

For calendar year 2020, or tax year beginning 01-01-2020, and ending 12-31-2020

Name of foundation THE MCCORMICK FAMILY FOUNDATIONINC		A Employer identification number 35-2016398	
Number and street (or P.O. box number if mail is not delivered to street address) PO BOX 728		B Telephone number (see instructions)	
City or town, state or province, country, and ZIP or foreign postal code VINCENNES, IN 47591		C If exemption application is pending, check here ▶ <input type="checkbox"/>	
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Final return <input type="checkbox"/> Amended return <input type="checkbox"/> Address change <input type="checkbox"/> Name change		D 1. Foreign organizations, check here..... ▶ <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation ... ▶ <input type="checkbox"/>	
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here ▶ <input type="checkbox"/>	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16) ▶\$ 4,526,898		F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here ▶ <input type="checkbox"/>	
J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____ (Part I, column (d) must be on cash basis.)			

Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).)		(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
Revenue	1 Contributions, gifts, grants, etc., received (attach schedule)				
	2 Check ▶ <input checked="" type="checkbox"/> if the foundation is not required to attach Sch. B				
	3 Interest on savings and temporary cash investments	100	100	100	
	4 Dividends and interest from securities	101,433	101,433	101,433	
	5a Gross rents				
	b Net rental income or (loss) _____				
	6a Net gain or (loss) from sale of assets not on line 10	119,119			
	b Gross sales price for all assets on line 6a _____				
	143,741				
	7 Capital gain net income (from Part IV, line 2)				
	8 Net short-term capital gain				
	9 Income modifications				
Operating and Administrative Expenses	10a Gross sales less returns and allowances _____				
	b Less: Cost of goods sold				
	c Gross profit or (loss) (attach schedule)				
	11 Other income (attach schedule)				
	12 Total. Add lines 1 through 11	220,652	101,533	101,533	
	13 Compensation of officers, directors, trustees, etc.				
	14 Other employee salaries and wages				
	15 Pension plans, employee benefits				
	16a Legal fees (attach schedule)				
	b Accounting fees (attach schedule)	2,950			
	c Other professional fees (attach schedule)				
	17 Interest				
	18 Taxes (attach schedule) (see instructions)	2,850			
	19 Depreciation (attach schedule) and depletion				
	20 Occupancy				
	21 Travel, conferences, and meetings				
	22 Printing and publications				
	23 Other expenses (attach schedule)	150			
	24 Total operating and administrative expenses. Add lines 13 through 23	5,950	0		0
	25 Contributions, gifts, grants paid	238,995			238,995
	26 Total expenses and disbursements. Add lines 24 and 25	244,945	0		238,995
	27 Subtract line 26 from line 12:				
	a Excess of revenue over expenses and disbursements	-24,293			
	b Net investment income (if negative, enter -0-)		101,533		
c Adjusted net income (if negative, enter -0-)				101,533	

Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)		
		Beginning of year	End of year	
		(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1 Cash—non-interest-bearing	259,117	259,446	259,446
	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) ▶ _____ 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)	730,270	705,648	4,267,452
	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) ▶ _____			
15 Other assets (describe ▶ _____)				
16 Total assets (to be completed by all filers—see the instructions. Also, see page 1, item I)	989,387	965,094	4,526,898	
Liabilities	17 Accounts payable and accrued expenses			
	18 Grants payable			
	19 Deferred revenue			
	20 Loans from officers, directors, trustees, and other disqualified persons			
	21 Mortgages and other notes payable (attach schedule)			
	22 Other liabilities (describe ▶ _____)			
	23 Total liabilities (add lines 17 through 22)		0	
Net Assets or Fund Balances	Foundations that follow FASB ASC 958, check here ▶ <input type="checkbox"/> and complete lines 24, 25, 29 and 30.			
	24 Net assets without donor restrictions			
	25 Net assets with donor restrictions			
	Foundations that do not follow FASB ASC 958, check here ▶ <input checked="" type="checkbox"/> and complete lines 26 through 30.			
	26 Capital stock, trust principal, or current funds			
	27 Paid-in or capital surplus, or land, bldg., and equipment fund			
	28 Retained earnings, accumulated income, endowment, or other funds	989,387	965,094	
29 Total net assets or fund balances (see instructions)	989,387	965,094		
30 Total liabilities and net assets/fund balances (see instructions) .	989,387	965,094		

