| Form     | 990-T                    | Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e)) |                                       |                     |          |                     |               |                 | rn           | OMB No 1545-06    |   |
|----------|--------------------------|--|---------------------------------------|---------------------|----------|---------------------|---------------|-----------------|--------------|-------------------|---|
|          |                          | For calendar year 2018 or other tax year beginning, 2018, and ending, 20             |                                       |                     |          |                     |               | 20              | ୭ଲ12         |                   |   |
|          |                          | r or cale  | Go to www.irs                         |                     |          |                     |               |                 |              | <u> </u>          | 4W 10                                       |
|          | ment of the Treasury     | ▶Do  | not enter SSN number                  | •                   |          |                     |               |                 | (c)(3)       | Open to 501(c)(3) | Public Inspection for<br>Organizations Only |
| ΑT       | Check box if             | 7 30   | Name of organization                  |                     |          | ne changed and s    |               |                 | D Empl       | oyer identil      | ication number                              |
|          | address changed          | 1  |                                       | `L                  |          | Ū                   |               |                 | (Empli       | oyees' trust, s   | ee instructions )                           |
| B Exe    | mpt under section        | i  | THE ALINE A                           | ND EDGAR            | IGL      | EHEART FO           | UNDATIO       | N INC           |              |                   |   |
|          | 501( C )( <u>73</u> )    | Print  | Number, street, and ro                | oom or suite no 1   | faPO     | box, see instructi  | ons           |                 | 47-3         | 043391            |   |
|          | 408(e) 220(e)            | or   |                                       |                     |          |                     |               |                 |              |                   | ess activity code                           |
|          | 408A 530(a)              | 1796   | 5500 LINCOL                           | N AVENUE            |          |                     |               |                 | (See in      | istructions)      |   |
|          | 529(a)                   |  | City or town, state or                | province, country   | , and Z  | IP or foreign posta | al code       |                 | 1            |                   |   |
|          | k value of all assets    | 1  | EVANSVILLE,                           | IN 4771             | 5        |                     |               |                 |              |                   |   |
| at e     | end of year              | F Gro  | up exemption numbe                    | r (See instructi    | ons ) I  | <b>&gt;</b>         |               |                 |              |                   |   |
| 4        | 12,234,045.              | G Che  | ck organization type                  | ▶ X 501             | (c) cor  | rporation           | 501(c)        | trust           | 401(a)       | trust             | Other trust                                 |
| "H Er    | nter the number of       | the orga   | nization's unrelated tr               | ades or busine      | sses     | <u>1</u>            |               | Descrit         | e the only   | (or first)        | unrelated                                   |
| tra      | ade or business hei      | re ► A   | TCH 1                                 |                     |          |                     | f only one,   | complete Parts  | I-V If mor   | e than one        | e, describe the                             |
| fır      | st in the blank spa      | ace at the   | end of the previous                   | sentence, cor       | nplete   | Parts I and II, c   | omplete a S   | chedule M for e | ach additio  | nal               |   |
| tra      | ade or business, th      | en compl   | ete Parts III-V                       |                     |          |                     |               |                 |              |                   |   |
| I Di     | uring the tax year,      | was the  | corporation a subsid                  | ary in an affili    | ated gi  | roup or a parent    | -subsidiary o | ontrolled group | ·            | ▶                 | Yes X No                                    |
|          |                          |  | identifying number o                  | f the parent cor    | poration | on 🕨                |               |                 |              |                   |   |
|          | ne books are in care     |  |                                       |                     |          |                     | Telephon      | e number ➤ 8    | 12-476       | -3430             |   |
| Par      | t I Unrelated            | Trade (  | or Business Inco                      | me                  |          | (A) Inc             | ome           | (B) Expe        | nses         |                   | (C) Net                                     |
| 1 a      | Gross receipts or        | sales  |                                       |                     |          |                     |               |                 |              |                   |   |
| b        | Less returns and allows  | inces  |                                       | <b>c</b> Balance ▶  | 1c       | •                   |               |                 |              |                   |   |
| 2        | Cost of goods so         | ld (Sched  | ule A, line 7)                        |                     | 2        |                     |               |                 |              |                   |   |
| 3        | Gross profit Sub         | tract line   | 2 from line 1c                        |                     | 3        |                     |               |                 |              |                   | <del> </del>                                |
| 4a       |                          |  | ttach Schedule D)                     |                     | 4a       | _                   |               |                 |              |                   |   |
| b        | Net gain (loss) (Fo      | orm 4797,  | Part II, line 17) (attach             | Form 4797)          | 4b       |                     |               |                 |              |                   |   |
