Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

Department of the Treasury Internal Reven Service

▶ Do not enter social security numbers on this form as it may be made public.

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

A	For th	e 2018 calendar year, or tax year beginning , 2018, a	, 2018, and ending				
_		C Name of organization		D Employer identif	ication number		
В	Check if ap	MARION COUNTY INDUSTRIAL FOUNDATION INC		.]			
	Addre	SS Doing business as		61-073	33728		
	- 1		Room/suite	E Telephone numb	er		
-	Initial	000 1100011 0001 0011		270-69	92-6002		
F	Final	return/ City or town, state or province, country, and ZIP or foreign postal code					
\vdash	Lermin Amen	ded LEBANON KY 40033		G Gross receipts \$	353,030		
\vdash	Applic	F Name and address of principal officer		H(a) Is this a group r			
<u> </u>	pendii	ng		subordinates? H(b) Are all subordinate			
$\overline{}$	Tax-ex	empt status X 501(c)(3) 501(c) () ◀ (insert no) 4947(a)(1) or	527	~)	a list (see instructions)		
Ï	Websi		1 1927	H(c) Group exemption			
<u>K</u>		of organization X Corporation Trust Association Other	L Year of form		te of legal domicile KY		
	art I	Summary	1 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 - 7 -				
-	_	Briefly describe the organization's mission or most significant activities INDUSTI	RIAL DEVE	LOPMENT IN I	EBANON AND		
es.		MARION COUNTY, KENTUCKY.	KIAD DEVE.	BOTHENT IN I	IDDINION TIND		
Governance		MARION COUNTY, RENTOCKT.					
š	2	Check this box ▶ If the organization discontinued its operations or disposed	of more than 26	% of its not assets			
Š	2	Number of voting members of the governing body (Part VI, line 1a)		1 .	13		
		Number of independent voting members of the governing body (Part VI, line 1a)					
es	-	,					
<u> </u>	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a)					
Activities &	6	Total number of volunteers (estimate if necessary)					
	1 a	Total unrelated business revenue from Part VIII, column (C), line 12					
_	D	Net unrelated business taxable income from Form 990-T, line 38	· · · · · · · ·	Prior Year	Current Year		
		Contributions and grants (Det.) (III. line 1b)		383,090			
Ë	8	Contributions and grants (Part VIII, line 1h)		303,030	212,302		
Revenue	9	Program service revenue (Part VIII, line 2g)		116,358	38,673		
å	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)					
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		94,103			
_	†	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		593,549	261,887		
		Grants and similar amounts paid (Part IX, column (A), lines 1-3)					
		Benefits paid to or for members (Part IX, column (A), line 4)		248,743	201 127		
ses	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10).		240, 14.	3 201,137		
xpenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)	• • • • •				
EX		Total fundraising expenses (Part IX, column (D), line 25) ▶		00 01	06 011		
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	. ····⊢	98,212			
	18	Total expenses Add lines 13-17 (must equal Par IX, column (A) mp 25	l· · · · · ⊢	346,955			
) <u></u>	19	Revenue less expenses Subtract line 18 from line 12		246,594	 		
) ရှိမို		Total assets (Part X, line 16)	Beg	inning of Current Yea			
Assets 1 Balanc	20	101	! ····⊢	7,775,94			
		Total liabilities (Part X, line 26)	· · · · · ├─	2,178,940			
Ž		Net assets or fund balances Subtract line 21 from line 20 GDEN. UT		5,597,00	5,571,746		
	art II	Signature Block					
tru	iaer per e, corre	nalties of perjury, I declare that I have examined this return, including accompanying schedule ict, and complete. Declaration of preparer (other than officet) is based on all information of which	s and statements preparer has any	, and to the best of the knowledge	y knowledge and belief, it is		
		X		٧,	1/24/1/2/		
Sig	nn	Signature of officer		Date	/ Z7 /20/		
He	-						
		Join Lund - Except Virops					
		Type or print name and title	Date ,	7	TOTIN 1		
Pai	d	Print/Type preparer's name Preparer's signature		Check if	PTIN		
	parer	CHARLES M WHITE	1 4/2/	self-employed	P00792869		
	e Only	Firm's name ► WHITE AND COMPANY PSC			-1113462		
		Firm's address ▶ 219 S PROCTOR KNOTT AVENUE, LEBANON, KY 40033		Phone no (2	70) 692-2102		
Ма	y the	IRS discuss this return with the preparer shown above? (see instructions).	· · · · · · · ·	<u></u> <u>.</u>	X Yes No		
For	Pape	rwork Reduction Act Notice, see the separate instructions.		_	Form 990 (2018)		
101			101	4			
JSA 8E1	010 1 00	00	8,1	v			

ABD 0

Part IV Checklist of Required Schedules No Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," Х Х Is the organization required to complete Schedule B. Schedule of Contributors (see instructions)? 2 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to Х 3 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) Х 4 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 98-197 If "Yes," complete Schedule C, Part III . 5 X 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 6 Х 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 Х Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," 8 Х 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 Х 9 10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V. 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," Х 11a b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more 11b c 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 Χ d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 11e Х f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses 11f the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete 12a Χ 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 Х Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E. 13 Х 14a Did the organization maintain an office, employees, or agents outside of the United States?.......... 14a Х 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 14b Х Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or 15 Х 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other 16 Х Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on 17 Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)......... 17 Х Did the organization report more than \$15,000 total of fundraising event gross income and contributions on 18 18 X Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? 19 Х 20a Х b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 20b Х 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