Part III Analysis of Changes in Net Assets or Fund Balances

1 Total net assets or fund balances at beginning of year—Part II, column (a), line 29 (must agree with end-of-year figure reported on prior year's return)	1	989,387
2 Enter amount from Part I, line 27a	2	-24,293
3 Other increases not included in line 2 (itemize) ▶ _____	3	
4 Add lines 1, 2, and 3	4	965,094
5 Decreases not included in line 2 (itemize) ▶ _____	5	
6 Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 29 .	6	965,094

Part IV Capital Gains and Losses for Tax on Investment Income

(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)	(b) How acquired P—Purchase D—Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a			

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
a			
b			
c			
d			
e			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col.(h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
a			
b			
c			
d			
e			

2 Capital gain net income or (net capital loss) $\left\{ \begin{array}{l} \text{If gain, also enter in Part I, line 7} \\ \text{If (loss), enter -0- in Part I, line 7} \end{array} \right\}$	2	
	3	
3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6): If gain, also enter in Part I, line 8, column (c) (see instructions). If (loss), enter -0- in Part I, line 8		

Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**SECTION 4940(e) REPEALED ON DECEMBER 20, 2019 - DO NOT COMPLETE**

1 Reserved			
(a) Reserved	(b) Reserved	(c) Reserved	(d) Reserved
2 Reserved	2		
3 Reserved.	3		
4 Reserved	4		
5 Reserved	5		
6 Reserved	6		
7 Reserved	7		
8 Reserved ,	8		

Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948—see instructions)

1a	Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary—see instructions)		
b	Reserved.	1	1,411
c	All other domestic foundations enter 1.39% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	
3	Add lines 1 and 2.	3	1,411
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-.	5	1,411
6	Credits/Payments:		
a	2020 estimated tax payments and 2019 overpayment credited to 2020	6a	1,880
b	Exempt foreign organizations—tax withheld at source	6b	
c	Tax paid with application for extension of time to file (Form 8868)	6c	
d	Backup withholding erroneously withheld	6d	
7	Total credits and payments. Add lines 6a through 6d.	7	1,880
8	Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached.	8	
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed .	9	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid .	10	469
11	Enter the amount of line 10 to be: Credited to 2021 estimated tax 469 Refunded	11	

Part VII-A Statements Regarding Activities

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	No
b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? (see Instructions for definition). <i>If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities.</i>	1b	No
c Did the foundation file Form 1120-POL for this year?	1c	No
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. ► \$ _____ (2) On foundation managers. ► \$ _____		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. ► \$ _____		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? <i>If "Yes," attach a detailed description of the activities.</i>	2	No
3 Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or bylaws, or other similar instruments? <i>If "Yes," attach a conformed copy of the changes</i>	3	No
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a	No
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? <i>If "Yes," attach the statement required by General Instruction T.</i>	5	No
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either: • By language in the governing instrument, or • By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	Yes
7 Did the foundation have at least \$5,000 in assets at any time during the year? <i>If "Yes," complete Part II, col. (c), and Part XV.</i>	7	Yes
8a Enter the states to which the foundation reports or with which it is registered (see instructions) ► IN _____		
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate) of each state as required by General Instruction G? <i>If "No," attach explanation.</i>	8b	Yes
9 Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar year 2020 or the taxable year beginning in 2020? See the instructions for Part XIV. <i>If "Yes," complete Part XIV</i>	9	No
10 Did any persons become substantial contributors during the tax year? <i>If "Yes," attach a schedule listing their names and addresses.</i>	10	No

Part VII-A Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule. See instructions.	11		No
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement. See instructions	12		No
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ▶ <u>N/A</u>	13	Yes	
14	The books are in care of ▶ <u>JANE WISSEL</u> Telephone no. ▶ <u>(812) 882-4360</u>			

Located at ▶ 1665 OLD US HWY 41 SOUTH VINCENNES IN ZIP+4 ▶ 47591

15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —check here ▶ <input type="checkbox"/>		
	and enter the amount of tax-exempt interest received or accrued during the year ▶ 15		
16	At any time during calendar year 2020, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes No
See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes", enter the name of the foreign country ▶			

