐ Accru		ation is in a 60-mont	
of <i>line</i>	year (f e <i>16)</i>	from Part II, col. (c), ▶\$ 18,875,885	he on cash hasis)	under sectio	n 507(b)(1)(B), chec	k here 🕨 🗀
_			I		T	T
Pa	rt I	Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily	(a) Revenue and expenses per	(b) Net investment	(c) Adjusted net	(d) Disbursements for charitable
		equal the amounts in column (a) (see instructions).)	books	income	income	purposes (cash basis only)
	1	Contributions, gifts, grants, etc., received (attach schedule)				
	2	Check ► ☑ if the foundation is not required to attach				
		Sch. B				
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities	546,077	546,077	'	
	5a	Gross rents				
	b	Net rental income or (loss)	2.665.037			
Z.	6a	Net gain or (loss) from sale of assets not on line 10	2,665,934	†		
Revenue	b	Gross sales price for all assets on line 6a 5,308,635				
ă	7	Capital gain net income (from Part IV, line 2)		2,665,934	l	
	8	Net short-term capital gain				
	9	Income modifications				
	10a	Gross sales less returns and allowances				
	b c	Less: Cost of goods sold	<u> </u>			_
	11	Other income (attach schedule)				_
	12	Total. Add lines 1 through 11	3,212,011	3,212,011		
	13	Compensation of officers, directors, trustees, etc.	27,327	<u> </u>		24,594
	14	Other employee salaries and wages	,	,		<u> </u>
Ş	15	Pension plans, employee benefits	417	7 42	:	375
nse	16a	Legal fees (attach schedule)				
<u>\$</u>	ь	Accounting fees (attach schedule)	5,900)		5,900
and Administrative Expenses	С	Other professional fees (attach schedule)				
≥tiv	17	Interest				
Stri	18	Taxes (attach schedule) (see instructions)	36,550			
in	19	Depreciation (attach schedule) and depletion				
₹ G	20	Occupancy				
þι	21	Travel, conferences, and meetings			-	148
	22	Printing and publications	92,606	00.06	,	2,539
ţ	23	Other expenses (attach schedule)	92,606	90,067		2,339
Operating	24	Total operating and administrative expenses. Add lines 13 through 23	162,800	92,842		33,556
О	25	Contributions, gifts, grants paid	996,600	<u> </u>	 	996,600
	26	Total expenses and disbursements. Add lines 24 and	·			<u> </u>
		25	1,159,400	92,842	!	1,030,156
	27	Subtract line 26 from line 12:				
	a	Excess of revenue over expenses and disbursements	2,052,611	L		
	b	Net investment income (if negative, enter -0-)		3,119,169)	
<u> </u>	С	Adjusted net income (if negative, enter -0-)				000 77 17 17
ror	raper	work Reduction Act Notice, see instructions.		Cat. No. 11289)	x For	m 990-PF (2019)

18,875,885

	2	Savings and temporary cash investments			
	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 instructions)			
	7	Other notes and loans receivable (attach schedule) ▶			
Assets		Less: allowance for doubtful accounts ▶			
	8	Inventories for sale or use			
	9	Prepaid expenses and deferred charges			
	10a	Investments—U.S. and state government obligations (attach schedule)			
	b	Investments—corporate stock (attach schedule)	8,062,720	10,032,840	18,777,681
	c	Investments—corporate bonds (attach schedule)			
	11	Investments—land, buildings, and equipment: basis ▶			
		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) ▶			

8,078,433

8,078,433

8,078,433

8,078,433

10,131,044

10,131,044

10,131,044

10,131,044

8,078,433

2,052,611

10,131,044

10,131,044 Form **990-PF** (2019)

1

2

3

4

5

15 Other assets (describe > .

Total assets (to be completed by all filers—see the

Loans from officers, directors, trustees, and other disqualified persons

Mortgages and other notes payable (attach schedule).

Total liabilities(add lines 17 through 22)

Foundations that do not follow FASB ASC 958, check here 🕨 🗹

Retained earnings, accumulated income, endowment, or other funds

Total net assets or fund balances (see instructions)

Total liabilities and net assets/fund balances (see instructions) .

Total net assets or fund balances at beginning of year-Part II, column (a), line 29 (must agree with end-

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

Analysis of Changes in Net Assets or Fund Balances

Foundations that follow FASB ASC 958, check here

Capital stock, trust principal, or current funds . . .

Paid-in or capital surplus, or land, bldg., and equipment fund

instructions. Also, see page 1, item I)

Other liabilities (describe >_

Grants payable

Accounts payable and accrued expenses .

and complete lines 24, 25, 29 and 30.

Net assets without donor restrictions .

and complete lines 26 through 30.

of-year figure reported on prior year's return)

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3 Decreases not included in line 2 (itemize) ▶

Net assets with donor restrictions .