Part	Checklist of Required Schedules (continued)		Vaa	No.
			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		_X
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		<u> </u>
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than			
	\$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b	24-		
	anough and one complete contract to the grant and a second contract to the con	24a		<u>X</u> _
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		<u>X</u> _
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year	240		v
	to defease any tax-exempt bonds?	24c		<u>X</u> X
		240		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	25a		v
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a	_	<u>X</u>
D	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		х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any	230		
26	current or former officers, directors, trustees, key employees, highest compensated employees, or			
	disqualified persons? If "Yes," complete Schedule L, Part II	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee,			
27	substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L,	 -		
20	Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
9	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete			
	Schedule L, Part IV	28b		Х
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof)			
·	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	29	·	Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified			_
	conservation contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes,"			
	complete Schedule N, Part II	32		Х
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		X
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		_X_
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Χ_
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		<u> </u>
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		<u> </u>
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_	X	<u> </u>
Part				
	Check if Schedule O contains a response or note to any line in this Part V	• • •		
			Yes	No
	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1		
	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable	ł		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and	ا		
	reportable gaming (gambling) winnings to prize winners?	1c	990	(2018)
		- cuill		

Part	Statements Regarding Other IRS Filings and Tax Compliance (continued)			
			Yes	No ,
	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			ļ
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 3		 -	
	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		- <u>-</u>	
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a 3b	X	
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	30		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	4a		Х
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?.	70		
	If "Yes," enter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
	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		Х
	If "Yes," did the organization include with every solicitation an express statement that such contributions or			
	gifts were not tax deductible?	6b		
	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		
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7с		
	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit 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	8		
	sponsoring organization have excess business holdings at any time during the year?	-		
	Sponsoring organizations maintaining donor advised funds. Did the engagement organization make any tayable distributions under section 49662	9a		
	Did the sponsoring organization make any taxable distributions under section 4966?	9b		
	Section 501(c)(7) organizations. Enter			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
	Section 501(c)(12) organizations. Enter			
	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them)			
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	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			
	Enter the amount of reserves the organization is required to maintain by the states in which			
	the organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand	44-	-	
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		
	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	45		
	excess parachute payment(s) during the year?	15		
	If "Yes," see instructions and file Form 4720, Schedule N	16		
	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O	10		
	II 165, Complete Form 4720, Scriedule O	Form	990	(2018

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 in Schedule O Check if Schedule O contains a response or note to any line in this Part VI	See ın	struc					
Sact	ion A. Governing Body and Management	• • •						
Sect			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year							
h	committee, explain in Schedule O Enter the number of voting members included in line 1a, above, who are independent			,				
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			l;				
~	any other officer, director, trustee, or key employee?	2		Х				
3	Did the organization delegate control over management duties customarily performed by or under the direct							
3	supervision of officers, directors, or trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х				
4	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х				
5 £	Did the organization have members or stockholders?	6		Х				
6	Did the organization have members, stockholders, or other persons who had the power to elect or appoint							
7a	one or more members of the governing body?	7a		Х				
	Are any governance decisions of the organization reserved to (or subject to approval by) members,							
D		7b		х				
	stockholders, or persons other than the governing body?		-					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during							
	the year by the following	8a	X	'				
a	The governing body?	8b		Х				
þ	· · · · · · · · · · · · · · · · · · ·			 -				
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 in Schedule O	9		x				
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Revenue)					
	on Bit official (Time cooker B requeste information about pointed the required b) are internal received		Yes	No				
100	Did the organization have local chapters, branches, or affiliates?	10a		Х				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,							
D	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10ь						
110	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х					
11a b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			!				
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		X				
12a	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give		-					
D,	rise to conflicts?	12b						
•	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		Х				
14	Did the organization have a written document retention and destruction policy?	14		Х				
15	Did the process for determining compensation of the following persons include a review and approval by							
13	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			!				
_	The organization's CEO, Executive Director, or top management official	15a		X				
a h	Other officers or key employees of the organization	15b		Х				
D	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)			,				
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			١.,				
IVa	with a taxable entity during the year?	16a		X				
h	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						
Secti	ion C. Disclosure							
17	List the states with which a copy of this Form 990 is required to be filed ▶							
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T	(Sec	tion 5	01(c)				
	(3)s only) available for public inspection. Indicate how you made these available. Check all that apply Own website							
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int	erest	policy	y, and				
	financial statements available to the public during the tax year							
20	State the name, address, and telephone number of the person who possesses the organization's books and record TOM LUND, 223 N SPALDING AVE, LEBANON, KY 40033 (270) 692–6002	s ▶						

