Firm's name > OAKTREE TPS

Firm's address ▶ P O BOX 894, MILFORD,

For Paperwork Reduction Act Notice, see the separate instructions. BAA

May the IRS discuss this return with the preparer shown above? (see instructions)



	•											
C	990	Return of Org	ganization Ex	cempt From I	ncome Tax	K	OMB No: 1545 0047					
		Under section 501(c), 527, ör	4947(a)(1) of the inter	۳۰۰ Payanua Code la	Yeant private for	ndations)	(2019					
	. January 2020)	Do not enter coci	al security numbers			_						
	eriment of the Treas nat Revenue Service	uty j	gov/Form990 for inst		11 (7)	1 V	Open to Publi Inspection					
		lendar year, or tax year beginnin	<del></del>	, 2019, and end			, 20					
_	Check if applicable			TRUST		D Employ	yer identification numb					
]	Address change	Doing business as				61-62						
]	Name change	Number and street (or P O) box	If mall is not delivered to	streot address)	Room/surte	E Telepho	one number					
]	Initial return	450 VERSAILLES RE	) (*)			(502)	696-1776					
ַ	Final return/termina			n postal code								
=	Amended return	FRANKFORT, KY 406			1	G Gross r						
نـ	Application pendin	· 1		א עע יייניסטענענים			subordinales? 🔲 Yee 🔯 s included? 🔲 Yes 🔲					
_	Tax-exempt status	MICHAEL BURNS, CTFA, 45	) ◀ (Insert no)	4947(a)(1) or [ 27	7 7 7		:, (see instructions)					
	Website: ► N/A		, (,,		H(c) Group e		•					
		. Corporation X Trust Associ	ation ☐ Other ►	L Year of for			f legal domicile. KY					
Pá	art Sum	nary										
٥	1 Briefly o	lescribe the organization's mis-	slan or most signific	ant activities: CHAI	RITABLE TRU	ST						
ည					·							
强.	*******	·····										
ě.		his box ▶ ☐ If the organization				1 1	ts net assets.					
Activities & Governance		of voting members of the gove				3						
81	1		independent voting members of the governing body (Part VI, line 1b)									
3	l.	per of Individuals employed in calendar year 2019 (Part V, line 2a)										
Ę	ľ	elated business revenue from Part VIII, column (C), line 12										
7	1	elated business taxable income		•		7b	(					
۲					Prior Year	:	Current Year					
	8 Contrib	utions and grants (Part VIII, line n service revenue (Part VIII, line ent income (Part VIII, colump)	1h)	. ، ، ، ، ، /ون ِ								
Revenue	9 Progran	ı service revenue (Part VIII, line	295 F. I.V	<b>∶]</b> %\								
وُ	10 Investm	ent income (Part VIII, column	11 lines 3, 4, and 70	) <b>\</b> \( \frac{1}{100} \) \( \cdot \) \( \	307,	130.	373,41					
۱ ٔ		venue (Part VIII, column (A), lie										
4		venue-add lines 8 through 11 (			307,		373,41					
		and similar amounts paid (Part) paid to or for members (Part)			189,	509.	213,27					
.		, other compensation, employee			27	244	22,17					
enses		ional fundraising fees (Part IX)				244.	22,11					
	b Total fur	ndraising expenses (Part IX, col	lumn (D), line 25) ▶	0.		ALES IN						
Ä		cpenses (Part IX, column (A), Iln				781.	1,04					
-		penses. Add lines 13-17 (must			217,	534.	236,49					
	19 Revenu	e less expenses. Subtract line 1	18 from line 12 .	<u> </u>	89,	596.	136, 92					
8					Beginning of Curre	nt Year	End of Year					
ela Ba		,			5,332,	024.	5,504,86					
Fund Balances		bilities (Part X, line 26)			5 333		5 504 051					
리		ets or fund balances. Subtract I	line 21 trom line,20	<del> </del>	5,332,	024.	5,504,86					
Line	ier penalties of peri	Iture Block  ury, I declare that I have examined this blete. Declaration of preparer (other than	return, including accomp	anying schedules and sta	atements, and to the	best of my	knowledge and belief,					
	1 24	ozendence Knk BV		PHV	7	16/20	<u> 20</u>					
Sig	ın 📝 Sig	nature of officer			Date	•						
Hei		CHAEL BURNS, CTFA, V	ICE PRES & TR	UST OFFICER			. <u> </u>					
		e or print name and title		<del></del>	S.1.		L DWG					
ai	ia i	ype preparer's name	Preparer's signature	ĺ		Check self-emplo						
	parer Doug	Hart	Doug Hart									
	Elyen's	COMO PORTREE TRO			l Firm's	:IN ➤ 61	1-1394486					

OH 45150

Firm's EIN > 61-1394486

REV 06/02/20 PRO

Phone no. (513) 774-8805

Form 9	0 (2019) Page
Part	Statement of Program Service Accomplishments
1	Check If Schedule O contains a response or note to any line in this Part III
•	CHARITABLE TRUST
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
_	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured to expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported.
4a	(Code: ) (Expenses \$ 213,276. Including grants of \$ 213,276.) (Revenue \$ 373,415.)
	PAYMENTS TO 4 501(C) CHARITIES: FIRST BAPTIST CHURCH, FRANKLIN COUNCIL ON AGING, ONEIDA BAPTIST INSTITUTE, AND UNIVERSITY OF THE CUMBERLAND
4b	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
	•
4c	(Code: ) (Expenses \$ including grants of \$ ) (Revenue \$ )
4d	Other program services (Describe on Schedule O.) (Expenses \$ including grants of \$ ) (Revenue \$ )
4e	Total program service expenses ► 213, 276.