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
	(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.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)–(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions <input type="checkbox"/>	1b	
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2020? <input type="checkbox"/>	1c	
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2020, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2020? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> 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)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement—see instructions.) <input type="checkbox"/>	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ▶ 20____, 20____, 20____, 20____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2020 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period?(Use Schedule C, Form 4720, to determine if the foundation had excess business holdings in 2020.) <input type="checkbox"/>	3b	
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	No
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2020?	4b	No

Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required (continued)

5a	During the year did the foundation pay or incur any amount to:		Yes	No
(1)	Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Provide a grant to an individual for travel, study, or other similar purposes?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(4)	Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? See instructions.	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 5a(1)–(5), did any of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance? See instructions.		5b	
	Organizations relying on a current notice regarding disaster assistance check here.	<input type="checkbox"/>		
c	If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant? If "Yes," attach the statement required by Regulations section 53.4945–5(d).	<input type="checkbox"/> Yes <input type="checkbox"/> No		
6a	Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	6b	No
b	Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract? If "Yes" to 6b, file Form 8870.			
7a	At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	7b	
b	If "Yes", did the foundation receive any proceeds or have any net income attributable to the transaction?			
8	Is the foundation subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment during the year?	<input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors

1 List all officers, directors, trustees, foundation managers and their compensation. See instructions				
(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
See Additional Data Table				
2 Compensation of five highest-paid employees (other than those included on line 1—see instructions). If none, enter "NONE."				
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
Total number of other employees paid over \$50,000.				

Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors *(continued)*

3 Five highest-paid independent contractors for professional services (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 relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	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 the tax year on lines 1 and 2.	Amount
1 N/A	
2	
All other program-related investments. See instructions.	
3	
Total. Add lines 1 through 3 ▶	

Part X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities.	1a	4,006,590
b	Average of monthly cash balances.	1b	228,336
c	Fair market value of all other assets (see instructions).	1c	0
d	Total (add lines 1a, b, and c).	1d	4,234,926
e	Reduction claimed for blockage or other factors reported on lines 1a and 1c (attach detailed explanation).	1e	
2	Acquisition indebtedness applicable to line 1 assets.	2	
3	Subtract line 2 from line 1d.	3	4,234,926
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions).	4	63,524
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	4,171,402
6	Minimum investment return. Enter 5% of line 5.	6	208,570

Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1	Minimum investment return from Part X, line 6.	1	208,570
2a	Tax on investment income for 2020 from Part VI, line 5.	2a	1,411
b	Income tax for 2020. (This does not include the tax from Part VI.).	2b	
c	Add lines 2a and 2b.	2c	1,411
3	Distributable amount before adjustments. Subtract line 2c from line 1.	3	207,159
4	Recoveries of amounts treated as qualifying distributions.	4	
5	Add lines 3 and 4.	5	207,159
6	Deduction from distributable amount (see instructions).	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1.	7	207,159

Part XII Qualifying Distributions (see instructions)

1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.	1a	238,995
b	Program-related investments—total from Part IX-B.	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes.	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required).	3a	
b	Cash distribution test (attach the required schedule).	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	238,995
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income. Enter 1% of Part I, line 27b. See instructions.	5	
6	Adjusted qualifying distributions. Subtract line 5 from line 4.	6	238,995

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2019	(c) 2019	(d) 2020
1 Distributable amount for 2020 from Part XI, line 7				207,159
2 Undistributed income, if any, as of the end of the 2020:				
a Enter amount for 2019 only.			2,574	
b Total for prior years: 20____, 20____, 20____				
3 Excess distributions carryover, if any, to 2020:				
a From 2015.				
b From 2016.				
c From 2017.				
d From 2018.				
e From 2019.				
f Total of lines 3a through e.				
4 Qualifying distributions for 2020 from Part XII, line 4: ► \$ 238,995				
a Applied to 2019, but not more than line 2a			2,574	
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 2020 distributable amount.				207,159
e Remaining amount distributed out of corpus	29,262			
5 Excess distributions carryover applied to 2020. (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:				
a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	29,262			
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 2019. Subtract line 4a from line 2a. Taxable amount—see instructions.				
f Undistributed income for 2021. 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 2015 not applied on line 5 or line 7 (see instructions).				
9 Excess distributions carryover to 2021. Subtract lines 7 and 8 from line 6a.	29,262			
10 Analysis of line 9:				
a Excess from 2016.				
b Excess from 2017.				
c Excess from 2018.				
d Excess from 2019.				
e Excess from 2020.	29,262			