| C        | Capital loss dedu        | iction for t   | rusts                                 |                     | 4c       |                     |               |                 |              | 1                 |   |
| 5        | Income (loss) from a p   | artnership o   | r an S corporation (attach sta        | atement)            | 5        |                     |               |                 |              |                   |   |
| 6        | Rent income (Sch         | nedule C)  |                                       |                     | 6        |                     |               |                 | <del> </del> | -                 |   |
| 7        | Unrelated debt-fi        | nanced in  | come (Schedule E)                     |                     | 7        |                     |               |                 |              | 4-                |   |
| 8        | Interest, annuities, roy | alties, and re   | ents from a controlled organia        | zation (Schedule F) |          |                     |               |                 |              | -                 | <del></del>                                 |
| 9        |                          |  | 1(c)(7), (9), or (17) organiz         |                     |          | _                   |               |                 |              |                   |   |
| 10       | Exploited exempt         | activity i   | ncome (Schedule I)                    |                     | 10       |                     |               |                 |              | -                 |   |
| 11       | -                        | -  | tule J)                               |                     | 11       |                     |               |                 |              |                   | <del></del>                                 |
| 12       | ·                        |  | ctions, attach schedule               |                     | 12       |                     |               |                 |              |                   | <del> </del>                                |
| 13       | Total. Combine li        | nes 3 thr  | ough 12                               | · · · · · · · ·     | 13       | 51                  | 0.            | \               | (F           | <u> </u>          |   |
| Par      |                          |  | Taken Elsewher                        |                     |          |                     |               |                 | (Except i    | ioi conti         | ibutions,                                   |
|          |                          | _  | be directly conn                      |                     |          |                     |               | ·               |              | -                 | <del></del>                                 |
| 14       | Compensation of          | officers,  | directors, and trustee                | s (Schedule K)      | =111     | EU /.               |               | <br>            |              |                   | <del></del>                                 |
| 15       | Salaries and wage        | es   |                                       | DFC                 | FIN      | ان استطنط           |               | <br>            |              |                   |   |
| 16       | Repairs and main         | itenance   | · · · · · · · · · · · · · · · · · · · |                     | 17       | /8/                 |               | <br>            |              |                   |   |
| 17       | Interest (attach a       | abodulo)   | (see instructions)                    | in 12               | 00       | 5018 19.            |               | <br>            |              |                   |   |
| 18       | Taxes and beens          | criedule)  | (see instructions).                   | છી MA≜              | بري.     |                     | <i>l</i> ···· |                 | 19           |                   |   |
| 19<br>20 | Chartable contri         | butions (  | See instructions for li               | didion rulecis      | -        | 7777                | 1             |                 | 20           | <del></del> -     |   |
| 21       | Depreciation (att        | ach Form   | 4562)                                 | TAR                 | 追        | سينطيو              | 21            |                 |              |                   |   |
| 22       |                          |  | on Schedule A and                     |                     | eturn    |                     |               |                 | 226          |                   |   |
| 23       |                          |  | ·····                                 |                     |          | _                   |               | <del>-</del>    |              |                   |   |
| 24       |                          |  | compensation plans                    |                     |          |                     |               |                 |              | 1                 |   |
| 25       |                          |  | S                                     |                     |          |                     |               |                 |              | 1                 |   |
| 26       |                          |  | Schedule I)                           |                     |          |                     |               |                 | 1            |                   |   |
| 27       |                          |  | chedule J)                            |                     |          |                     |               |                 |              | 1                 |   |
| 28       |                          |  | schedule)                             |                     |          |                     |               |                 |              |                   | <del></del>                                 |
| 29       |                          |  | s 14 through 28.                      |                     |          |                     |               |                 | - 1          |                   |   |
| 30       |                          |  | ole income before i                   |                     |          |                     |               |                 |              | 1                 |   |
| 31       |                          |  | ig loss arising in tax                |                     |          |                     |               |                 |              |                   |   |
| 32       |                          | •  | e income Subtract li                  | -                   | _        |                     |               |                 |              |                   |   |
|          |                          |  | Notice, see instruction               |                     |          |                     |               |                 |              | F                 | orm 990-T (2018)                            |