Form 990 (2019)
Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A	1	×	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see Instructions)?	2	<del>                                     </del>	×
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to		-	<del>  ^-</del>
3	candidates for public office? If "Yes," complete Schedule C, Part I	3		×
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		×
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		×
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	8		×
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		×
В	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		×
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV.	9		×
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V	10	ı	×
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		×
b	Did the organization report an amount for investments—other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		×
С	Did the organization report an amount for investments—program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		×
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		×
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		×
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		_x_
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		_×_
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		×
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		×
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		<u>×</u>
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14ь	]	×
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		×
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV.	16		
17	Did the organization report a total of more than \$15,000 of expenses for professional fundralsing services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G. Part I (see instructions)	17		
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		×
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		×
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		×
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	
	0.0000000000000000000000000000000000000		000	/00±01

·	90 (2019)			Page
Part	IV Checklist of Required Schedules (continued)			
22	Did the supplies the country of COO of such as all the country of		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		×
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		
24a		24a	-	×
b		24b	+	<del>  ^</del>
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		×
ь	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		×
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		×
<b>27</b>	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	14	×
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):			100
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If "Yes," complete Schedule L, Part IV	28a		<sub>×</sub>
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		×
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If "Yes," complete Schedule L, Part IV	28c		×
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		×
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"	31	-	×
32	complete Schedule N, Part II	32		×
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		×
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		×
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		×
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		×
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		×
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note: All Form 990 filers are required to complete Schedule O.	38	×	
Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V	· <u>·</u>		
		PERSONAL PROPERTY OF THE PERSON NAMED IN COLUMN TWO IN COLUMN TO THE PERSON NAMED IN COLUMN TO T	Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b c	Did the organization comply with backup withholding rules for reportable payments to vendors and			E CONTRACTOR OF THE PROPERTY O
	reportable gaming (gambling) winnings to prize winners?	1c		×

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax		-	:
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 0			ł:
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	' '	_
	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	ſ., <u>.</u> ,	1	,
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		×
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O .	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		×
þ	If "Yes," enter the name of the foreign country ▶			i .
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).	]. '	<u> </u>	
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	<b> </b>	×
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		×
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	<b> </b>	
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?	6a		×
ь	If "Yes," did the organization include with every solicitation an express statement that such contributions or		1 1	ĺ
_	gifts were not tax deductible?	<u>6b</u>		
7	Organizations that may receive deductible contributions under section 170(c).			
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	 7a		 _X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	1.2	l	
	required to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year			٠
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		_ X
	Did the organization, during the year, pay premiums, directly or indirectly, on a personal banefit contract?	7f		_×
_	If the organization received a contribution of qualified Intellectual property, did the organization file Form 8899 as required?	7g		
	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.  Did the sponsoring organization make any taxable distributions under section 4966?	9a	·	
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b	$\overline{}$	
	Section 501(c)(7) organizations. Enter:	90	+	
	Initiation fees and capital contributions included on Part VIII, line 12		1	
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . 10b		ľ	-
	Section 501(c)(12) organizations. Enter:	ı İ	,	1
	Gross income from members or shareholders		ŀ	
	Gross income from other sources (Do not net amounts due or paid to other sources		, 1	i
	against amounts due or received from them.)	·		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in fleu of Form 1041?	12a	1	_
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		$\overline{}$	
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			. 1
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note: See the instructions for additional information the organization must report on Schedule O.			1
	Enter the amount of reserves the organization is required to maintain by the states in which	ł	I.	
	the organization is licensed to issue qualified health plans		ľ	1
	Enter the amount of reserves on hand	<del></del>	<del></del>	
	Did the organization receive any payments for Indoor tanning services during the tax year?	14a	$\dashv$	<u>×</u>
	in the time at a contract to the contract to t	14b	$\dashv$	
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	4-		v
	excess parachute payment(s) during the year?	15		<del>-×</del> ,
	If "Yes," see instructions and file Form 4720, Schedule N.	16		~ 1
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	-'-	<del></del>	<del>^</del>
	If "Yes," complete Form 4720, Schedule O.	Form	990 (	(2010)
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Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule O. Check if Schedule O contains a response or note to any line in this Part VI	See in	nstruc	ctions.
Secti	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 1			
	If there are material differences in voting rights among members of the governing body, or	1		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent . [1b]			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2		X SESS
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, trustees, or key employees to a management company or other person?.	3		×
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5	L	X
6	Did the organization have members or stockholders?	6		×
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		×
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			_
	stockholders, or persons other than the governing body?	7b		×
8	Old the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:		32	
a	The governing body?	8a		×
b	Each committee with authority to act on behalf of the governing body?	8b	·	×
9 	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		
<u>Secti</u>	on B. Policies (This Section B requests information about policies not required by the Internal Reven	iue C		
			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		×
ь	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10Ь		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	X	TOTAL STATE
þ	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		<u>×</u>
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		×
14	Did the organization have a written document retention and destruction policy?	14	35.0.26	X
15	Old the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		×
b	Other officers or key employees of the organization	15b	- C-14	X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	3.5		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Section	on C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶ KY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-7 (3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website Don request Other (explain on Schedule O)	ī (Sec	tion 5	01(c)
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict o	f inter	est p	olicy.
	and financial statements available to the public during the tax year.  State the name, address, and telephone number of the person who possesses the organization's books and recommendation.			- 71
20	TANDEDENDENCE RANK 450 VERSATLLES RD. FRANKFORT, KY 40601 (502) 696-1776			

 aan	(2019)	

Page	١.