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16

17

18

19

20

21

22 23

24

25

26

27 28

29 30

Part III

2

3

4

Liabilities

Net Assets or Fund Balances

	e the kind(s) of property sold (e.g., rehouse; or common stock, 200 shs	How acquired P—Purchase D—Donation	Date acquired (mo., day, yr.)	Date sold (mo., day, yr.)	
1aSee Additional Data Table	e				
b					
С					
d					
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or oth plus expens	er basis	Gain ((h) or (loss) f) minus (g)
a See Additional Data Table	e	·		, , , ,	
b					
c					
d					
e					
Complete only for assets	showing gain in column (h) and ow	ned by the foundation on	12/31/69		(I)
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of over col. (j	col. (i)	Gains (Col. col. (k), but not	(h) gain minus : less than -0-) or rom col.(h))
a See Additional Data Table	9				
b					
С					
d					
e					
Capital gain net incomeNet short-term capital g	or (net capital loss) $igg\{$ gain or (loss) as defined in sections 1	If gain, also enter in Part If (loss), enter -0- in Part 1222(5) and (6):		2	2,665,93
If gain, also enter in Pa in Part I, line 8	rt I, line 8, column (c) (see instruction	}	3	-28,21	
Part V Qualification L	Jnder Section 4940(e) for Re	duced Tax on Net In	vestment Inc	come	
(For optional use by domestic p	rivate foundations subject to the sec	ction 4940(a) tax on net in	vestment incom	e.)	
If section 4940(d)(2) applies, le	·			, ,	res 🗸 No
If "Yes," the foundation does no	e section 4942 tax on the distributal of qualify under section 4940(e). Do	not complete this part.			res 🔽 No
	nount in each column for each year;	see instructions before ma	aking any entries		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-u	se assets	(d) Distribution ra (col. (b) divided by	
2018	964,597		1,354,352		0.045171
2017	858,265),284,597		0.042311
2016	700,688		7,475,700		0.040095
2015	723,171		1,147,942		0.051115
2014	684,304	14	1,484,545		0.047244
2 Total of line 1, column (d	•		2		0.225936
number of years the foun	for the 5-year base period—divide to dation has been in existence if less	than 5 years	3		0.045187
	ncharitable-use assets for 2019 from	•	4		21,098,170
5 Multiply line 4 by line 3			5		953,363
	ent income (1% of Part I, line 27b)		6		31,192
			7		984,555
	ons from Part XII, line 4 , eater than line 7, check the box in Pa			 g a 1% tax rate. Se	1,030,156 ee the Part VI
				F	orm 990-PF (201

Ба	During the year did the foundation p	ay or incur any amount to:					Yes	No		
	(1) Carry on propaganda, or otherw	ise attempt to influence legisl	ation (section 4945(e))?	☐ Yes	✓ N					
		•	ric public election (see section 4955); or to carry							
	on, directly or indirectly, any vot	-		· · 🔲 Yes	☑ №	0				
	(3) Provide a grant to an individual	* * * * * * * * * * * * * * * * * * * *		Yes	✓ N	0				
	(4) Provide a grant to an organization in section 4945(d)(4)(A)? See in		· -							
	(5) Provide for any purpose other th			· · L Yes	✓ N	О				
	educational purposes, or for the	•		· · 🗌 Yes	✓ N					
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	_ ✓ №	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	At any time during the tax year, was the roundation a party to a prohibited tax shelter transaction? Yes If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?									
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	✓ №	ا				
	Information About C	officers, Directors, Trust	tees, Foundation Ma				,			
Pel	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			enter "	NONE	."		
'a \	Name and address of each employee	(b) Title, and average		(d) Contributions t						
,	more than \$50,000	hours per week devoted to position	(c) Compensation	plans and deferred		e) Expen other al				
		devoted to position		compensation						
ON	<u> </u>									
ota	I number of other employees paid over	 er \$50,000 .								
		, -,				orm 99	0-PF	(2019		
								,		

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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
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		•
Iotal. Add lines 1 through 3	 	Form 900 PE (2010)

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

1a

1b

2

За 3h

4

5

1,030,156

1,030,156

31,192

998.964

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

income. Enter 1% of Part I, line 27b. See instructions.

1

2

3

4

5

b

35,275

988,442

t XIII	

Par

)-PF (2	019)
KIII	Undistribute

a Enter amount for 2018 only. .

a From 2014. **b** From 2015. c From 2016. . . . d From 2017. e From 2018.

b Total for prior years: 20______, 20______, 20______ Excess distributions carryover, if any, to 2019:

f Total of lines 3a through e. 4 Qualifying distributions for 2019 from Part XII, line 4: ► \$ 1,030,156 a Applied to 2018, but not more than line 2a

b Applied to undistributed income of prior years (Election required—see instructions). c Treated as distributions out of corpus (Election required—see instructions). **d** Applied to 2019 distributable amount. . . .

e Remaining amount distributed out of corpus **5** Excess distributions carryover applied to 2019. (If an amount appears in column (d), the

6 Enter the net total of each column as

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

10 Analysis of line 9: a Excess from 2015. . . **b** Excess from 2016. . c Excess from 2017. . . . d Excess from 2018. . . e Excess from 2019. . .