Part XIV Private Operating Foundations (see instructions and Part VII-A, question 9)

1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2020, enter the date of the ruling. ▶					
b Check box to indicate whether the organization is a private operating foundation described in section <input type="checkbox"/> 4942(j)(3) or <input type="checkbox"/> 4942(j)(5)					
2a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed	Tax year	Prior 3 years			(e) Total
	(a) 2020	(b) 2019	(c) 2018	(d) 2017	
b 85% of line 2a					
c Qualifying distributions from Part XII, line 4 for each year listed					
d Amounts included in line 2c not used directly for active conduct of exempt activities					
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "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					

Part XV Supplementary Information (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year—see instructions.)

1 Information Regarding Foundation Managers:	
a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)	
b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the 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 <input checked="" type="checkbox"/> 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 email address of the person to whom applications should be addressed:	
b The form in which applications should be submitted and information and materials they should include:	
c Any submission deadlines:	
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:	

Part XV **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i> See Additional Data Table				
Total ▶ 3a				238,995
b <i>Approved for future payment</i>				
Total ▶ 3b				

Enter gross amounts unless otherwise indicated.

	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	(e) (See instructions.)
1 Program service revenue:					
a _____					
b _____					
c _____					
d _____					
e _____					
f _____					
g Fees and contracts from government agencies					
2 Membership dues and assessments.					
3 Interest on savings and temporary cash investments					100
4 Dividends and interest from securities.					101,433
5 Net rental income or (loss) from real estate:					
a Debt-financed property.					
b Not debt-financed property.					
6 Net rental income or (loss) from personal property					
7 Other investment income.					
8 Gain or (loss) from sales of assets other than inventory					119,119
9 Net income or (loss) from special events:					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue: a _____					
b _____					
c _____					
d _____					
e _____					
12 Subtotal. Add columns (b), (d), and (e).					220,652
13 Total. Add line 12, columns (b), (d), and (e).					220,652

[illegible]

Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?			Yes	No
a Transfers from the reporting foundation to a noncharitable exempt organization of:				
(1) Cash.		1a(1)		No
(2) Other assets.		1a(2)		No
b Other transactions:				
(1) Sales of assets to a noncharitable exempt organization.		1b(1)		No
(2) Purchases of assets from a noncharitable exempt organization.		1b(2)		No
(3) Rental of facilities, equipment, or other assets.		1b(3)		No
(4) Reimbursement arrangements.		1b(4)		No
(5) Loans or loan guarantees.		1b(5)		No
(6) Performance of services or membership or fundraising solicitations.		1b(6)		No
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees.		1c		No
d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.				

[illegible]

2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527? ☐ Yes ☒ No

b If "Yes," complete the following schedule.

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

Sign Here	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.		
	*****	2021-03-22	*****
	_____ Signature of officer or trustee	_____ Date	_____ Title

May the IRS discuss this return with the preparer shown below
 (see instr.) ☐ Yes ☒ No

Paid Preparer Use Only	Print/Type preparer's name	Preparer's Signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	EDGAR R MCGONIGAL		2021-03-21		P00971356
	Firm's name ▶ EDGAR R MCGONIGAL CPA PA				Firm's EIN ▶ 27-1877894
	Firm's address ▶ 2048 SHROUD ST UNIT 103 ORLANDO, FL 32814				Phone no. (407) 927-5520

Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation

(a) Name and address	Title, and average hours per week (b) devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	Expense account, (e) other allowances
JANE WISSEL	SECRETARY/TR 000.00	0	0	0
2289 SOUTH DAYSON DRIVE VINCENNES, IN 47591				
PATRICK MCCORMICK	PRESIDENT 000.00	0	0	0
2294 S OLD US HIGHWAY 41 VINCENNES, IN 47591				
WILL MCCORMICK	DIRECTOR 000.00	0	0	0
5354 S LOWER HART ST VINCENNES, IN 47591				
RY MCCORMICK	DIRECTOR 000.00	0	0	0
6392 E OVERHEAD ROAD VINCENNES, IN 47591				
ELI MCCORMICK	DIRECTOR 000.00	0	0	0
1330 FOREST HILLS DR VINCENNES, IN 47591				