Part VII	Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees	and
	Independent Contractors	•

Check if Schedule O contains a response or note to any line in this Part VII . . . . . . . . . . . . . . . . .

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations. See instructions for the order in which to list the persons above.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.										
(A) Name and title	(B) Average hours per week (list any	box,	unles er an	Pos neck	rson brect	than of the solution of the so	nan	(D) Reportable compensation from the organization	(E) Reportable compensation from related organizations	(F) Estimated amount of other compensation from the
.`	hours for related organizations below dofted line)	Individual trustee or director	Institutional trustee	æ	Key employee	Highest compensated employee	ner	(W-2/1099-MISC)	(W-2/1099-MISC)	organization and related organizations
(1) UNITED BANK AND CAPITAL TRUST TRUSTEE	1.00		×					11,196.	0.	0.
(2) INDEPENDENCE BANK TRUSTEE			×					10,975.	0.	0.
(3)	<u> </u>									
(4)								_		
(5)										
(6)										
. (7)								,		
(8)										
(9)										
[10]										
(11)			_							
(12)										
(13)										
[14]										

Pan	VII Section A. Officers, Directors,	Trustees,	Key	Em	plo	yee	s, ar	ıd F	lighest Compe	ensated	Emplo	yees (continued
	(A) Name and title	(B) Average hours per week (list any	box,	unles er an	Pos neck ss ps d a d	rson lirect	e than is both or/trus	n an tee)	(D) Reportable compensation from the organization	Repo compe from r	elated	(F) Estimated amount of other compensation from the
		hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	former	(W-2/1099-MISC)		99-MISC)	organization and related organizations
(15)												
(16)	· · · · · · · · · · · · · · · · · · ·	<u> </u>										
(17)										<del></del>		<del></del>
(18)					-					<del>-</del>		
(19)												
(20)	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\											
(21)												· · · · · · · · · · · · · · · · · · ·
(22)												
(23)												,
(24)				,			1					
(25)												
	Subtotal							<b>&gt;</b>	22,171.		0.	0.
	Total from continuation sheets to Part Total (add lines 1b and 1c)							<b>A</b>	22,171.		0.	0.
2	Total number of individuals (including but reportable compensation from the organic		l to th	ose	list	ed a	bove	) wt	no received more	than \$1	00,000	of
3	Did the organization list any former of employee on line 1a? If "Yes," complete 5									t compe	ensated	Yes No
4	For any individual listed on line 1a, is the organization and related organizations individual											4 ×
5	Did any person listed on line 1a receive o for services rendered to the organization?	r accrue co	mper omple	isati ele l	ion Sch	iron edu	n any le J fo	unr or se	elated organizat uch person	ion or in	dividual	5 ×
Section	on B. Independent Contractors											
1	Complete this table for your five high compensation from the organization. Repo	est compens	nsate sation	d i	nde the	pen cal	dent endar	cor yea	ntractors that rear ending with or	eceived within th	more ti e organi	han \$100,000 of zation's tax year.
	(A) Name and business addi	·ess							[8] Description of sarv	ces	c	(C) compensation
					_			_				
2	Total number of Independent contractor received more than \$100,000 of compensations	rs (includin	g but	t no	ot li zatie	mite	ed to	the	ose listed above	e) who.		