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5 **b** Prior years' undistributed income. Subtract line 4b from line 2b c 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 e Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020

indicated below:

same amount must be shown in column (a).)

n 990-PF (2019)								
art XIII	Undistributed Income (see instruc	tions)						
		(a) Corpus						
Distributab	e amount for 2019 from Part XI, line 7							

	L							
Distributable amount for 2019 from Part XI, line 7								
Undistributed income, if any, as of the end of 2019:								
Enter amount for 2018 only	L							

(b)

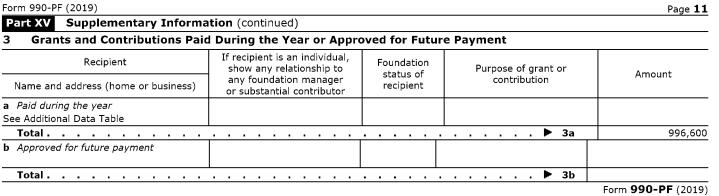
Years prior to 2018

(c)

2018

994,881

Forr	m 990-PF (2019)					Page 10
ŀ	Private Operating Found	ations (see instr	uctions and Part V	/II-A, question 9)		
1a	If the foundation has received a ruling or de foundation, and the ruling is effective for 20			rating		
b	Check box to indicate whether the organizat	ion is a private opera	ating foundation des	cribed in section \Box] 4942(j)(3) or □] 4942(j)(5)
2a	Enter the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	income from Part I or the minimum investment return from Part X for each year listed	(a) 2019	(b) 2018	(c) 2017	(d) 2016	(c) rotal
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					
	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					
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					
Pa	rt XV Supplementary Information			foundation had	\$5,000 or more i	in
1	assets at any time during th		ructions.)			
_	List any managers of the foundation who have before the close of any tax year (but only if	e contributed more				n
b	List any managers of the foundation who ow ownership of a partnership or other entity)			, , ,	arge portion of the	
2	Information Regarding Contribution, Gr					
	Check here ▶ ☐ if the foundation only make unsolicited requests for funds. If the foundation other conditions, complete items 2a, b, c, a	tion makes gifts, gra	ants, etc. to individu			
a	The name, address, and telephone number	or e-mail address of	the person to whom	applications should	be addressed:	
	SALLY BRINER PO BOX 218 UPLAND, IN 46989 (765) 998-8139					
b	The form in which applications should be su TYPED REQUEST DETAILING THE INTENDED			ney should include:		
С	Any submission deadlines: DEADLINES FOR SUBMISSIONS ARE MARCH	I 31 AND AUGUST 3:	1			
d	Any restrictions or limitations on awards, su factors:			fields, kinds of institu	utions, or other	
	PRIMARILY EDUCATIONAL PURSUITS IN CEI	NTRAL INDIANA.				



(a) (b) (c) (d) fund	ed or exem tion incom instructions
b g Fees and contracts from government agencies Membership dues and assessments. Interest on savings and temporary cash investments Dividends and interest from securities. Net rental income or (loss) from real estate: a Debt-financed property. Net rental income or (loss) from personal property Other investment income. Gain or (loss) from sales of assets other than inventory Net income or (loss) from sales of inventory Other revenue: a b C Total. Add columns (b), (d), and (e). See worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes (See	
b	
d	
g Fees and contracts from government agencies Membership dues and assessments Interest on savings and temporary cash investments	
g Fees and contracts from government agencies Membership dues and assessments	
g Fees and contracts from government agencies Membership dues and assessments. Interest on savings and temporary cash investments Dividends and interest from securities. Dividends and interest from	
Membership dues and assessments	
Interest on savings and temporary cash investments	
investments Dividends and interest from securities. Dividends and interest from securities. Net rental income or (loss) from real estate: a Debt-financed property. Net rental income or (loss) from personal property Other investment income. Gain or (loss) from sales of assets other than inventory Net income or (loss) from special events: Gross profit or (loss) from sales of inventory Other revenue: a b c d d e Subtotal. Add columns (b), (d), and (e). Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.) Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See	
Dividends and interest from securities	
Net rental income or (loss) from real estate: a Debt-financed property b Not debt-financed property Net rental income or (loss) from personal property Other investment income Gain or (loss) from sales of assets other than inventory	
a Debt-financed property	
b Not debt-financed property	
Other investment income	
Gain or (loss) from sales of assets other than inventory	
Net income or (loss) from special events: Gross profit or (loss) from sales of inventory Other revenue: a b c d e Subtotal. Add columns (b), (d), and (e). Subtotal. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.) Total. Add line 12, columns (b) to verify calculations.) Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See	
Net income or (loss) from special events: Gross profit or (loss) from sales of inventory Other revenue: a b c d e Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.) Total. Add line 12, columns (b) to verify calculations.) Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See	
Gross profit or (loss) from sales of inventory Other revenue: a b c d e Subtotal. Add columns (b), (d), and (e). Total. Add line 12, columns (b), (d), and (e). (See worksheet in line 13 instructions to verify calculations.) Total Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See	2,665,9
Other revenue: a	
to d	
c	
Subtotal. Add columns (b), (d), and (e)	
Subtotal. Add columns (b), (d), and (e)	
Total. Add line 12, columns (b), (d), and (e)	
(See worksheet in line 13 instructions to verify calculations.) art XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See	2,665,9
ine No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See	3,212,0
ine No. Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes). (See	
Instructions.)	