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|      | 990-T (20 |   |         |               |             | Page          |           |
|------|-----------|---|---------|---------------|-------------|---------------|-----------|
| Par  |           | Total Unrelated Business Taxable Income   |         |               | _           |               | _         |
| 33   |           | f unrelated business taxable income computed from all unrelated trades or businesses (  |         |               |             |               |           |
|      |           | ons)  | 1       | 33            |             |               | —         |
| 34   |           | s paid for disallowed fringes   |         | 34            |             |               | _         |
| 35   | Deducti   | on for net operating loss arising in tax years beginning before January 1, 2018 (   | see     |               |             |               |           |
|      | instructi | ons),   |         | 35            |             |               |           |
| 36   | Total o   | f unrelated business taxable income before specific deduction. Subtract line 35 from the s  | um      |               |             |               |           |
|      | of lines  | 33 and 34   | • •     | 36            |             |               | _         |
| 37   | Specific  | deduction (Generally \$1,000, but see line 37 instructions for exceptions)  |         | 37            |             |               | _         |
| 38   |           | d business taxable income. Subtract line 37 from line 36 If line 37 is greater than line  |         |               |             |               | _         |
|      | enter th  | e smaller of zero or line 36  | • •     | 38            |             | (             | <u>o.</u> |
| Par  | t IV      | Tax Computation   |         |               |             |               | _         |
| 39   | Organiz   | ations Taxable as Corporations. Multiply line 38 by 21% (0 21)  | .▶      | 39            |             |               | _         |
| 40   | Trusts    | Taxable at Trust Rates. See instructions for tax computation Income tax   | on      |               |             |               |           |
|      | the amo   | unt on line 38 from Tax rate schedule or Schedule D (Form 1041)   | .▶      | 40            |             |               |           |
| 41   | Proxy ta  | x. See instructions   | .▶      | 41            |             |               |           |
| 42   | Alternat  | ve minimum tax (trusts only)  |         | 42            |             |               |           |
| 43   | Tax on    | Noncompliant Facility Income See instructions   |         | 43            |             |               | _         |
| 44   | Total. A  | dd lines 41, 42, and 43 to line 39 or 40, whichever applies   |         | 44            |             |               |           |
| Par  | t V       | Tax and Payments  |         |               |             |               |           |
| 45 a | Foreign   | tax credit (corporations attach Form 1118, trusts attach Form 1116) 45a   |         |               |             |               |           |
| b    | Other c   | edits (see instructions)  |         |               |             |               |           |
|      |           | business credit Attach Form 3800 (see instructions)   |         |               |             |               |           |
| d    | Credit fo | or prior year minimum tax (attach Form 8801 or 8827)  |         |               |             |               |           |
| е    | Total cr  | edits. Add lines 45a through 45d  |         | 45e           |             |               | _         |
| 46   | Subtrac   | line 45e from <u>line 44</u>  |         | 46            |             |               |           |
| 47   | Other tax | es Check if from Form 4255 Form 8611 Form 8697 Form 8866 Other (attach sched  | ule) .  | 47            |             |               | _         |
| 48   | Total ta  | x. Add lines 46 and 47 (see instructions)   |         | 48            |             | (             | 0.        |
| 49   |           | t 965 tax liability paid from Form 965-A or Form 965-B, Part II, column (k), line 2   |         | 49            |             |               |           |