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HEART TO HEART INC1404 N 4TH ST VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	2,500
SPIRIT OF VINCENNES INC29 N 1ST ST VINCENNES, IN 47591	UNRELATED		CONTRIBUTION/FIRST CITY MUSIC FESTIV	15,000
INNISBROOK ASSOCIATE SCHOLARSHIP FU 36750 US HWY 19 N PALM HARBOR, FL 346841239	UNRELATED		CONTRIBUTION	2,500
Total ▶ 3a				238,995

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
RED SKELTON MUSEUM FOUNDATION 20 RED SKELTON BLVD VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	5,000
TRAVIS BURKHART FOUNDATION PO BOX 1200 VINCENNES, IN 47591	UNRELATED		CONTRIBUTION/100 MEN WHO COOK (HELEN	1,000
CHRISTIAN EDUCATIONAL FOUNDATION (C 229 CHURCH ST VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	5,000
Total ▶ 3a				238,995

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SAINT MEINRAD ARCHABBEY SEMINARY 100 HILL DR ST MEINRAD, IN 47577	UNRELATED		CONTRIBUTION	1,000
KNOX COUNTY FARM FAIR GAVE CK TO WILL VINCENNES, IN 47591	UNRELATED		CONTRIBUTION (2 OF 10)	10,000
VINCENNES UNIVERSITY FOUNDATION GAVE CK TO FUNERAL HOME VINCENNES, IN 47591	UNRELATED		MARY AGNES GREEN MEMORIAL	200
Total ▶ 3a				238,995

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VINCENNES UNIVERSITY ALUMNI 1002 N FIRST ST VINCENNES, IN 47591	UNRELATED		CONTRIBUTION/SPIRIT OF MAC GOLF CLAS	1,000
MONROE CITY BLUE JEANS CENTER PO BOX 6 MONROE CITY, IN 47557	UNRELATED		CONTRIBUTION/SAM ALFORD COURT (DR. T	2,000
OLD TOWN PLAYERS INCPO BOX 855 VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	1,500
Total ▶ 3a				238,995

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
HELPING HIS HANDS 2011 WILLOW ST STE B VINCENNES, IN 47591	UNRELATED		CONTRIBUTION/COVID-19 RELIEF FUND	10,000
KNOX COUNTY COMMUNITY FOUNDATION PO BOX 273 VINCENNES, IN 47591	UNRELATED		CONTRIBUTION/COVID-19 RAPID RESPONSE	5,000
SALVATION ARMYPO BOX 308 VINCENNES, IN 47591	UNRELATED		CONTRIBUTION/COVID-19 RELIEF FUND	10,000
Total ▶ 3a				238,995

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNITED WAY OF KNOX COUNTY PO BOX 198 VINCENNES, IN 47591	UNRELATED		CONTRIBUTION/COVID-19 RELIEF FUND	10,000
VINCENNES COMMUNITY FOOD PANTRY PO BOX 1235 VINCENNES, IN 47591	UNRELATED		CONTRIBUTION/COVID-19 RELIEF FUND	10,000
VINCENNES UNIVERSITY FOUNDATION 1002 N FIRST ST DC-38 VINCENNES, IN 47591	UNRELATED		CONTRIBUTION/COVID-19 STUDENT RELIEF	5,000
Total ▶ 3a				238,995

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
YMCA BETTYE J MCCORMICK SENIOR CENT 2009 PROSPECT AVE VINCENNES, IN 47591	UNRELATED		CONTRIBUTION/COVID-19 RELIEF FUND	7,500
BOY SCOUTS OF AMERICABUFFALO TRACE 3501 E LLOYD EXPRESSWAY EVANSVILLE, IN 47715	UNRELATED		CONTRIBUTION	500
THE CURE STARTS NOW 10280 CHESTER ROAD CINCINNATI, OH 45215	UNRELATED		CONTRIBUTION	5,000
Total ▶ 3a				238,995

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VU ALUMNI COMMUNITY SERIES 1002 N FIRST ST DC-38 VINCENNES, IN 47591	UNRELATED		CONTRIBUTION/FRIENDS OF THE ARTS	1,500
VU ALUMNI COMMUNITY SERIES 1002 N FIRST ST DC-38 VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	320
LHS ACADEMIC SOCIETY 2628 PROSPECT AVE VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	500
Total ▶ 3a				238,995