Part XVII	Information R Exempt Organ	ransfers	Тоа	nd T	Γrans	sactio	ns and I	Rela	tion	ship	s V	Vith N	lonc	harit	able	
				e 11		11.1										_

Part >	KVII	Exempt Organiz		ansı	cis io c	illa i lalisac	LIUI	is and Relatio	nisinps with No	iiciiai ite	ibic		
		anization directly or inhan section 501(c)(3)	directly engag							ion 501		Yes	No
. , .		om the reporting foun	-	•		, -	•	-		F			
(1) Cash								. :	1a(1)		No		
(2)	Other	assets								[1a(2)		No
b Othe	r trans	actions:											
(1)	(1) Sales of assets to a noncharitable exempt organization								[:	1b(1)		No	
(2)	Purcha	ases of assets from a n	oncharitable	exem	pt organiz	zation				[1b(2)		No
(3)	Rental	of facilities, equipmer	nt, or other as	ssets.						[1b(3)		No
` '		ursement arrangemen								· [:	1b(4)		No
		or loan guarantees.					٠				1b(5)		No
` '		nance of services or m	'		-					· [1b(6)		No
	-	facilities, equipment, n	-		•					· . L	1c		No
		er to any of the above ls, other assets, or serv											
		saction or sharing arra											
(a) Line I	No.	(b) Amount involved	(c) Name of r	noncha	ritable exe	mpt organization	+	(d) Description of	transfers, transactions	s, and sharii	ng arrar	ngement	ts
							+						
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	+						+						
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							+						
							+						
							+						
	+						+						
	+						+						
2a Is th	e found	dation directly or indire	ectly affiliated	with,	or relate	d to, one or mo	ore t	ax-exempt organ	izations				
		n section 501(c) (other	•			•				es 🗆	No		
		mplete the following so			-/(-//								
	,	(a) Name of organization		- 1	(E	Type of organia	zatio	n	(c) Description	n of relation	ıship		
ELALO I	FOUND	ATION			501 (C) (3)		СОММО	N DIRECTORS				
AVIS FO	UNDAT	TON			501 (C) (3)		СОММО	N DIRECTORS				
		r penalties of perjury, / knowledge and belief											
		preparer has any kno		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	and comp	piete. Deciarati		in preparer (other	than taxpayer, is b	asca on a	11 1111011	macion	. 01
Sign		****	-			2021 01 06		*****			IRS dis	scuss th	iis
Here	\ "	an etrap atrap				2021-01-06		******		return with the	e prepar	er show	vn
	7 -	·				D-t-				below	, propur	CI 311011	•
	5	ignature of officer or to	rustee			Date		' Title		(see ins	str.) 🗹	Yes 🗆] No
		Print/Type preparer's	name	Dron-	arer's Sigr	nature		Data		DTIN			
		Time, Type preparers	naine	riehe	arers sign	iatuie		Date	Check if self-	PTIN _			
		C) (NITHER NAMED TO							employed ▶ □	P	200017	581	
Paid		CYNTHIA M WIRTN	IER					2021-01-06					
Prepa	rer		NARD J ANDO	RFED	& CO 11 P								
Use O		I min s name F LEO!	AYUD 2 WINDO	KIEK	a CO LLP					Firm's EI	N ►35-	16793	61
		Firm's address ▶ 11	0 W BERRY S	TREE	T STE 220)2							
		E0	DT MAVNE T	N 16	8022211					Phone no	. (260)	423-9	9405
			PRT WAYNE, I	.14 400	0022311						·		

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation 3088 SH GOLDMAN SACHS Ρ 498.85 SH PRINCIPAL GLOBAL Ρ 87426 SH GOLDMAN SACHS Р 501 SH ADIENT PLC Ρ 15000 SH AMERICAN EXPRESS Ρ Ρ 10000 SH FIRST MERCHANTS CORP Ρ 2671 SH CARRIER GLOBAL CORP Р 14960 SH JPMORGAN CHASE 1335.5 SH OTIS WORLDWIDE CORP Ρ 905.39 SH JPMORGAN STRATEGIC INC Р Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 3,118 3,088 30 6,241 6,389 -148 89,122 87,426 1,696 8,331 23.339 -15,008 150,000 149,979 21 165,822 96,664 262,486 37,207 14,795 22,412 1,463,056 149,989 1,313,067 60,749 23,326 37,423 103,436 105,120 -1,684 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any 30 -148 1,696 -15,008 21 96,664 22,412 1,313,067 37,423 -1,684

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (d) (b) (c) How acquired (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date acquired Date sold P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation .59 SH TOOTSIE ROLL IND Ρ 9386.8 SH PRINCIPAL GLOBAL DIVERSIFI Ρ 150000 SH ABVIE INC Р 169.226 SH ARBITRAGE FUND Ρ 30426 SH COLUMBIA MORTGAGE Ρ Ρ 8146.39 SH ARBITRAGE FUND INSTL Ρ 2000 SH JPMORGAN CHASE & CO Р 964 SH CALAMOS STRATEGIC TOTAL 251391.67 SH UBS SELECT GOV INV FU Ρ 10901 SH CALAMOS STRATEGIC TOTAL Р Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h (e) Gross sales price Depreciation allowed Cost or other basis Gain or (loss) (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 19 15 117,431 120,795 -3,364 150,000 149,964 36 2,312 2.258 54 281,473 310,759 -29,286 108,968 103,855 5,113 193,816 20,052 173,764 13,027 11,956 1,071 251,392 251,392 147,311 99,118 48,193 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any 15 -3,364 36 54 -29,286 5,113 173,764 1,071 48,193

Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns a - d List and describe the kind(s) of property sold (e.g., real estate, (b) (d) (a) 2-story brick warehouse; or common stock, 200 shs. MLC Co.) Date sold How acquired Date acquired P-Purchase (mo., day, yr.) (mo., day, yr.) D-Donation 17972 SH OLD NATL BANCORP Р 8450 SH NUVEEN PFD & INC SEC FUND Ρ 4480 SH WOODWARD INC Ρ 25000 ROYAL BANK OF CANADA Р Ρ 150000 SH UNITEDHEALTH GROUP INC Ρ 10000 SH WOODWARD INC 171.94 SH JPMORGAN STRAT INC Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns e - h Depreciation allowed Gain or (loss) (e) Gross sales price Cost or other basis (f) (or allowable) (g) plus expense of sale (h) (e) plus (f) minus (g) 250,335 278,890 -28,555 76,612 72,872 3,740 318.073 15.957 302,116 250,000 250,000 150,000 150,000 739,994 73,600 666,394 1.964 1.956 8 Form 990PF Part IV - Capital Gains and Losses for Tax on Investment Income - Columns i - I Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69 Gains (Col. (h) gain minus col. (k), but not less than -0-) or (i) F.M.V. as of 12/31/69 Adjusted basis Excess of col. (i) **(I)** Losses (from col.(h)) (j) as of 12/31/69 (k) over col. (j), if any -28,555 3,740 302,116 666,394 8

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 Expense account, (d) not paid, enter Contributions to (e) other allowances hours per week (b) devoted to position -0-) employee benefit plans and deferred compensation LORI WILSON DIRECTOR 3,000 0 1.00 P O BOX 218 UPLAND, IN 46989 LAEL E BOREN 3,000 VICE PRES.DI 1.00 P O BOX 218 UPLAND, IN 46989 MARTHA R SONGER 3,000 0 DIRECTOR 1.00 P O BOX 218 UPLAND, IN 46989 POLLY BOREN DIRECTOR 1.00 P O BOX 218 UPLAND, IN 46989 SALLY J BRINER EXECUTIVE DI 9,202 0 20.00 P O BOX 218 UPLAND, IN 46989 AMY E SICKS **SECRETARY** 2,500 0 0 2.00 P O BOX 218 UPLAND, IN 46989

625

3,000

0

P O BOX 218 UPLAND, IN 46989	1.00			
JAY M ROSS	PRESIDENT/DI	3,000	0	
P O BOX 218 UPLAND, IN 46989	1.00			
JAMES LUTTRULL	DIRECTOR	0	0	

TREASURER

DIRECTOR

2.00

1.00

TRACEE PENNINGTON

P O BOX 218 UPLAND, IN 46989 BETH HENRICKS

P O BOX 218 UPLAND, IN 46989

Recipient If recipient is an individual, show any relationship to any foundation manager or substantial contributor

Red during the Year or Approved for Future Payment

Foundation status of recipient or contribution

Purpose of grant or contribution

recipient

Amount

A mount

NICKIE

NONE

EASTBROOK COMMUNITY SCHOOLS

560 S 950 E MARION, IN 46953

Total . .

MARION, IN 46952				
DISTINGUISHED YOUNG WOMEN OF IN 789 S 8TH ST UPLAND, IN 46989	NONE	PUBLIC	PROGRAM	10,000

DUDLE

PUBLIC

DDOCDAM

EDUCATIONAL

■ 3a

11 000

124,700

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

FLY-IN CRUISE-IN INC347 S 500 E MARION, IN 46953	NONE	PUBLIC	PROGRAM	10,000
GRANT COUNTY RESCUE MISSION PO BOX 63 MARION, IN 46952	NONE	PUBLIC	PROGRAM	31,500

GRANT COUNTY RESCUE MISSION PO BOX 63 MARION, IN 46952	NONE	PUBLIC	PROGRAM	31,5
GRANT COUNTY SHERIFFS DEPT 214 E 4TH ST	NONE	PUBLIC	PROGRAM	27,00

MARION, IN 40952				
GRANT COUNTY SHERIFFS DEPT 214 E 4TH ST MARION, IN 46952	NONE	PUBLIC	PROGRAM	27,000
Total			▶ 3a	996,600

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

	or substantial contributor			
a Paid during the year				
HAPPY HOLLOW CHILDRENS CAMP	NONE	PUBLIC	CAMP FUND	4,500

INDIANAPOLIS, IN 46204				
HONEYWELL FOUNDATION 275 W MARKET ST	NONE	PUBLIC	PROGRAM	5,

Total .