| 50 a |           | ts A 2017 overpayment credited to 2018  |         |               |             |               |           |
|      |           | timated tax payments  |         |               |             |               |           |
|      |           | osited with Form 8868   |         |               |             |               |           |
|      |           | organizations Tax paid or withheld at source (see instructions) 50d   |         |               |             |               |           |
|      |           | withholding (see instructions)  |         |               |             | •             |           |
|      |           | or small employer health insurance premiums (attach Form 8941) 50f  |         |               |             |               |           |
|      |           | edits, adjustments, and payments Form 2439  |         |               |             |               |           |
| _    | F         | orm 4136 Other Total ▶ 50g  |         |               |             |               |           |
| 51   | Total pa  | yments Add lines 50a through 50g  | <u></u> | 51            |             |               |           |
| 52   | Estimate  | ed tax penalty (see instructions) Check if Form 2220 is attached  |         | 52            |             |               |           |
| 53   | Tax due   | . If line 51 is less than the total of lines 48, 49, and 52, enter amount owed  | .▶      | 53            |             |               |           |
| 54   | Overpay   | rment. If line 51 is larger than the total of lines 48, 49, and 52, enter amount overpaid   | •       | 54            |             |               | _         |
| 55   | Enter the | amount of line 54 you want  | d ▶     | 55            |             |               |           |
| Par  | t VI      | Statements Regarding Certain Activities and Other Information (see instru   | ctions  | s)            |             |               |           |
| 56   | At any    | time during the 2018 calendar year, did the organization have an interest in or a signature   | e or    | other         | authority   | Yes N         | 0_        |
|      | over a    | financial account (bank, securities, or other) in a foreign country? If "Yes," the organization                                     | n ma    | ay hav        | e to file   |               |           |
|      | FinCEN    | Form 114, Report of Foreign Bank and Financial Accounts If "Yes," enter the name of   | the     | foreign       | country     |               |           |
|      | here 🕨    |   |         |               |             | X             |           |
| 57   | During t  | he tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a                        | forei   | gn trust      | ?           | X             |           |
|      |           | see instructions for other forms the organization may have to file  |         |               |             |               |           |
| 58_  |           | e amount of tax-exempt interest received or accrued during the tax year 🕨 \$  |         |               |             |               |           |
|      | Ur        | der penalties of penury, I declare that I have examined this return, including accompanying schedules and statements, and to        | the b   | est of m      | y knowledge | and belief, i | t is      |
| Sig  | n 📈       | correct, and complete Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge | Ma      | v the         | IRS discuss | this retur    |           |
| Her  |           | 11/15/2019  | wit     | h the         | preparer sh | own belo      |           |
|      |           | gnature of officer Date Title   | (sec    | e instruction | ons)? X Ye  | s N           | 0         |
|      |           | Print/Type preparer's name Preparer's signature Date  | Check   | , L           | PTIN        |               | _         |
| Paid |           | SIDNEY I DILL 11/15/2019  | self-e  | mployed       |             | 62937         |           |
| _    | oarer     | Firm's name ► BKD, LLP  | Fırm's  | EIN ►         | 44-016      | 0260          |           |
| use  | Only      | Firm's address ▶ P O BOX 628, EVANSVILLE, IN 47704-0628   | Phone   | no 81         | 2-428-      | 6500          |           |