	990 (201 <b>t VIII</b>	Statement of Revenue					Page S
		Check if Schedule O contains a respon	se or note to a	ny line in this Pa (A) Total revenue	(8) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns 1a					sections 512-514
	b	Membership dues <u>1b</u>	ļ	是是自己的			
S. G.	C	Fundraising events 1c					
ar I	d	Related organizations 1d					
°, Ē	e	Government grants (contributions) 1e					
tions	f	All other contributions, gifts, grants, and similar amounts not included above 11					
ž ž	1 ~	Noncash contributions included in	<del>-</del>				自己是是是
, <u>E</u> O	9	lines 1a-11 1g	œ		Te the second		
Seg	h	Total. Add lines 1a-1f	<b>▶</b>				
	<del>  '</del> '-	Total, Add lines 1a-11	Business Code	Tark tark to the ball to the		THE RESERVE OF THE PARTY OF THE	
ě	2a	•	Dosmoso Godo	The waste has the said of the said	2 1-21 - CANAGE CANADAMENT	MIRALE SE ENGLISTEE	CARRY CANAGE STA
ž"	1 _		<del></del>	<del></del>			
Program Service Revenus	C	+++++++++++++++++++++++++++++++++++++++	<del>-</del>	<del>                                     </del>			
E 8	d						
gra Re	e		<del></del>	<del> </del>			
ě	1	All other program service revenue					
a.	g	Total. Add lines 2a-2f					
	3	Investment Income (Including dividends		<del> </del>	September 35 Table.	Section of the property	1"
	]. <b>3</b>	other similar amounts)		177,778.	0.	0.	177,778.
	4	Income from investment of tax-exempt bo		1.,,,,,,	<u>.</u>		111,770.
	5	Royalties	•	<del></del>	<del> </del>		<del></del>
	"	(i) Real	(ii) Personal	Palesta Artista	PART SEE VALUE	<b>2.1.1.2.1.2.1.2.1.2.1.2.2.2.2.</b>	F-35-55 1.337.355
	6a	Gross rents 6a	(10.1.001121				A PLANT OF MARKET
	Ь	Less: rental expenses 6b					
		Rental income or (loss) 6c					
	d	Net restal income or (loop)	<b>&gt;</b>	Sala (adding 12 ) (alst)	A. T. S. S. L. S. C. C. A. S. S. Marie B. Lot	Manufacture sites 18 Hillie	AS STATES TO SECUL OF STATES
	-	0.0	(ii) Other	<b>建一个工作的工作</b>	SAME CALLEGE FOR	S AND AND THE WORLD	
	7a	GIOSS amount nom	(i) Other				
		sales of assets other than inventory 7a 743,835.					
41		·	<u> </u>				
evenue	Ь	Less: cost or other basis and sales expenses . 7b 548, 198.				ALTON AND	
ě	_	Gain or (loss) 7c 195, 637.					
∝	6	Net gain or (loss)		195,637.	105 627	U - 11.7 722125. 202.	T and treatment and a second
Other	d	Gross Income from fundraising		THE STATE OF THE S	195,637.	MANAGE STATE	
<del>5</del>	8a	events (not including \$					
•	;	of contributions reported on line					
		1c). See Part IV, line 18 8a					
	ь	Less: direct expenses 8b					
	c	Net income or (loss) from fundraising ever	nts	A STATE OF THE STA		enso, essaras sucrem.	SE DOSESTING PROCE
	9a	Gross income from gaming			2277803		
	30	activities. See Part IV, line 19 . 9a					是 第二章
	ь	Less: direct expenses 9b	-				
	c	Net income or (loss) from gaming activitie	s <b>.</b>	En-1954, NE 0352, WAYA 1991	4 5 5 Mari	(mir did factorise), ca	THE COLUMN THE PARTY OF
		Gross sales of inventory, less	<u> </u>			NACH PER PROPERTY.	PARKEY AND THE STATE OF
	IVa	returns and allowances 10a		<b>多是可以</b>	<b>建筑的</b>		
	Ь	Less: cost of goods sold 10b					
	C	Net income or (loss) from sales of invento	rv <b>&gt;</b>	r an atmospherical annual services	THE PERSON NAMED AND POST OF THE PERSON NAMED		The state of the s
	<u> </u>	The same of the same of the same	Business Code		40000000000000000000000000000000000000		No. of the second
Miscellaneous Revenue	11a	İ		and the second second second	July many representation adjust of the		THE PARTY OF THE P
ne Tue	b						
scellaneo Revenue	C				· · · · · · · · · · · · · · · · · · ·		
Se Se	d	All other revenue					
Ξ		Total. Add lines 11a-11d	>				
	12	Total revenue. See Instructions		373,415.			177,778.

Part IX	Statement of	f Functiona	i Expenses

360110	Chock if Schodula O contains a respons				
	Check if Schedule O contains a respons				
8b, 9l	nt include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(8) Program service expenses	(C) Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	213,276.	213,276.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> <b>5</b>	Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees	22,171.	0.	22,171.	
6	Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)		,		
7 8	Other salaries and wages				
9 10 ,11 a	Other employee benefits				***
b c d	Legal	775.	0.	775.	0.
e f g	Professional fundraising services. See Part IV, line 17 Investment management fees				,
12	(A) amount, list line 11g expenses on Schedule O.)  Advertising and promotion				
13 14	Office expenses				
15 16 17	Royalties		-		
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings Interest				
21 22 23	Depreciation, depletion, and amortization Insurance				
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a b c	LEGAL FEES WIRE TRANSFER FEE	245. 25.	0.	245. 25.	0. 0.
d e	All other expenses				
25 26	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here If following SOP 98-2 (ASC 958-720)	236,492.	213,276.	23,216.	0.

Part X Balance Sheet

		(A)		(B)
		Beginning of year	L.,	End of year
1	Cash - non-interest-bearing	97,196.	1	88,994.
2	Savings and temporary cash investments		2	
3	Pledges and grants receivable, net	, <u> </u>	3	
4	Accounts receivable, net		4	
5	Loans and other receivables from any current or former officer, director,			是是一种
Ì	frustee, key employee, creator or founder, substantial contributor, or 35%	E 125VE	10 h	
	controlled entity or family member of any of these persons	<u> </u>	5	
6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B).		6	
2 7	Notes and loans receivable, net	-	7	
8 8	Inventories for sale or use		8	
2   9	Prepaid expenses and deferred charges		9	
10a		1200年120日	h-91-5	EL Charles and the same
1	basis. Complete Part VI of Schedule D 10a			
ь		CONTRACTOR SENT OF MAN 15 AN 17 AN 12 A.	10c	SPECIFICATION OF THE PROPERTY OF THE PERSON
11	Investments—publicly traded securities	5,234,828.	11	5,415,867.
12	Investments-other securities. See Part IV, line 11		12	
13	Investments—program-related. See Part IV, line 11		13	
14	Intangible assets , ,	-	14	, , , , , , , , , , , , , , , , , , , ,
15	Other assets, See Part IV, line 11	· · · · · · · · · · · · · · · · · · ·	15	
16	Total assets. Add lines 1 through 15 (must equal line 33)	5,332,024.	16	5,504,861.
17	Accounts payable and accrued expenses		17	
18	Grants payable		18	
19	Deferred revenue		19	
20	Tax-exempt bond liabilities		20	
21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22	Loans and other payables to any current or former officer, director,	<b>产产工产业业产产的</b>	1000	<b>经工作的证据</b>
	trustee, key employee, creator or founder, substantial contributor, or 35%			
22	controlled entity or family member of any of these persons	Printed and of the state of the	22	Production of the Production of the Party of
23	Secured mortgages and notes payable to unrelated third parties		23	
24	Unsecured notes and loans payable to unrelated third parties		24	······································
25	Other liabilities (including federal income tax, payables to related third			
-5	parties, and other liabilities not included on lines 17–24). Complete Part X			
1	of Schedule D		25	
26	Total liabilities, Add lines 17 through 25		26	
3	Organizations that follow FASB ASC 958, check here ▶ □	がいる。	275	
	and complete lines 27, 28, 32, and 33.			
27	Net assets without donor restrictions	,	27	
28	Net assets with donor restrictions		28	
!	Organizations that do not follow FASB ASC 958, check here ▶ 🗵		出现	
! }	and complete lines 29 through 33.			
27 28 29 30 31 32 33	Capital stock or trust principal, or current funds	5,332,024.	29	5,504,861.
30	Paid-in or capital surplus, or land, building, or equipment fund		30	
31	Retained earnings, endowment, accumulated income, or other funds		31	•
32	Total net assets or fund balances	5,332,024.	32	5,504,861.
	- value value and an anticolor and the state of the state	5,332,024.	33	5,504,861.