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

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

List persons in the following order individual trustees or directors, institutional trustees, officers, key employees, highest compensated employees, and former such persons

compensated employees, and former such person	S .									
Check this box if neither the organization no	any related	orga	nıza	tion	COI	npen	sate	ed any current offic	er, director, or trus	tee
(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	box, office or direct	unle: er and	Pos heck ss pe	rson	n oth set to the set of the set o	an	(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
(1) SEE SCHEUDLE ATTACHED										
(2) TOM LUND	10			,,	,,			127 271	0	0
EXECUTIVE DIRECTOR (3)	40	-		X	Х	Х		137,271	0	0
(4)										
(5)										
(6)		-								
(7)										
(8)										
(9)										-
(10)			-	!						
(11)										
(12)										
(13)										
(14)										
			1					i	ı	i

Part VII Section A. Officers, Directors, Tru	stees, Key	/ Em	plo	yee	s, a	ınd H	ligh	est Compensate	d Employ	ees (co	ntınued	1)	
(A) Name and title	(B) Average hours per week (list any	(C) Position (do not check more than box, unless person is bott officer and a director/rus					an tee)	(D) Reportable compensation from	(E) Reportal compensation related	on from	an	(F) timated ount of	f
	hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizat -(W-2/1099-		fro orga and	pensation the anization the anization in	n d
(15)							 						
(16)				-									
(17)		<u></u>					-				-		
(18)		<u> </u>					-						
(19)		ļ					_						
(20)													
(21)													
(22)													
(23)					-								
(24)					-								
(25)							-						
							Ļ	-					
1b Sub-total							* * *	137,271 137,271					
Total number of individuals (including but no reportable compensation from the organization)	ot limited t		se li				wh		han \$100,0	000 of			
												Yes	No
3 Did the organization list any former offi employee on line 1a? If "Yes," complete Sched											3		X
4 For any individual listed on line 1a, is the organization and related organizations gi	sum of re	porta	ble	con	npe	nsatio	on a	and other comper	sation from	n the			
ındıvıdual											4		Х
5 Did any person listed on line 1a receive of for services rendered to the organization? If "											5		x
Section B. Independent Contractors	_												
Complete this table for your five highest cor compensation from the organization Report year													
(A) Name and business add	dress							(B) Description of se	ervices	С	(C) ompens	ation	
NONE							1						
							\pm						
							+						
2 Total number of independent contractors received more than \$100,000 of compensati	-	-							ve) who				

Pai	rt VII	Statement of Rever	nue					
		Check if Schedule O co	ontains a respor	nse or note to ar	ny line in this Part V (A) Total revenue	(B) Related or	(C) Unrelated	(D) Revenue
• •						exempt function revenue	business revenue	excluded from ta under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns						
ي ۾	b	Membership dues						
if A F	С	Fundraising events	1 1					
S,E	d	Related organizations		<u> </u>	1			
Sign	е	Government grants (contribu	·					
buti	f	All other contributions, gifts,	- I I	272,982				
ĘŎ		and similar amounts not included		212,302	1			
a Co	g	Noncash contributions included in Total. Add lines 1a-1f			272,982			
	h	rotal. Add lines ra-ii		Business Code	212,502			
Program Service Revenue				Business Gode				-
ě	2a	 						1
e S	b	 		<u> </u>				1
eΣ	C							
u S	d					-		
Jran	e						 -	
Š	†	All other program service rev Total. Add lines 2a-2f		<u> </u>				1
-	<u>g</u>		cluding dividen					<u> </u>
	3	Investment income (income and other similar amounts).	•		33,858			33,858
	4	Income from investment of			337333			33,33
	5	Royalties					<u> </u>	
	•	Troy and a vivia v	(ı) Real	(ii) Personal			-	
		Cross roots	32,265	0	1			
	6a	Gross rents	91,143					
	b	Less rental expenses Rental income or (loss)	(58,878)	· - -				1
	C d	Net rental income or (loss)		>	(58,878)		(58,878)	
	7a	Gross amount from sales of	(i) Securities	(II) Other				
	'-	assets other than inventory		769,378				
	ь	Less cost or other basis						
		and sales expenses		764,563				
	c	Gain or (loss)		4,815				
	ď	Net gain or (loss)			4,815	4,815		
•	l	Gross income from fundra						
Ž	""	events (not including \$						1
eve		of contributions reported on						
<u>بر</u>		See Part IV, line 18						
Other Revenue	ь	Less direct expenses						
J	С	Net income or (loss) from fu		_				
	9a	Gross income from gaming	activities					
		See Part IV, line 19						
	ь	Less direct expenses	b					
	С	Net income or (loss) from g		<u></u>			<u></u> .	
	10a	Gross sales of inventoreturns and allowances	•					
	ь	Less cost of goods sold	-					
	C	Net income or (loss) from sa						
		Miscellaneous Revenu		Business Code				
	11a	PUBLICATION INCO	ME		9,076	9,076		
	Ь	MISCELLANEOUS			34	34		
	C		•					
	اما	All other revenue						
	ء	Total. Add lines 11a-11d -			9,110			
	آء ا	Total revenue See instruction			261.887	13, 925	(58, 878)	33.858

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A)