HONEYWELL FOUNDATION 275 W MARKET ST WABASH, IN 46992	NONE	PUBLIC	PROGRAM	5,000
JAY COMMUNITY CENTER	NONE	PUBLIC	YOUTH FOOTBALL PROGRAM &	15,000

WABASH, IN 46992				
JAY COMMUNITY CENTER 115 E WATER ST PORTLAND, IN 47371	NONE	PUBLIC	YOUTH FOOTBALL PROGRAM & CONF ROOM	15,000

996,600

▶ 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year				
JEFFERSON TOWNSHIP BASEBALL & SOFTB PO BOX 312 UPLAND, IN 46989	NONE	PUBLIC	FIELD RESURFACING AND REPAIRS	50,000
JUNIOR ACHIEVEMENT959 F 4TH ST	NONE	PUBLIC.	PROGRAM	5.000

UPLAND, IN 46989				
JUNIOR ACHIEVEMENT959 E 4TH ST MARION, IN 46952	NONE	PUBLIC	PROGRAM	5,000
MARION COMMUNITY SCHOOL OF THE ARTS 305 S ADAMS ST MARION, IN 46953	NONE	PUBLIC	PRESENTATION OF 3 PRODUCTIONS	7,500

Total			▶ 3a	996,600
MARION COMMUNITY SCHOOL OF THE ARTS 305 S ADAMS ST MARION, IN 46953	NONE	PUBLIC	PRESENTATION OF 3 PRODUCTIONS	7,500
MARION, IN 46952	NONE	PUBLIC	PROGRAM	5,000

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

MARION PHILHARMONIC ORCHESTRA PO BOX 272 MARION, IN 46952	NONE	PUBLIC	PROGRAM	37,500
MARION-GRANT CO SENIOR CENTER	NONE	PUBLIC	PROGRAM	10.000

MARION, IN 46952				
MARION-GRANT CO SENIOR CENTER PO BOX 443 MARION, IN 46952	NONE	PUBLIC	PROGRAM	10,000
MATTHEWS LIONS CLUBPO BOX 55	NONE		SUPPORT FAMILIES	3 000

PO BOX 443 MARION, IN 46952	NONE	LORLIC	PROGRAM	10,000
MATTHEWS LIONS CLUBPO BOX 55 MATTHEWS, IN 46957	NONE		SUPPORT FAMILIES EXPERIENCING FOOD I	3,000
Total			▶ 3a	996,600

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

a Paid during the year				
PIERCE UPLAND UNITED METHODIST CHUR PO BOX 11 UPLAND, IN 46989	NONE	PUBLIC	PROGRAM	12,500
SCIENCE CENTRAL INC	NONE	PUBLIC	EDUCATIONAL	7.500

OPLAND, IN 40989				
SCIENCE CENTRAL INC 1950 N CLINTON ST FORT WAYNE, IN 46805	NONE	PUBLIC	EDUCATIONAL	7,500
SECOND HARVEST FOOD BANK 6621 N OLD SR 3	NONE	PUBLIC	PROGRAM	30,000

SCIENCE CENTRAL INC 1950 N CLINTON ST FORT WAYNE, IN 46805	NONE	PUBLIC	EDUCATIONAL	7,500
SECOND HARVEST FOOD BANK 6621 N OLD SR 3 MUNCIE, IN 47303	NONE	PUBLIC	PROGRAM	30,000

FORT WAYNE, IN 46805				
SECOND HARVEST FOOD BANK 6621 N OLD SR 3 MUNCIE, IN 47303	NONE	PUBLIC	PROGRAM	30,000
Total			▶ 3a	996,600

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year

ST VINCENT HOSPITAL FOUNDATION 8402 HARCOURT RD STE 210 INDIANAPOLIS, IN 46260	NONE	PUBLIC	ST VINCENT HOUSE	10,000
TAYLOR UNIVERSITY236 W READE AVE	NONE	PUBLIC	FDUCATIONAL	200 000

TAYLOR UNIVERSITY236 W READE AVE UPLAND, IN 46989	NONE	PUBLIC	EDUCATIONAL	200,000
WHITE'S RESIDENTIAL5233 S 50 E WABASH IN 46992	NONE	PUBLIC	GROWING TEENS FOR LIFE CAFE	25,000

UPLAND, IN 46989				
WHITE'S RESIDENTIAL5233 S 50 E WABASH, IN 46992	NONE	PUBLIC	GROWING TEENS FOR LIFE CAFE	25,000
				(

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient

or substantial contributor

Name and address (home or business)

a Paid during the year			
COMMUNITY HARVEST FOOD BANK 999 E TILLMAN RD FORT WAYNE, IN 46855	NONE	SUPPORT FOR BACKPACK PROGRAM	5,000
EPWORTH UNITED METHODIST CHURCH	NONE	PURCHASE SOUND EQUIPMENT	4,000

EPWORTH UNITED METHODIST CHURCH PO BOX 36 MATTHEWS, IN 46957	NONE	PURCHASE SOUND EQUIPMENT	4,00
FAIRMONT FIRE DEPT	NONE	PURCHASE RESCUE TOOLS	20,000