Form 99	90 (2019)			Pa	age 12
Par	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI			•	. 🗵
1	Total revenue (must equal Part VIII, column (A), line 12)	1		73,4	
2	Total expenses (must equal Part IX, column (A), line 25)	2		36,4	
3	Revenue less expenses. Subtract line 2 from line 1	3		36, 9	
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4		32,(	
5	Net unrealized gains (losses) on investments	5			4
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain on Schedule O)	9		35,9	14.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	32, column (B))	10	5,5	04,8	861.
Part	Financial Statements and Reporting Check if Schedule O contains a response or note to any line in this Part XII	· · · ·		Yes	No.
1	Accounting method used to prepare the Form 990: ⊠ Cash ☐ Accrual ☐ Other			MEXE	District Co.
•	If the organization changed its method of accounting from a prior year or checked "Other," e Schedule O.	xplain	in lin		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		×
	If "Yes," check a box below to indicate whether the financial statements for the year were conreviewed on a separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?	• • •	2b	September	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audi separate basis, consolidated basis, or both:  Separate basis Consolidated basis Both consolidated and separate basis	ted on	a		
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over the audit, review, or compilation of its financial statements and selection of an independent accounts				
	If the organization changed either its oversight process or selection process during the tax year, ex Schedule O.	xplain d	on E		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set fo	rth in th	ne		

3а

### SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

Total

# **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust. ► Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

--Inspection Employer Identification number

JOI	E AND	MARY LEARY TRUST					61-6225916	
_	art I	Reason for Public Cha			<u>_</u>			ons.
The		zation is not a private found				-	,	
1		church, convention of churc	hes, or associat	ion of churches descr	ibed In s	ection 17	/O(b)(1)(A)(i}.	
2	□ A	school described in <mark>sectio</mark> r	170(b)(1)(A)(ii).	(Attach Schedule E (F	Form 990	or 990-E	(Z).)	ピノ
3		hospital or a cooperative ho						1
4		medical research organizati		onjunction with a hos	pital desc	cribed in a	section 170(b)(1)(A)	(iil). Enter the
		spital's name, city, and stat		.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		•••••••	
5		n organization operated for ection 170(b)(1)(A)(iv). (Com		college or university	owned o	or operate	ed by a government	lal unit described II
6		federal, state, or local gover						
7	_	n organization that normally		•	port fron	n a gover	nmental unit or from	n the general public
		escribed in section 170(b)(1		· ·				
8	_	community trust described i		• • • • • • •				
9		n agricultural research organ						
	un	university or a non-land-gra liversity:		,	•		•	•
10	☐ Ar	organization that normally celpts from activities related	receives: (1) mor	e than 331/3% of its s	upport fro	om contri	butions, membershi	p fees, and gross
	su	pport from gross investmen	t income and un	related business taxa	ble incon	ne (less s	ection 511 tax) from	businesses
	ac	quired by the organization a	ifter June 30, 19	75. See section 509(a	a)(2). (Co	mplete Pa	art III.)	
11		organization organized and						
12		organization organized and						
		one or more publicly support						
	Cr	neck the box in lines 12a thro	•		_	_		-
	ê []	Type I. A supporting organ						
		the supported organization					the directors or trust	ees of the
	_	supporting organization. Y						
I	b 🗌	Type II. A supporting orga						
		control or management of				persons	that control or man	age the supported
	_	organization(s). You must	•					-11 1 1 1 1 1 1 1 1
•	لـا ٥	Type III functionally integits supported organization						ally integrated with,
	. G	• • •		•				ated expenientions
. '	d X	Type III non-functionally that is not functionally inte						
		regulrement (see instruction						u an attentiveness
		•						. II. Toma III
,	9 📙	Check this box if the organ functionally integrated, or	lization received Cyne III non-fund	a written determination	onortina (	ne ino ili praanizat	atitisa typei, type inn.	з п, туре ш
	Ento	er the number of supported		Monday miogration and	- B	J. gu~u.		
		ride the following information	•	orted organization(s).		• •		• •
		ne of supported organization	(u) EIN	(III) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
	(1) 11011	is of supported organization	\", = " \	(described on lines 1-10	listed in you	ır governing	support (see	other support (see
				above (see instructions))	QOCU	ment?	instructions)	instructions)
			1		Yes	No		
<u></u>								
(A)	FIRST	BAPTIST CHURCH	61-0449618	1	×		53,319.	0.
/D\								
(0)	Frankli	N COUNTY COUNSEL ON AGING	61-6041002	7	×		53,319.	0.
				1	ĺ			
(U)	ONEID	A BAPTIST INSTITUTE	61-0479627	2	×		53,319.	0.
				1				
	UNIVER	SITY OF THE CUMBERLANDS	61-0470593	2	×		53,319.	0.
(E)		_						
			DESTRUCTION OF THE SECTION OF THE SE	er a til sidesise i saksa etter etter et	e Harring States	2 18 mar.	212 226	0.
Tota	al .	/ L	[17] 建筑型重温型高	了。 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1	1. 经产业的	透透過	213,276.	υ.