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| Form 990-T (2018)  |                              |   |                       |               |  |  |   |          | Page 3   |
|--|------------------------------|---|-----------------------|---------------|--|--|---|----------|----------|
| Schedule A - Cost of G                                   | oods Sold. Er                | ter metho   | d of inventory va     | luation       | <b>&gt;</b>  |  |   |          |          |
| 1 Inventory at beginning of y                            | rear . 1                     |   | 6 la                  | nventory a    | at end of yea  | ar                                       | 6   |          |          |
| 2 Purchases  | 2                            |   |                       |               |  | ld. Subtract line                        | l I                                       |          |          |
| 3 Cost of labor  |                              |   | 6                     | from I        | ine 5 En   | ter here and in                          |   |          |          |
| 4a Additional section 263A c                             | osts                         |   | P                     | Part I, line  | 2  |  | 7   |          |          |
| (attach schedule)  | 4a                           |   |                       |               |  | section 263A (                           |   | Yes      | No       |
| b Other costs (attach schedu                             | · · · <del>  </del>          |   | р                     | roperty       | produced   | or acquired fo                           | r resale) apply                           |          |          |
| 5 Total. Add lines 1 through                             |                              |   |                       |               |  |  | <u> </u>                                  |          | Х        |
| Schedule C - Rent Income                                 | (From Real P                 | roperty a   | nd Personal Pi        | roperty       | Leased V   | Vith Real Prope                          | erty)                                     |          |          |
| (see instructions)                                       | •                            |   |                       |               |  | -  |   |          |          |
| Description of property                                  |                              |   |                       |               |  |  |   |          |          |
| (1)  | _                            |   |                       |               |  |  | _   |          |          |
| (2)  | -                            |   |                       |               | -  |  |   |          |          |
| (3)  | •                            |   |                       | _             |  |  |   |          |          |
| (4)  |                              |   |                       | -             |  |  |   |          |          |
|  | 2. Rent rece                 | ved or accru  | ed                    |               |  |  |   |          |          |
| (a) From personal property (if the                       |                              |   |                       | al property i | (if the  | 3(a) Deductions (                        | tiractly connected with                   | the inco | ome      |
| for personal property is more th                         | an 10% but not               | (b) From real and personal property (if the<br>percentage of rent for personal property exceeds |                       |               | 3(a) Deductions directly connected with the inco<br>in columns 2(a) and 2(b) (attach schedule) |  |   | Jillo    |          |
| more than 50%)   |                              | 50% or if the rent is based on profit or income)  |                       |               |  |  |   |          |          |
| (1)  |                              |   |                       |               |  | -  | <del></del>                               |          |          |
| (2)  |                              | -   |                       |               |  |  |   |          |          |
| (3)  |                              |   |                       |               |  |  | <del></del>                               |          |          |
| (4)  |                              |   |                       | _             |  |  | <del>-</del>                              |          |          |
| Total  |                              | Total   |                       |               |  |  | <del></del>                               |          |          |
| (c) Total income. Add totals of c                        | olumns 2(a) and 2            | <del></del>   |                       |               |  | (b) Total deducti                        |   |          |          |
| here and on page 1, Part I, line 6                       |                              |   |                       |               |  | Enter here and o<br>Part I, line 6, colu |   |          |          |
| Schedule E - Unrelated D                                 |                              |   | ee instructions)      |               | -  | 1  | ······                                    |          |          |
|  |                              |   | 2 Gross income        |               | 3. 0   |  | onnected with or allocat                  | le to    |          |
| 1 Description of del                                     | ot-financed property         |   | allocable to debt-    |               |  |  | ced property                              | -4       |          |
| •  |                              |   | property              |               | (a) Straight line depreciation (attach schedule)   |  | (b) Other deductions<br>(attach schedule) |          |          |
| (1)  |                              |   | ·                     |               | <del>- '</del>   | <u>.</u>                                 | ·   |          |          |
| (2)  |                              |   |                       |               |  |  |   |          |          |
| (3)  |                              |   | -                     |               |  |  | •   |          |          |
| (4)  |                              |   |                       |               |  | _  |   |          |          |
| 4 Amount of average                                      | 5 Average adju               | sted basis  | <u> </u>              |               |  | -  |   |          |          |
| acquisition debt on or                                   | of or alloca                 | ble to  | 6 Column<br>4 divided |               |  | income reportable                        | 8 Allocable ded<br>(column 6 x total      |          |          |
| allocable to debt-financed<br>property (attach schedule) | debt-financed<br>(attach sch |   | by column             |               | (columi  | n 2 x column 6)                          | 3(a) and 3(                               |          |          |
| (1)  | (                            |   |                       | %             |  |  |   |          |          |
| (2)  |                              |   |                       | %             | · -  |  |   |          |          |
| (3)  |                              |   |                       | %             |  |  |   |          | -        |
|  | <del></del>                  |   |                       | %<br>%        |  |  |   |          |          |
| (4)  |                              |   | <u> </u>              | 70            | Enter her  | e and on page 1,                         | Enter here and o                          | าก กลดร  | <u> </u> |
|  |                              |   |                       |               |  | e and on page 1,<br>le 7, column (A)     | Part I, line 7, col                       |          |          |
|  |                              |   |                       |               | •  |  |   | •        |          |
| Totals   |                              |   |                       | <b>⊳</b> l    |  |  | <del> </del>                              |          |          |