PO BOX 36 MATTHEWS, IN 46957			
FAIRMONT FIRE DEPT 214 W WASHINGTON ST FAIRMONT, IN 46928	NONE	PURCHASE RESCUE TOOLS	20,000

,			
FAIRMONT FIRE DEPT 214 W WASHINGTON ST FAIRMONT, IN 46928	NONE	PURCHASE RESCUE TOOLS	20,000
Total		 ▶ 3a	996,600

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year			
FORT WAYNE COMM SCHOOLS FDN 1200 S CLINTON ST FORT WAYNE, IN 46802	NONE	INSTRUMENT PROGRAM	20,000

recipient

5,000

•			
LIFT EASTBROOK AFTERSCHOOL 539 W BERRY ST JPLAND, IN 46989	NONE	LITERACY SUPPLIES, EQUIPMENT AND MAT	
			·

539 W BERRY ST UPLAND, IN 46989		EQUIPMENT AND MAT	
MCMILLEN HEALTH 600 JIM KELLEY BLVD	NONE	HEALTH EDUCATION TO STUDENTS	5,000

539 W BERRY ST UPLAND, IN 46989		EQUIPMENT AND MAT	
MCMILLEN HEALTH 600 JIM KELLEY BLVD	NONE	HEALTH EDUCATION TO STUDENTS	5,0

UPLAND, IN 46989			
MCMILLEN HEALTH 600 JIM KELLEY BLVD FORT WAYNE, IN 46816	NONE	HEALTH EDUCATION TO STUDENTS	5,00

FORT WAYNE, IN 46816			
600 JIM KELLEY BLVD		STUDENTS	
MCMILLEN HEALTH	INONE	HEALTH EDUCATION TO	5,000

600 JIM KELLEY BLVD		STUDENTS	1
FORT WAYNE, IN 46816			

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

+		<u> </u>		
a Paid during the year				
SWITCH UP81 W INDIANA	NONE		ENRICHMENT, FUNDAY FRIDAYS	3,500
UPLAND. IN 46989			AND ECONO	

AND, IN 46989		AND ECONO
AND AREA GREENWAYS W READE AVE	NONE	TRAIL PROGRAMING AND EVENTS

Total .

UPLAND AREA GREENWAYS 236 W READE AVE UPLAND, IN 46989	NONE	TRAIL PROGRAMING AND EVENTS	5,200

UPLAND, IN 46989		EVENTS	
UPLAND FIRE DEPT127 N MAIN ST		UPGRADE RADIO STATION	10,000

01 EAND, IN 40303			
UPLAND FIRE DEPT127 N MAIN ST UPLAND, IN 46989		UPGRADE RADIO STATION	10,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

Total .

a Paid during the year			
UPLAND LIONS CLUB BACKPACK PROG PO BOX 55 MATTHEWS IN 46957	NONE	SUPPORT FAMILIES FOOD INSECURITY	11,000

11/(11112113,111 1033)			1
ASCENT 121PO BOX 1143 CARMEL, IN 46082	NONE	FURNISH NEW FACILITY	
HABITAT FOR HUMANITY OF GRANT	NONE	BUILD HABITAT HOUSE	4

CARMEL, IN 46082			
HABITAT FOR HUMANITY OF GRANT COUNT	NONE	BUILD HABITAT HOUSE	40,00
217 S ADAMS ST			
MADION IN 46052			

CARMEL, IN 46082			
HABITAT FOR HUMANITY OF GRANT COUNT 217 S ADAMS ST MARION, IN 46952	NONE	BUILD HABITAT HOUSE	40,0

HABITAT FOR HUMANITY OF GRANT	NONE	BUILD HABITAT HOUSE	40,000
COUNT			
217 S ADAMS ST			
MARION, IN 46952			

10,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or business) or substantial contributor

a Paid during the year			
HARTFORD CITY PUBLIC LIBRARY 314 N HIGH ST HARTFORD CITY, IN 47348	NONE	NATURE PLAY PARK	25,000
INDIANA WESLEYAN UNIVERSITY	NONE	SHELTER FOR IWU ALLIANCE	25,000

HARTFORD CITY, IN 4/348			
INDIANA WESLEYAN UNIVERSITY 4201 S WASHINGTON ST MARION, IN 46953	NONE	SHELTER FOR IWU ALLIANCE GARDEN	25,000
KING'S ACADEMY1201 S WATER ST	NONE	TO PURCHASE NEW SOUND	4,700

4201 S WASHINGTON ST MARION, IN 46953		GARDEN	
KING'S ACADEMY1201 S WATER ST JONESBORO, IN 46938	NONE	TO PURCHASE NEW SOUND EQUIPMENT	4,700

996,600 Total . ■ 3a

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

CENTRAL CHRISTIAN CHURCHLITTLE PAN PO BOX 412	NONE	NEW CEILING, CORK TILES, COPIER	12,000
VAN BUREN, IN 46991			

VAN BUREN, IN 46991				
MARION BABE RUTH BASEBALL ASSN 1505 N MATTER PARK RD MARION, IN 46952	NONE		PURCHASE SCOREBOARDS	25,000
		1		

1505 N MATTER PARK RD MARION, IN 46952	NONE	PURCHASE SCOREBUARDS	25,000
MISS SCHOOL SPECIAL EDUCATION CO-OP	NONE	FOOD TRUCK TO BE STAFFED BY SPEC ED	50,000

1505 N MATTER PARK RD MARION, IN 46952			
MISS SCHOOL SPECIAL EDUCATION CO-OP 424 E S A ST	NONE	FOOD TRUCK TO BE STAFFED BY SPEC ED	50,000

MARION, IN 46952			
MISS SCHOOL SPECIAL EDUCATION CO-OP 424 E S A ST GAS CITY, IN 46933	NONE	FOOD TRUCK TO BE STAFFED BY SPEC ED	50,000

За

996,600

Total .