Par	Support Schedule for Organiz	ations Descr	ibed in Sect	ions 170(b)(1	)(A)(iv) and 1	17g(b)(1)(A)(v	n
	(Complete only if you checked to	he box on line	e 5, 7, or 8 of	Part I or if th	e organizatio	r failed to qui	alify under
	Part III. If the organization fails for	o qualify unde	er the tests li	sted below, p	lease comple	te Part III.)	·
	ion A. Public Support	<del>/</del>		,			
Caler	ndar year (or fiscal year beginning in) 🕨	\(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge			/			
4	Total. Add lines 1 through 3	and bearing Sassing	A PARTIES AND A PARTIES	/			
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
_6_	Public support. Subtract line 5 from line 4		新型消息器		<b>和新型型型</b>	是是非常意	
	on B. Total Support				·		
	dar year (or fiscal year beginning in)	(a) 2015	(b) 20 <u>16</u>	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4		<i> </i>	<del>\</del>		<del></del>	
8	Gross income from Interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12	Gross receipts from related activities, etc.		)ńs)	<b>.</b>		12	
13	First five years. If the Form 990 is for th						1 501(c)(3)
	organization, check this box and stop he			<u> </u>	<u>· · · · · · · · · · · · · · · · · · · </u>	· · · · · ·	· · 🕨 🛘
Secti	on C. Computation of Public Suppor	<del></del>					
14	Public support percentage for 2019 (line 6			1, column (f))	}	14	%
15	Public support percentage from 2018 Sch	nedule A. Fart I	I, line 14 .		:: :.: .l	35	<u> </u>
16a	331/3% support test—2019. If the organi				d line 14 is 33	or more,	<b>.</b> —
	box and stop here. The organization qual 331/2% support test—2018. If the organization					0 231 m/ 07 m/	· · P []
b	this box and stop here. The organization						► []
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the " organization	ets the "facts-	and-circumsta	ances" test, ch	eck this box a	nd stop here.	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organiza Explain in Part VI how the organization of supported organization	tion meets the heets the "fact	e "facts-and-c s-and-circums	ircumstances" tances" test. ]	test, check to The organization	his box and son qualifies as	top here. a publicly
18	Private foundation. If the organization did		oox on line 13,	16a, 16b, 17a	or 17b, check	this box and s	ee ▶\□
	matudiona	<u> </u>		· · · · ·		edule A (Form 990	or 890-EZ) 2019

Part III	Support Schedule for	r Organizations	Described in	Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II.)

	on A. Public Support				<u>/</u>		
Calen	dar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017/	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees						
_	received. (Do not include any "unusual grants.")		<u> </u>				
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513			/			
4	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to the organization without charge						
6 7a	Total. Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .		$\bigwedge$				
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
8	Add lines 7a and 7b						•
	on B. Total Support	/					
Calen	dar year (or fiscal year beginning in) 🕨	/(a) 2015	(b) 2016	(६) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6	/					
10a	Gross income from interest, dividends, payments received on securities loans, rents royalties, and income from similar sources.						
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
C	Add lines 10a and 10b				\		
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly/carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						,
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for the organization, check this box and stop her		's first, second			1	
Section	on C. Computation of Public Suppor			<del></del>	<del></del>	<del>/</del>	
15	Public support percentage for 2019 (line 8			3. column (fi)		115	%
16	Public support percentage from 2018 Sch					16	<del></del>
	on D. Computation of Investment Inc			<u> </u>	<u></u>	1	
17	Investment income percentage for 2019 (I			y line 13, colu	mn (f))	17	%
18	Investment income percentage from 2018	Schedule A, F	Part III, line 17			18	%
19a	331/3% support tests - 2019. If the organi	zation did not and stop here.	check the box The organization	on line 14, an on qualifies as a	nd line 15 is m a publicly suppo	orted organizak	on , 🕨 🗀
b	331/3% support tests - 2018. If the organizine 18/s not more than 331/3%, check this b	ation did not cl	heck a box on l ere. The organi	line 14 or line 1 zation qualifies	9a, and line 16 as a publicly si	is more than 3 upported organi	3¹/a%, and ization ► 🔲
20	Private foundation. If the organization did						
	<del></del>		06/02/20 PRO			edule A (Form 890	

#### Part IV

## **Supporting Organizations**

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

#### Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- B Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Dld the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