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| Skriedule F-Interest, Anni          | ullies, Royallies  | s, and item   | <u> </u>   | iii Conti o   | ileu Oi  | yaı iiz     | auona (  | see manuc  | ,1101137                      |   |  |
|-------------------------------------|--|---|--|---|--|-------------|--|--|-------------------------------|---|--|
|                                     |  | Exem  | pt Co  | ntrolled Or   | ganızatı   | ons_        |  |  |                               | ,   |  |
| Name of controlled<br>organization  | 2 Employer identification numb                                       | per   | 3 Net unrelated income (loss) (see instructions) |   | 4 Total of specified payments made   |             | fied includ  | 5 Part of column 4 that is included in the controlling organization's gross income |                               | 6 Deductions directly connected with income in column 5                                       |  |
| (1)                                 |  |   |  |   |  |             |  |  |                               |   |  |
| (2)                                 |  |   |  |   |  |             |  |  |                               |   |  |
| (3)                                 |  |   |  |   |  |             |  |  |                               |   |  |
| (4)                                 |  |   |  |   |  |             |  |  |                               |   |  |
| Nonexempt Controlled Organia        | zations  |   |  |   |  |             |  |  |                               |   |  |
| 7 Taxable Income                    | 8 Net unrelated in (loss) (see instruc                               | I .   |  | Total of specific<br>ayments made   |  | inc         | luded in the   | imn 9 that is<br>e controlling<br>pross income                                     |                               | Deductions directly     nnected with income in     column 10                                  |  |
| (1)                                 |  |   |  |   |  |             |  |  | <u> </u>                      |   |  |
| (2)                                 |  |   |  |   |  |             |  |  |                               |   |  |
| (3)                                 |  |   |  |   |  |             |  |  |                               |   |  |
| (4)                                 |  |   |  |   |  |             |  |  |                               |   |  |
| Totals                              | ncome of a Sec   | <br>ction 501(c   | <br>:)(7),                                       |   |  | Pa          | ter here and<br>art I, line 8, o                             | column (A)   | Pa                            | ter here and on page 1, art I, line 8, column (B)   |  |
| 1. Description of income            | come 2 Amount of incor   |   | come 3. Dedu<br>directly co<br>(attach so        |   | nected   |             |  | Set-asides<br>ach schedule)  | 1                             | 5 Total deductions<br>and set-asides (col. 3<br>plus col. 4)                                  |  |
| <u>(1)</u>                          |  |   | -  |   |  |             |  |  |                               |   |  |
| (2)                                 |  |   | +  | <u> </u>  |  |             |  |  |                               | <del></del>   |  |
| (3)                                 |  |   | +  |   |  |             |  |  |                               |   |  |
| Totals ► Schedule I – Exploited Exe | Enter here and<br>Part I, line 9, c                                  | column (A)  | er Th  | an Advert   | ising In   | icom        | e (see ins   | structions)  |                               | Enter here and on page 1<br>Part I, line 9, column (B)  |  |
| 1 Description of exploited activity | 2 Gross<br>unrelated<br>business income<br>from trade or<br>business | 3 Expens directly connected production unrelate business in | es<br>with<br>n of<br>d                          | 4 Net incor<br>from unrelat<br>or business<br>2 minus co<br>If a gain, c<br>cols 5 thre | ne (loss)<br>led trade<br>(column<br>lumn 3)<br>ompute   | 5 (<br>from | iross income<br>activity that<br>of unrelated<br>ness income | 6. E   | openses<br>utable to<br>umn 5 | 7 Excess exempt<br>expenses<br>(column 6 minus<br>column 5, but not<br>more than<br>column 4) |  |
| (1)                                 |  |   |  |   |  |             |  |  |                               |   |  |
| (2)                                 |  |   |  |   |  |             |  | _  |                               |   |  |
| (3)                                 |  |   |  |   |  | _           |  |  |                               |   |  |
| (4)                                 |  |   |  |   | _  | _           |  |  |                               |   |  |
| Totals                              | Enter here and on<br>page 1, Part I,<br>line 10, col (A)             | Enter here a page 1, Pa                                     | rt I,  |   |  |             |  |  |                               | Enter here and<br>on page 1,<br>Part II, line 26  |  |
| Schedule J- Advertising Ir          | ncome (see instr   | ructions)   |  |   |  |             |  |  |                               |   |  |
| Part I Income From Per              |  |   | nsol   | idated Bas  | sis  |             |  |  |                               |   |  |
| 2 Gross                             |  | 3 Direc   | 3 Direct advertising costs                       |   | 4 Advertising<br>gain or (loss) (col<br>2 minus col 3) If<br>a gain, compute<br>cols 5 through 7 |             | 5 Circulation income   |  | adership<br>costs             | 7 Excess readership<br>costs (column 6<br>minus column 5, but<br>not more than<br>column 4)   |  |
| (1)                                 |  |   |  | <u> </u>  |  |             |  |  |                               |   |  |
| (2)                                 |  |   | <u>.</u>   | 1   |  |             |  |  |                               |   |  |
| (3)                                 |  |   |  | 1   |  |             |  |  |                               |   |  |
| (4)                                 |  |   |  | 1   |  |             |  |  |                               |   |  |
| 3.5                                 |  |   |  |   |  |             | <u>-</u>   |  |                               |   |  |
| Totals (carry to Part II, line (5)) |  |   |  |   |  |             |  |  |                               | 5 990-T (2018   |  |