000	Check if Schedule O contains a response or note to any line in this Part IX										
Do	not include amounts reported on lines 6b, 7b,	(A)	(B) Program service	(C)	(D)						
	9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments See Part IV, line 21			`							
2	Grants and other assistance to domestic										
	ındıvıduals 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										
4	Benefits paid to or for members										
	Compensation of current officers, directors,										
•	trustees, and key employees	116,680	116,670		_						
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	Other salaries and wages	52,298	52,298								
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)	5,435	5,435								
9	Other employee benefits	12,543	12,543								
10	· ·	14,181	14,181								
	Fees for services (non-employees)										
	Management	10,835	10,835								
	Legal	2,970	2,970								
	Lobbying	2,310	2,510		· ·						
	Professional fundraising services See Part IV, line 17.										
	Investment management fees										
	Other (If line 11g amount exceeds 10% of line 25, column				<u> </u>						
Ĭ	(A) amount, list line 11g expenses on Schedule O)	2,581	2,581								
12	Advertising and promotion										
13	Office expenses	5,968	5,968								
14	Information technology										
15	Royalties										
	Occupancy		1 010								
	Travel	1,018	1,018	 	- · ·						
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
	Conferences, conventions, and meetings				.						
20 ₂	Payments to affiliates			-							
22	Depreciation, depletion, and amortization	6,083	6,083								
23	Insurance	3,260	3,260								
	Other expenses Itemize expenses not covered										
	above (List miscellaneous expenses in line 24e If										
	line 24e amount exceeds 10% of line 25, column										
	(A) amount, list line 24e expenses on Schedule O)										
а	RECRUITMENT	5,520	5,520		<u> </u>						
	PUBLIC RELATIONS/IND. DEVELOPMENT	21,437	21,437		-						
	PUBLICATION COST	14,785	14,785								
	AUTOMOBILE EXPENSE	7,000	7,000								
	All other expenses MISC.	4,554	4,554								
	Total functional expenses. Add lines 1 through 24e Joint costs. Complete this line only if the	- 287,148	287,138								
40	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)										

Form 990 (2018)

Part X Balance Sheet

		Check if Schedule O contains a response o	r note	e to any line in this Pa	art X		
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			379,892	1	237,460
	2	Savings and temporary cash investments			440,107	2	591,285
	3	Pledges and grants receivable, net				3_	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from current and f	orme	r officers, directors,			
		trustees, key employees, and highest co	d-d-p				
		Complete Part II of Schedule L			-	5_	
	6	Loans and other receivables from other disqualified personal 4958(f)(1)), persons described in section 4958(c)(3)(B), and sponsoring organizations of section 501(c)(9) voluorganizations (see instructions). Complete Part II of Sche	and ontary	contributing employers employees' beneficiary		6	
ets.	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use			3,821,415	8	3,087,851
⋖	9	Prepaid expenses and deferred charges				9	<u> </u>
	_	Land, buildings, and equipment cost or					
			10a	117,687			<u> </u>
	b	Less accumulated depreciation	30,360	10c	22,526		
	11	Investments - publicly traded securities		11			
	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		3,104,173	15	3,262,030	
	16	Total assets. Add lines 1 through 15 (must equal			7,775,947		7,201,152
	17	Accounts payable and accrued expenses			11,583	17	10,266
	18	Grants payable				18	
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities			20		
	21	Escrow or custodial account liability Complete Pa	of Schedule D		21		
es	22	Loans and other payables to current and for	officers, directors,				
Liabilities		trustees, key employees, highest compen-					
iab		disqualified persons Complete Part II of Schedule		· ·	2,167,357	22	1,619,140
_	23	Secured mortgages and notes payable to unrelate				23	
	24	Unsecured notes and loans payable to unrelated to				24	
	25	Other liabilities (including federal income tax, j					
		parties, and other liabilities not included on lines					
		of Schedule D			2 170 040	25	1 (20 40)
	26	Total liabilities. Add lines 17 through 25			2,178,940	26	1,629,406
ces		Organizations that follow SFAS 117 (ASC 958), complete lines 27 through 29, and lines 33 and	34.				
an	27	Unrestricted net assets			2,492,834		2,309,717
B	28	Temporarily restricted net assets			3,104,173		3,262,029
PL	29	Permanently restricted net assets				29	
or Fund Balances		Organizations that do not follow SFAS 117 (ASC 958) complete lines 30 through 34.			nama aanaanii kaanaanii maanaa maana aa aa aa aa aa		
ets	30	Capital stock or trust principal, or current funds .				30	
Net Assets	31	Paid-in or capital surplus, or land, building, or equ				31	
ي ب	32	Retained earnings, endowment, accumulated inco	ome,	or other funds		32	
Š	33	Total net assets or fund balances			5,597,007		5,571,746
	34	Total liabilities and net assets/fund balances		<u> </u>	7,775,947	34	7,201,152