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Pārt	Supporting Organizations (continued)			
		The same of	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			1
8	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)		N. S.	THE
	below, the governing body of a supported organization?	11a		×
	A family member of a person described in (a) above?	11b		×
C	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	110		×
Secti	on B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,	2	識別	
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		S.C.	100
	organizations and what conditions of restrictions, it any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,	色彩		
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	<b>建</b>		1
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s).	1 1		
Secti	on D. All Type III Supporting Organizations			
			Yes	No
1.	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	総額	100	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	×	
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			1
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		×
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	9.25		
	supported organizations played in this regard.	3		×
Secti	on E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	instruc	tions	s).
а	☐ The organization satisfied the Activities Test, Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see ins		
2	Activities Test. Answer (a) and (b) below.	transar.	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined		L 经	国旗道
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			影響
	reasons for the organization's position that its supported organization(s) would have engaged in these	1000	建型	(March
	activities but for the organization's involvement.	2b	A	E 12:217 2
3	Parent of Supported Organizations. Answer (a) and (b) below.	The state of the s	透到	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		D. S.	
	trustees of each of the supported organizations? Provide details in Part VI.	3a	22.S(12)	-7,407
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	1		
	of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	36	- 1	

instructions).

Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Part-V 1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI), See instructions, All other Type III non-functionally integrated supporting organizations must complete Sections A through E. (B) Current Year Section A-Adjusted Net Income (A) Prior Year (optional) 1 Net short-term capital gain 1 2 Recoveries of prior-year distributions 2 3 Other gross income (see instructions) 3 201.385. 191,347. 4 Add lines 1 through 3. 4 191,347. 201,385. 5 Depreciation and depletion 5 6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions) 6 27,244. 22,171. 7 Other expenses (see Instructions) 7 781. 1,045. 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 173,360. 168,131. (B) Cun ent Year (A) Prior Year Section B-Minimum Asset Amount (optional) 1 Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 6,402,653. 6,566,510. 1b b Average monthly cash balances 43,447. 67,581. c Fair market value of other non-exempt-use assets 1c 1d d Total (add lines 1a, 1b, and 1c) 6,446,100. 6,634,091. e Discount claimed for blockage or other factors (explain in detail in Part VI): 2 2 Acquisition indebtedness applicable to non-exempt-use assets 6,634,091. 3 Subtract line 2 from line 1d. 3 6,446,100 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions). 96,692. 99,511. 5 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6,349,408. 6,534,580. 6 Multiply line 5 by .035. 6 222,229. 228,710. 7 7 Recoveries of prior-year distributions 8 222,229 228,710. 8 Minimum Asset Amount (add line 7 to line 6) **Current Year** Section C-Distributable Amount **主张建立法**及法律的有限 1 Adjusted net income for prior year (from Section A, line 8, Column A) 173,360. The state of the s 2 2 Enter 85% of line 1. 147,356. 自己的是"特别"的"不是不知识"的 3 3 Minimum asset amount for prior year (from Section B, line 8, Column A) 222,229. 4 Enter greater of line 2 or line 3. 222,229. **深端于一种种的企** 5 Income tax imposed in prior year 5 FOR SHE SA 6 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions). 222,229. 7 Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2019

Part	le A (Form 990 or 990-EZ) 2019  Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organ	izations (continued)	Page 7
·	ion D – Distributions	or outporting organ	izations (ourthness)	Current Year
		<del></del>		
	Amounts paid to supported organizations to accomplish			213,276.
2	Amounts paid to perform activity that directly furthers ex- organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	anizations	22,171.
4	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)	<del></del>		
6	Other distributions (describe in Part VI). See instructions.			
7	Total annual distributions. Add lines 1 through 6.			235,447.
8	Distributions to attentive supported organizations to whic (provide details in Part VI). See instructions.	h the organization is re-	sponsive	
9	Distributable amount for 2019 from Section C, line 6			222, 229.
10	Line 8 amount divided by line 9 amount	<del> </del>		3==/2=5/
	ion E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distributable amount for 2019 from Section C, line 6	<b>建设是品质等的</b>	THE RESERVE OF THE PARTY OF THE	222,229.
2	Underdistributions, if any, for years prior to 2019 (reasonable cause required—explain in Part VI). See			
	instructions.		11 Table 200 (190 190 190 190 190 190 190 190 190 190	<b>中国社会</b> 主义之间,但是
3_	Excess distributions carryover, If any, to 2019			
a_	From 2014		THE PROPERTY AND ADDRESS OF THE PARTY OF THE	
_ <u>b</u>	From 2015			
C	From 2016 ,			
d_	From 2017	A STATE LAND OF THE STATE OF TH		
θ_	From 2018			
	Total of lines 3a through e	8,954.	THE PROPERTY OF THE PARTY OF TH	
g	Applied to underdistributions of prior years		0.	
<u>h</u>	Applied to 2019 distributable amount	(中国) (100 mm m m m m m m m m m m m m m m m m m	CONTRACTOR OF THE PROPERTY OF	8,954.
<del>-!</del> -	Carryover from 2014 not applied (see instructions)	<del></del>	Control of the Contro	TO A STATE OF THE
	Remainder, Subtract lines 3g, 3h, and 3i from 3f.	0.	Per de la companya del la companya de la companya d	
4	Distributions for 2019 from Section D, line 7: \$ 235,447.			
			0.	
_ <u>a</u> _	Applied to underdistributions of prior years  Applied to 2019 distributable amount			213,275.
<u> </u>	Remainder, Subtract lines 4a and 4b from 4.	22,172.		
			STATIS COT LEGICAL TO LANGUAGE LANGUAGE CO.	APPLICATION OF THE PERSON OF T
5	Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		0.	
<u> </u>	Remaining underdistributions for 2019. Subtract lines 3h			A 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			0.
7	Excess distributions carryover to 2020. Add lines 3			
•	and 4c.	22,172.		
8	Breakdown of line 7:		<b>"是是是是不是这个的</b>	<b>运动的</b> 或数据
a	Excess from 2015		160000000000000000000000000000000000000	
b	Excess from 2016		\$44 bits 14 723	VEHICLE IN
c	Excess from 2017	<b>大学等的研究</b>	<b>医型型性性性</b>	
d	Excess from 2018	THE RESIDENCE OF THE PARTY OF T	<b>经营业的企业</b>	了一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个一个
	Excess from 2019 22, 172.	THE RESERVE OF THE PARTY OF THE		Service and the service of the servi