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

	or substantial contributor		
a Paid during the year			
ST JOSEPH SCHOOL110 E STEPHEN ST MARTINSBURG, WV 25401	NONE	REPLACE ROOF ON 2 OF THEIR BUILDINGS	57,500

MARTINSBURG, WV 25401		BUILDINGS	,
ST MARTIN DEPORRES COMM CENTER PO BOX 1727 MARION, IN 46952	NONE	FOOD FOR THEIR MEAL PLAN AND PANTRY	5,000
AMER LEGION POST 313 VETERANS	NONE	HOMELESS VETERAN SERVICES	2,000

PO BOX 1727 MARION, IN 46952		AND PANTRY	3,000
AMER LEGION POST 313 VETERANS STAND 401 S ADAMS ST 3RD FLOOR MARION, IN 46953	NONE	HOMELESS VETERAN SERVICES	2,000

Total		 ▶ 3a	996,600
AMER LEGION POST 313 VETERANS STAND 401 S ADAMS ST 3RD FLOOR MARION, IN 46953	NONE	HOMELESS VETERAN SERVICES	2,000
PO BOX 1727 MARION, IN 46952		AND PANTRY	

Recipient If recipient is an individual, show any relationship to Name and address (home or business)

Recipient If recipient is an individual, show any relationship to any foundation manager any foundation manager are unlaterable to a training the Year or Approved for Future Payment

Purpose of grant or contribution

Status of recipient recipient

	or substantial contributor		
a Paid during the year			
VAN BUREN YOUTH SPORTSPO BOX 65	NONE	PARKING IMPROVEMENTS,	15,000

VAN BUREN YOUTH SPORTSPO BOX 65 VAN BUREN, IN 46991	NONE	PARKING IMPROVEMENTS, FENCING, LIGHT	15,0
Total		 ▶ 3a	996,600

efile GRAPHIC print - DO NOT PROCES	S As Filed D	ata -	[DLN: 93491028004081			
TY 2019 Accounting Fees Schedule							
	ne: BOREN F	OUNDATION INC					
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
TAX PREPARATION	5,900			5,900			

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491028004081

TY 2019 Investments Corporate Stock Schedule

Name: BOREN FOUNDATION INC

EIN: 35-1557058

Investments Corporation Stock Schedule					
Name of Stock	End of Year Book Value	End of Year Fair Market Value			
UBS STRATEGIC - CASH FUNDS					
UBS STRATEGIC - EQUITY - COMMON STOC	2,175,189	5,032,864			
UBS EQUITY STRUCTURED	1,000,000	987,375			
UBS STRATEGIC EQUITY - CLOSED END	1,321,533	1,441,948			
UBS STRATEGIC EQUITY - MUTUAL FUND	584,981	597,725			
UBS STRATEGIC FIXED INCOME CORP BOND	149,859	151,172			
UBS STRATEGIC FIXED MUTUAL FUNDS					
UBS STRATEGIC FIXED - CLOSED END	506,601	499,005			
UBS STRATEGIC - FIXED - MUTUAL	2,613,948	2,631,271			
UBS STRATEGIC - NON TRAD MUTUAL					
UBS STRATEGIC - NON TRAD - CLOSED	501,425	501,960			
UBS STRATEGIC - OTHER					
UBS BUSINESS - CASH FUNDS					
UBS BUSINESS - EQUITY - COMMON STOCK	1,179,011	6,934,361			
ACCRUED INCOME	293				

efile GRAPHIC print - DO NOT PROCESS	As Filed Data -	DLN: 93491028004081							
TY 2019 Other Expenses Schedule									
Name:	BOREN FOUNDATION INC								
EIN:	35-1557058								
Other Expenses Schedule									
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes					

90,042

95

248

48

128

790

56

148

1,051

90,042

25

95

223

48

128

790

56

148

1,051

EXPENSES

INVESTMENT FEES

PAYROLL EXPENSE

OTHER EXPENSES

BOARD MEETINGS

REIMBURSABLE EXPENSES

QUICKBOOKS SUBSCRIPTION

MISC EXPENSE

INSURANCE

BANK FEES

efile GRAPHIC print - DO NOT PROCESS	S As Filed Data	-	DLI	N: 93491028004081			
TY 2019 Taxes Schedule							
Name: BOREN FOUNDATION INC							
EIN: 35-1557058							
Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes			
FEDERAL EXCISE TAX	36,550						