Page 12

Ollin 3	(2010)					90
Part						
	Check if Schedule O contains a response or note to any line in this Part XI		<u> </u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			261,	
2	Total expenses (must equal Part IX, column (A), line 25)	2				148
3	Revenue less expenses Subtract line 2 from line 1	3				(61)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5,5	597 <u>,</u>	<u>007</u>
5	Net unrealized gains (losses) on investments	5				
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 in Schedule O)	9				
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10		5,	571,	746
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u> </u>			Щ
			_		Yes	No
1	Accounting method used to prepare the Form 990 X Cash Accrual Other	_				
	If the organization changed its method of accounting from a prior year or checked "Other," e	xplaın	ın			
	Schedule O					
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a	<u> X</u>	ļ
	If "Yes," check a box below to indicate whether the financial statements for the year were con-	npiled	or			
	reviewed 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		X
	If "Yes," check a box below to indicate whether the financial statements for the year were audi	ted or	n a			
	separate basis, consolidated basis, or both					
	Separate basis Consolidated basis Both consolidated and separate basis					3
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for					
	of the audit, review, or compilation of its financial statements and selection of an independent according to the selection of the selection o			2c	X	<u> </u>
	If the organization changed either its oversight process or selection process during the tax year, e	explain	ıın			
	Schedule O					نــــ ا
3a	As a result of a federal award, was the organization required to undergo an audit or audits as se	t forth	in			l
	the Single Audit Act and OMB Circular A-133?			3a		X
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not und	lergo	the			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such au	aits		3b	000	
			-	Form	990	(2018)

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification	on number				
ion.	Inspection				
	Open to Public				
empt charitable trust.	2018				
J. C	െ ∙ • •				

Nam	e or u	19 organization					Employer identili	Cauon number				
MΑ	RIO	N COUNTY INDUSTRIA	L FOUNDATION	INC			61-073	3728				
Pa	rt l	Reason for Public Cha	rity Status (All o	rganizations must o	omplete	e this pa	irt.) See instructions					
The	orga	anization is not a private fou	ndation because it	is (For lines 1 through	h 12, ch	eck only	one box)					
1		A church, convention of chu	irches, or associat	tion of churches desc	ibed in s	ection 1	70(b)(1)(A)(i).	n^{-1}				
2		A school described in section	on 170(b)(1)(A)(ii)	. (Attach Schedule E	(Form 99	90 or 990	-EZ))	O_1				
3		A hospital or a cooperative	hospital service of	rganization described	n sectio	n 170(b)	(1)(A)(iii).	_				
4		A medical research organiz	ation operated in	conjunction with a hos	spital de	scribed ir	section 170(b)(1)(A)	(iii). Enter the				
		hospital's name, city, and st			_							
5	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in											
		section 170(b)(1)(A)(iv). (Complete Part II)										
6		A federal, state, or local go	_			-						
7	X	An organization that norma	-		pport fro	om a go	vernmental unit or fro	om the general public				
	_	described in section 170(b)	(1)(A)(vi). (Comple	ete Part II)								
8		A community trust describe										
9		An agricultural research org										
		or university or a non-land-	grant college of ag	riculture (see instruct	ions) Ei	nter the r	name, city, and state o	f the college or				
		university						<u>.</u>				
10		An organization that norma receipts from activities rela support from gross investmacquired by the organization	ted to its exempt fi ent income and ui n after June 30, 19	unctions - subject to on nrelated business tax 1975 See section 509	certain e able inco (a)(2). (0	xception ome (less Complete	s, and (2) no more tha s section 511 tax) from Part III)	n 331/3 %of its				
11	$oxed{oxed}$	An organization organized										
12		An organization organized										
	of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3).											
		Check the box in lines 12a t	_									
а	L	Type I. A supporting orga										
		the supported organization				ajority of	the directors or truste	es of the				
	_	$_{ extstyle \neg}$ supporting organization ${ extstyle ` }$	•	· ·								
b	· L	Type II. A supporting org										
		control or management of			the sam	e person	s that control or man	age the supported				
	_	_ organization(s) You must	•									
С	L	Type III functionally integ						ly integrated with,				
		its supported organization										
d	L	Type III non-functionally										
		that is not functionally inte	-					an attentiveness				
	Г	requirement (see instructi						l Time III				
е	L	Check this box if the orga						і, туре пі				
		functionally integrated, or ter the number of supported			porting c	organizat	ion					
f		ovide the following information	=									
<u>9</u>		ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the	organization	(v) Amount of monetary	(vi) Amount of				
	(.,	and of supported organization	(,	(described on lines 1-10	listed in yo	ur governing	support (see	other support (see				
				above (see instructions))	Yes	ment?	instructions)	instructions)				
					163	110						
(A)												
_												
(B)												
							-					
(C)												
(D)												
(D)												
(E)												
				<u>.</u>		ļ						
Tot	al											
					ı	, 1		l				

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III If the organization fails to qualify under the tests listed below, please complete Part III)