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
MENTAL HEALTH AMERICA OF KNOX COUNT PO BOX 859 VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	500
SOUTH KNOX EDUCATION FOUNDATION 6116 E STATE ROAD 61 VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	5,000
KNOX COUNTY COMMUNITY FOUNDATION PO BOX 273 VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	10,000
Total ▶ 3a				238,995

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNITED WAY OF KNOX COUNTY PO BOX 198 VINCENNES, IN 47591	UNRELATED		CONTRIBUTION/CJM CHAMBER AWARD	2,500
BETHLEHEM GENERAL BAPTIST CHURCH GAVE CK TO FUNERAL HOME VINCENNES, IN 47591	UNRELATED		FRANK RICHARDSON MEMORIAL	100
HEAPS OF JEEPS INC 2416 N THOROUGHbred DR VINCENNES, IN 47591	UNRELATED		CONTRIBUTION/FIRST RESPONDERS	1,000
Total ▶ 3a				238,995

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VINCENNES ANIMAL SHELTER 1128 RIVER RD VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	2,000
INDIANA MILITARY MUSEUM INC PO BOX 977 VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	7,000
CHRISTIAN EDUCATIONAL FOUNDATION (C 229 CHURCH ST VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	125
Total ▶ 3a				238,995

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
KNOX COUNTY 4-HGAVE CK TO WILL VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	1,600
JOE BLACK-OUR GANG 4-H CLUB 116 BEECH ST VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	500
CAMP WILDWOOD FOUNDATION PO BOX 845 VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	500
Total ▶ 3a				238,995

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
DECKER HIGH SCHOOL ALUMNI 6633 CHESHIRE DR VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	1,000
GROUSELAND FOUNDATION 2 W SCOTT ST VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	2,000
HADI SHRINERSPO BOX 1 EVANSVILLE, IN 477010001	UNRELATED		CONTRIBUTION	1,000
Total ▶ 3a				238,995

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
JUNIOR ACHIEVEMENT OF SOUTHWESTERN GAVE CK TO BECKY BOBERG VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	1,000
LINCOLN HIGH SCHOOL 1545 S HART STREET RD VINCENNES, IN 47591	UNRELATED		CONTRIBUTION/FCA	300
NORTH KNOX HIGH SCHOOL 11110 N STATE ROAD 159 BICKNELL, IN 47512	UNRELATED		CONTRIBUTION/FCA	300
Total ▶ 3a				238,995

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SOUTH KNOX HIGH SCHOOL 6136 E STATE ROAD 61 VINCENNES, IN 47591	UNRELATED		CONTRIBUTION/FCA	300
VINCENNES FOOTBALL ASSN INC 1545 S HART STREET RD VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	500
VINCENNES BASKETBALL ASSN INC 1545 S HART STREET RD VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	500
Total ► 3a				238,995

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VINCENNES CUB LEAGUE INC PO BOX 742 VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	500
VINCENNES GIRLS SOFTBALL LEAGUE GAVE TO JAY-MC INC VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	500
SOUTH KNOX LITTLE LEAGUE PO BOX 72 MONROE CITY, IN 47557	UNRELATED		CONTRIBUTION	500
Total ▶ 3a				238,995

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LHS ATHLETIC DEPARTMENT 1545 S HART STREET RD VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	500
LHSCMS BAND BOOSTERSPO BOX 591 VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	500
KNOX COUNTY HUMANE SOCIETY PO BOX 64 VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	1,000
Total ▶ 3a				238,995

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a Paid during the year				
SISTERS OF ST BENEDICT 802 E 10TH ST FERDINAND, IN 47532	UNRELATED		CONTRIBUTION	500
UPPER INDIANA CEMETERY ASSN INC 2109 OLD BRUCEVILLE RD VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	250
CHRISTIAN CAMPUS FELLOWSHIP 102 E LYNDAL AVE VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	500
Total ▶ 3a				238,995

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VINCENNES TOWNSHIP FIRE DEPT PO BOX 575 VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	100
KIWANIS CHILDREN'S FUND PO BOX 6457 DEPT 286 INDIANAPOLIS, IN 46206	UNRELATED		CONTRIUBTION	500
KNOX COUNTY EXTENSION HOMEMAKERS 4259 N PURDUE RD VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	200
Total ▶ 3a				238,995