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis )

| 1 Name of periodical          | 2 Gross<br>advertising<br>income                         | 3 Direct advertising costs                         | 4. Advertising gain or (loss) (col 2 minus col 3) If a gain, compute cols 5 through 7 | 5 Circulation income | 6 Readership costs | 7. Excess readership costs (column 6 minus column 5, but not more than column 4) |
|-------------------------------|--|--|---|----------------------|--------------------|--|
| (1)                           |  |  |   |                      |                    |  |
| (2)                           |  |  |   |                      |                    |  |
| (3)                           |  |  |   |                      |                    |  |
| (4)                           |  |  |   |                      |                    |  |
| Totals from Part I ▶          |  |  |   |                      | 1                  |  |
|                               | Enter here and on<br>page 1, Part I,<br>line 11, col (A) | Enter here and on page 1, Part I, line 11, col (B) |   | ,                    |                    | Enter here and<br>on page 1,<br>Part II, line 27                                 |
| Totals, Part II (lines 1-5) ▶ |  |  |   |                      |                    | <u> </u>   |

| Schedule K - Compensation of Officers,  1 Name   | 2 Title | 3 Percent of time devoted to business | 4 Compensation attnbutable to unrelated business |
|--|---------|---------------------------------------|--|
| (1)  |         | %                                     |  |
| 2) ATCH 2  |         | %                                     |  |
| 3)   |         | %                                     |  |
| 4)   |         | %                                     |  |
| Total Enter here and on page 1, Part II, line 14 |         |                                       | 15   |

Form **990-T** (2018)

ATTACHMENT 1

## ORGANIZATION'S ONLY UNRELATED TRADE OR BUSINESS ACTIVITY

THE TAXPAYER DOES NOT HAVE ANY ACTIVITIES GENERATING UNRELATED BUSINESS TAXABLE INCOME (AS DEFINED IN IRC \$512(A)) IN THE CURRENT YEAR. FORM 990-T IS BEING FILED TO COMMENCE RUNNING ON THE PERIOD UNDER THE STATUTES OF LIMITATION FOR REPORTING UNRELATED BUSINESS INCOME.

ATTACHMENT 2

## SCHD. K, FORM 990-T, COMPENSATION OF OFFICERS, DIRECTORS, & TRUSTEES

| NAME AND ADDRESS   | TITLE               | BUSINESS<br>PERCENT | COMPENSATION |
|--|---------------------|---------------------|--------------|
| RICK TREMONT<br>5500 LINCOLN AVENUE<br>EVANSVILLE, IN 47715      | PRESIDENT/TREASURER | 0                   | 0.           |
| CARY I. GRADY<br>5500 LINCOLN AVENUE<br>EVANSVILLE, IN 47715     | VICE PRESÏDËNT      | Ú                   | 0.           |
| DANIEL L. KELLEY<br>5500 LINCOLN AVENUE<br>EVANSVILLE, IN 47715  | DIRECTOR            | 0                   | 0.           |
| ROBERT W. KUHLMAN<br>5500 LINCOLN AVENUE<br>EVANSVILLE, IN 47715 | SECRETARY           | 0                   | 0.           |
| CONNIE WEINZAPFEL<br>5500 LINCOLN AVENUE<br>EVANSVILLE, IN 47715 | DIRECTOR            | 0                   | 0.           |
| JEFFREY L. WILMES<br>5500 LINCOLN AVENUE<br>EVANSVILLE, IN 47715 | DIRECTOR            | 0                   | 0.           |
| MARK BROWNING<br>5500 LINCOLN AVENUE<br>EVANSVILLE, IN 47715     | DIRECTOR            | 0                   | 0.           |
| TOTAL COMPENSATION   |                     |                     | 0.           |