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received (Do not include any "unusual grants")	547,080	493,546	416,571	383,090	272,982	27113,269
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	- 12					
4	Total. Add lines 1 through 3	547,080	493,546	416,571	383,090	272,982	2,113,269
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						2,113,269
	tion B. Total Support			() 0040	(#) 0047	(-) 0040	(D. Total
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015 493, 546	(c) 2016	(d) 2017 383,090	(e) 2018 272, 982	(f) Total 2,113,269
7 8	Amounts from line 4	547,080 43,466	493,346	416,571 39,739	31,304	33,858	189,098
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)						0 200 267
11	Total support. Add lines 7 through 10						2,302,367
12	Gross receipts from related activities, etc. (s	•				12	
13	First five years. If the Form 990 is forganization, check this box and stop here tion C. Computation of Public Sup						
14	Public support percentage for 2018 (II	• • • • • • • • • • • • • • • • • • • •	 	11 column (ft)		14	91.7868%
15	Public support percentage for 2017 Public support percentage from 2017						89.4342%
	331/3% support test - 2018. If the org	panization did n	ot check the bo	x on line 13. ar	nd line 14 is 33	1/3 % or more. c	
	box and stop here. The organization q	=					
b	331/3% support test - 2017. If the org						
	this box and stop here. The organization						
17a	10%-facts-and-circumstances test - 2	2018. If the org	janization did no	t check a box	on line 13, 16a	a, or 16b, and I	ine 14 is
	10% or more, and if the organization						
	Part VI how the organization meets t	he "facts-and-c	ircumstances" te	est The organiz	zation qualifies	as a publicly s	upported
	organization						▶ ∟
b	10%-facts-and-circumstances test - 2 15 is 10% or more, and if the orga	anization meets	the "facts-and	-circumstances'	' test, check tl	nis box and st	op here.
	Explain in Part VI how the organizati	on meets the "	facts-and-circum	stances" test	The organizatio	n qualifies as a	publicly
	supported organization						
18	Private foundation. If the organization						
	instructions			<u></u>			▶ 🔲

Schedule A (Form 990 or 990-EZ) 2018 .

	Iule A (Form 990 or 990-EZ) 2018						1 - 1
Pai	Support Schedule for Organ	izations Des	cribed in Sect	tion 509(a)(2)	ton foilo	d to avalify you	tor Bort II
	(Complete only if you checked if the organization fails to qua						del Palt II/
		illy under the	tesis listed be	- Please CC	omplete Fart i	·· <i>)</i>	
	tion A. Public Support		41.0045	4-2-0040	(4) 2047	(=) 2048	/(f) Total
Cale	ndar year (or fiscal year beginning in) 🕨 📙	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	/ (I) Total
1	Gifts, grants, contributions, and membership fees	\				/	ĺ
	received (Do not include any "unusual grants ")						
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					<u> </u>	
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		\ <u>\</u>		/		
5	The value of services or facilities		\	/	7		
	furnished by a governmental unit to the		\				
	organization without charge		· · · · · · · · · · · · · · · · · · ·				
6	Total. Add lines 1 through 5						
7 a	Amounts included on lines 1, 2, and 3						
h	received from disqualified persons			_X			
b	received from other than disqualified		_		•		
	persons that exceed the greater of \$5,000			\			:
	or 1% of the amount on line 13 for the year						
	Add lines 7a and 7b						<u> </u>
8	Public support. (Subtract line 7c from						
	line 6)					<u> </u>	
	tion B. Total Support	(1) 0044	1 (1) 2045	(2) 2040	(4) 2017	(=) 2018	(f) Total
Cale	ndar year (or fiscal year beginning in) 🕨 🗀	(a) 2014	(b) 2015	(c) 2016 \	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6				\	<u>-</u>	
10 a	Gross income from interest, dividends, payments received on securities loans,				\		
	rents, royalties, and income from similar						
	sources				\-	· —	
þ	Unrelated business taxable income (less						
	section 511 taxes) from businesses		_				
	acquired after June 30, 1975						
	Add lines 10a and 10b				<u> </u>		
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)			1 11 1 6 11			504(5)(0)
14	First five years If the Form 990 is for					•	
	organization, check this box and stop here.			· · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·	• • • • • • • • • • • • • • • • • • • •
	tion C. Computation of Public Supp			·		145	0/
15	Public support percentage for 2018 (line 8,		-			15	<u>%</u>
16	Public support percentage from 2017 Sched					16	<u> </u>
	tion D. Computation of Investment			42 pale (0)		17	\ 0/
17	Investment income percentage for 2018 (line	•	-			17	<u>%</u>
18	Investment income percentage from 2017 S						, %
19 a	331/3% support tests - 2018. If the orga						- 1 I
	17 is not more than 331/3 %, check this		_				
b	33 1/3 % support tests - 2017. If the organ						
	line 18 is not more than 331/3 %, check to	mis box and st	t op nere. The o r	yanızation qualifi	es as a publicly	supported organ	izativii 🚩 🔼

Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

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.)