Schedule A (Form 990 or 990-EZ) 2019

	Fage Page
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2t 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
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SCHEDULE 1 (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990.

Open to Publio Inspection 2019

OMB No 1545,0047

Department of the Treasury		▼ Go to s	► Go to www.irs.cov/Form990 for the latest information.	rorm 990. O for the latest info	rmation		Inspection
Name of the organization						Employ	Employer identification number
JOE AND MARY LEARY TRUST	E					61-	61-6225916
Part   General Information on Grants and Assistance	on Grants and	Assistance					
1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	ain records to sub	stantiate the amou	nt of the grants or	assistance, the gr	rantees' eligibility for	or the grants or assistan	} [2
the selection criteria used to award the grants of assistance?  2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	award the grants lization's procedu	or assistance; res for monitoring t	he use of grant fur	nds in the United		• • • • • • • • • • • • • • • • • • • •	ov □ set ☑ · ·
i i	ssistance to Do	mestic Organiza	ations and Dom	estic Governm	ents. Complete it	f the organization ans	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990,
Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	y recipient that	received more th	an \$5,000. Part I	l can be duplica	ted if additional s	space is needed.	
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non- cash assistance	(e) Amount of non- (f) Method of valuation cash assistance other) other?	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) FIRST BAPTIST CHURCH 201 ST CLAIR ST FRANKFORT KY 40601	61-0449618	170 (B) (1) (A) (I)	53,319.				HEACK THE BLE CONCESS OF THE LEVEL LOSSES
(2) UNIVERSITY OF THE CUMBERLANDS (1) COLEGE STEICH IS LITTHESING IY 10:09	61-0470593	170 (B) (1) (A) (I)	53,319.				ECK SEE THE EX NOT
(3) ONEIDA BAPTIST INSTITUTE PO BOX 67 ONEIDA KY 40972	61-0479627	170 (B) (1) (A) (I)	53,319.				स्था स्था ३ स्टब्स्ट भक्त स्था
(4) FRANKLIN COUNSEL ON AGING 211 XINGS DESCREES DY FRANKROST KY 40601	61-6041002	509(A)(2)	53, 319.				HEOX SEE SEE SEE SEE SEE
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(8)							
(6)							
(110)	       						

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Enter total number of other organizations listed in the line 1 table

Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

<u>2</u>

REV 06/02/20 PRO

Schedule I (Form 990) (2019)

Schedule I (Form 990) (2019)

Partill	Grants and Other Assistance to Domestic Individua Part III can be duplicated if additional space is needed.		als. Complete if the I.	organization answ	Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. s needed.	Part IV, line 22.	
	(a) Type of grant or assistance	(b) Number of raciplents	(c) Amount of cash grant	(d) Amount of noncash essistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
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Part IV	Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information.	the information r	equired in Part I, lin	e 2; Part III, colum	(b); and any other addit	onal information,	
Pt I L	Pt I Line 2: RECIPIENT ORGANIZATION AND ANNUAL DISTRIBUTIONS WERE IDENTIFIED IN WILL OF JOSEPH LEARY	AND ANNUAL D	ISTRIBUTIONS W	ERE IDENTIFIED	IN WILL OF JOSEPH	leary.	
	;						
			6 444 4 4 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
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BAA		REV 06/02/20 PRO	яо			Schedule I (Form 990) (2019)	

## SCHEDULE O (Form 990 or 990-EZ)

# Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

► Attach to Form 990 or 990-EZ.

► Go to www.irs.gov/Form990 for the latest information.

Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

JUE AND MARY LEARY TRUST	61-6225916
Pt VI, Line 8a: INDEPENDENCE BANK IS SOLE TRUSTEE OF THE JOE AND	MARY LEARY
TRUST AND MAKES CHARITABLE CONTRIBUTIONS TO FOUR PRESELECTED ORGA	ANIZATIONS
Pt VI, Line 8b: INDEPENDENCE BANK IS SOLE TRUSTEE OF THE JOE AND	MARY LEARY
TRUST. THERE ARE NO COMMITEES OR ADDITIONAL GOVERNING BODIES.	
Pt VI, Line 11b: INDEPENDENCE BANK WILL RECEIVE A COPY OF THE RET	TURN PRIOR TO
FILING.	
Pt VI, Line 19: ALL FORMS ARE AVAILABLE UPON REQUEST	
Pt XI: COST BASIS ADJUSTMENT \$36,904	
Pt XI: ROC (\$990)	
	***************************************
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