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
LIFE AFTER METH2525 N 6TH ST VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	500
PACE525 N 4TH ST VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	2,500
VINCENNESKNOX COUNTY VTB INC PO BOX 602 VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	1,000
Total ▶ 3a				238,995

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
VINCENNES PARKS DEPARTMENT 201 VIGO ST VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	500
KNOX COUNTY PARKS & RECREATION DEPT 3500 N LOWER FT KNOX RD VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	500
INVINGAVE TO STEVE MILLER VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	5,000
Total ▶ 3a				238,995


Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
ISAIAH 117 HOUSE GAVE TO KALEENA MCC VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	1,000
CHILDREN & FAMILY SERVICES CORP 105 BROADWAY ST VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	1,000
KNOX COUNTY CASA112 N 7TH ST VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	1,000
Total ▶ 3a				238,995

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
CEF229 CHURCH ST VINCENNES, IN 47591	UNRELATED		CONTRIBUTION/STORM RELIEF	5,000
KCARC2525 N 6TH ST VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	10,000
YMCAGAVE TO PAT MCCORMICK VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	25,000
Total ▶ 3a				238,995

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
WILSON CREEK CEMETERYPO BOX 217 PETERSBURG, IN 47567	UNRELATED		RON LIKE MEMORIAL-SENT CHECK TO HARR	200
GOOD SAMARITAN HOSPICE 520 S 7TH ST VINCENNES, IN 47591	UNRELATED		CONTRIBUTION/LIGHT UP A LIFE, CJM, B	2,000
GOOD SAMARITAN HOSPITAL FOUNDATION 520 S 7TH ST VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	5,000
Total ▶ 3a				238,995

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
UNITED WAY OF KNOX COUNTY PO BOX 198 VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	3,000
YMCA BETTYE J MCCORMICK SENIOR CENT 2009 PROSPECT AVE VINCENNES, IN 47591	UNRELATED		CONTRIBUTION	2,500
VINCENNES UNIVERSITY FOUNDATION 1002 N FIRST ST DC-38 VINCENNES, IN 47591	UNRELATED		CONTRIBUTION/CLARENCE & EMMA, MAC, H	15,000
Total ▶ 3a				238,995

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment				
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
Name and address (home or business)				
a <i>Paid during the year</i>				
SHOP WITH A COP 501 BUSSERON STREET VINCENNES, IN 47591	UNRELATED		CONTRIBUTION/ C/O VINCENNES POLI	3,000
Total  3a				238,995

TY 2020 Accounting Fees Schedule**Name:** THE MCCORMICK FAMILY FOUNDATIONINC**EIN:** 35-2016398

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
INDIRECT ACCOUNTING FEES	2,950			

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

TY 2020 Gain/Loss from Sale of Other Assets Schedule

Name: THE MCCORMICK FAMILY FOUNDATIONINC

EIN: 35-2016398

Gain Loss Sale Other Assets Schedule

Name	Date Acquired	How Acquired	Date Sold	Purchaser Name	Gross Sales Price	Basis	Basis Method	Sales Expenses	Total (net)	Accumulated Depreciation
GERMAN AMERICAN BANCORP	1999-01	PURCHASE	2020-11		110,054	19,150			90,904	
GERMAN AMERICAN BANCORP	1999-01	PURCHASE	2020-11		33,687	5,472			28,215	

TY 2020 Investments Corporate Stock Schedule**Name:** THE MCCORMICK FAMILY FOUNDATIONINC**EIN:** 35-2016398**Investments Corporation Stock Schedule**

Name of Stock	End of Year Book Value	End of Year Fair Market Value
CORPORATE STOCK	705,648	4,267,452

TY 2020 Other Expenses Schedule**Name:** THE MCCORMICK FAMILY FOUNDATIONINC**EIN:** 35-2016398**Other Expenses Schedule**

Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
EXPENSES				
INVESTMENT FEES	150			

TY 2020 Taxes Schedule

Name: THE MCCORMICK FAMILY FOUNDATIONINC
EIN: 35-2016398

Taxes Schedule

Category	Amount	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes
FEDERAL INCOME TAX	2,850			