Secti	on A. All Supporting Organizations		T	
			Yes	No
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	1		
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)	2		
3 a	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	3b		<u></u>
С	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	Зс		
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	4a		
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	4b		
С	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	4c	. 	
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)	5a		
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?	5b 5c		
С	Substitutions only. Was the substitution the result of an event beyond the organization's control?	30	 	
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 .			<u></u>
7	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)	7		<u>-</u>
8	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)	8		
9a		9a		
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 .	9b		
С	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 .	9c		
10 a	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	40		
b	supporting organizations)? If "Yes," answer 10b below Did 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.)	10a		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		<u> </u>
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.	11c		<u> </u>
Section	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, 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.	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, supervised, or controlled the supporting organization		 	
Section	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 or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Section	on D. All Type III Supporting Organizations			
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 organization's governing documents in effect on the date of notification, to the extent not previously provided?		Yes	No
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 the organization maintained a close and continuous working relationship with the supported organization(s)			
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 supported organizations played in this regard	3		
Section	on E. Type III Functionally Integrated Supporting Organizations			
1 a b c	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instituted in the organization satisfied the Activities Test. Complete line 2 below. The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see			
				No
2	Activities Test Answer (a) and (b) below.			
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 that these activities constituted substantially all of its activities			
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 reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement	2b		
3 a	Parent of Supported Organizations <i>Answer (a) and (b) below.</i> Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>Provide details in Part VI.</i>			
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	nization	S	
1 Check here if the organization satisfied the Integral Part Test as a qualifying instructions. All other Type III non-functionally integrated supporting organization.	g trust o	n Nov 20, 1970 (expla	ın ın Part VI) See ns A through E
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3	<u> </u>	
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or		<u> </u>	
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (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)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c	***************************************	
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	ŀ		
factors (explain in detail in Part VI)			
2 Acquisition indebtedness applicable to non-exempt-use assets	2	<u>.</u>	
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by 035	6	<u> </u>	
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	AMINA 4.2 MINING MANAGEMENT AND	
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5	<u> </u>	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functional	y integra	ated Type III supporting	g organization (see
instructions)			

Part	Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)							
Secti	on D - Distributions			Current Year				
1_	Amounts paid to supported organizations to accomplish ex							
2	Amounts paid to perform activity that directly furthers exer	npt purposes of support	ed					
	organizations, in excess of income from activity							
3_	Administrative expenses paid to accomplish exempt purpo	ses of supported organiz	rations					
4	Amounts paid to acquire exempt-use assets							
5_	Qualified set-aside amounts (prior IRS approval required)							
6_	Other distributions (describe in Part VI) See instructions							
7	Total annual distributions. Add lines 1 through 6							
8	Distributions to attentive supported organizations to which							
	(provide details in Part VI) See instructions							
9	Distributable amount for 2018 from Section C, line 6							
10	Line 8 amount divided by line 9 amount							
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018				
1	Distributable amount for 2018 from Section C, line 6							
2	Underdistributions, if any, for years prior to 2018							
	(reasonable cause required - explain in Part VI) See			!				
	instructions							
_3	Excess distributions carryover, if any, to 2018							
a	From 2013							
b_	From 2014							
c	From 2015							
d	From 2016							
ее	From 2017							
f	Total of lines 3a through e							
g	Applied to underdistributions of prior years							
<u>h</u>	Applied to 2018 distributable amount							
i_	Carryover from 2013 not applied (see instructions)							
<u>j</u>	Remainder Subtract lines 3g, 3h, and 3i from 3f		<u>-</u>					
4	Distributions for 2018 from							
	Section D, line 7 \$							
a	Applied to underdistributions of prior years							
b	Applied to 2018 distributable amount							
C	Remainder Subtract lines 4a and 4b from 4		<u> </u>					
5	Remaining underdistributions for years prior to 2018, if							
	any Subtract lines 3g and 4a from line 2 For result							
	greater than zero, explain in Part VI See instructions		<u>.</u>					
6	Remaining underdistributions for 2018 Subtract lines 3h							
	and 4b from line 1 For result greater than zero, explain in							
	Part VI. See instructions							
7	Excess distributions carryover to 2019. Add lines 3j							
	and 4c							
8	Breakdown of line 7							
a	Excess from 2014							
b	Excess from 2015							
С	Excess from 2016	-						
d	Excess from 2017		_ .					
е	Excess from 2018							

	Form 990 or 990-EZ) 2018 Page 8
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, 2b, 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.)
-	

SCHEDULE D (Form 990)

Department of the Treasury

Supplemental Financial Statements

► Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

➤ Attach to Form 990.

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

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service Employer identification number Name of the organization 61-0733728 MARION COUNTY INDUSTRIAL FOUNDATION INC Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6 (b) Funds and other accounts (a) Donor advised funds Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) . . 3 Aggregate value at end of year. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised Yes funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose Part II **Conservation Easements.** Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply) Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation 2 Held at the End of the Tax Year easement on the last day of the tax year 2b Number of conservation easements on a certified historic structure included in (a) C Number of conservation easements included in (c) acquired after 7/25/06, and not on a Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the Number of states where property subject to conservation easement is located ▶ ___ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items

Assets included in Form 990, Part X. . . .

Pa	rt III Organizations Maintaini									
3	Using the organization's acquisition	n, accession, a	ind other recor	ds, chec	k any o	f the follo	wing that a	ire a sigr	nificant use	e of its
	collection items (check all that app	ly)		_						
а	Public exhibition		d	-		ange progr	ams			
b	Scholarly research		e	Other						
C	Preservation for future gene									
4	Provide a description of the organ	nization's collec	tions and expla	ain how t	they fui	ther the c	rganization	s exemp	t purpose	in Part
_	XIII									
5	During the year, did the organization								Yes	No
	assets to be sold to raise funds rath			in or the t	organiza	ation's com	ection,	l.	162	LNO
Pa	Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21									
1a	Is the organization an agent, truste	e, custodian or	other intermed	liary for c	ontribu	tions or oth	er assets no	it _		
	included on Form 990, Part X?								Yes	No
b	If "Yes," explain the arrangement i	n Part XIII and o	complete the fo	llowing tal	ble					
							<u></u>	Amount	·	
C	Beginning balance					1c				
d	Additions during the year						<u></u>			
е	Distributions during the year									
f	Ending balance					1f			- 1 1	1
	Did the organization include an am								Yes	No
	If "Yes," explain the arrangement i	n Part XIII Che	ck here if the e	xplanation	n has be	en provide	on Part XII	<u> </u>	<u></u>	
Pa	tt V Endowment Funds. Complete if the organization	tion answered	t "Vos" on For	m 000 E	Part IV	line 10				
	Complete if the organiza	(a) Current yea				o years back	(d) Three y	nom book	(e) Four ye	om book
		(a) Current yea	(6) File	i year	(0) 1	o years back	(u) Tillee y		(e) i oui ye	als back
1a	Beginning of year balance						-			
b	Contributions									
С	Net investment earnings, gains,									
	and losses									
a	Grants or scholarships				-				-	
е	Other expenditures for facilities									
	and programs	_								·
f	Administrative expenses	·	<u> </u>		<u> </u>					
g	End of year balance	of the ourrent w	ear and balanc	o (lino 1a	column	(a)) hold s	<u> </u>			
2 a	Provide the estimated percentage Board designated or quasi-endown		ear end baland %	e (iirie 19,	Column	i (a)) neiu a	15			
	Permanent endowment ▶									
	Temporarily restricted endowment		%							
	The percentages on lines 2a, 2b, a		– qual 100%							
3a	Are there endowment funds not in		•	ation that	are hel	d and adm	inistered for	the		
	organization by	·	_						Ye	s No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations								3a(ii)	
b	If "Yes" on line 3a(ii), are the relate	ed organizations	listed as require	ed on Sch	edule R	?			3b	
4	Describe in Part XIII the intended in		nızatıon's endo	wment fu	nds					<u> </u>
Pa	rt VI Land, Buildings, and Equ Complete if the organize	uipment.	d "Voc" on Fo	·m 000	Dort IV	lino 11o	Soo Eorm	000 Pr	ort V line	10
	Description of property		ost or other basis	(b) Cost	or other ba	asis (c) A	ccumulated		i) Book value	
			(investment)		ther)		preciation			
1 a	Land			ļ	<u>-</u> -		_			
b	Buildings									
C	Leasehold improvements			ļ						
d	Equipment		117,687				95,161		22	2,526
	Other		-	<u> </u>	/B: :	1				2 5 2 5
Tota	I. Add lines 1a through 1e (Column	(d) must equal	Form 990, Part	X, columi	n (B), lır	ne 10c), .	<u> ▶</u>		22	2 , 526

Schedule D (Form 990) 2018

JSA 8E1270 1 000

	Investments - Other Securities.			
	Complete if the organization answere	<u>d "Yes" on Form 990</u>	, Part IV, line 11b. See Form 990, F	art X, line 12.
•	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1) Financi	al derivatives			
	-held equity interests			
(3) Other_				
(A)				
(B)				
(C)				
(D)				
(E)				·
(F)				·
(G)				
(H)				
	n (b) must equal Form 990, Part X, col (B) line 12)			
Part VIII	Investments - Program Related.			No. 4 W. 1 40
	Complete if the organization answere	d "Yes" on Form 990		
	(a) Description of investment	(b) Book value	(c) Method of valuation Cost or end-of-year market	
(1)				
(2)				
_(3)				
(4)				
(5)	<u> </u>			
(6)	_			
_(7)				
_(8)				
(9)	n (b) must equal Form 990, Part X, col (B) line 13)			
Part IX	Other Assets. Complete if the organization answere (a) D	d "Yes" on Form 990 escription	, Part IV, line 11d. See Form 990, F	Part X, line 15 (b) Book value
(1)CASH	IN BANK - TEMPORARILY RESTRI	CTED		1,822,464
(2)NOTE	S RECEIVABLE			643,144
(3)LEAS	ES RECEVIABLE			272,235
(4)LAND				524,187
(5)				
<u> </u>			······································	
(6)				
(6)				
(6) (7) (8) (9)				2 000 020
(6) (7) (8) (9)	umn (b) must equal Form 990, Part X, col (B) Other Liabilities. Complete if the organization answere line 25.			
(6) (7) (8) (9) Total. (Colo	Other Liabilities. Complete if the organization answere		, Part IV, line 11e or 11f. See Form	
(6) (7) (8) (9) Total. (Colo Part X	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	d "Yes" on Form 990	, Part IV, line 11e or 11f. See Form	
(6) (7) (8) (9) Total. (Colo Part X	Other Liabilities. Complete if the organization answere line 25.	d "Yes" on Form 990	, Part IV, line 11e or 11f. See Form	
(6) (7) (8) (9) Total. (Coli Part X	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability ral income taxes	d "Yes" on Form 990	, Part IV, line 11e or 11f. See Form	
(6) (7) (8) (9) Total. (Cold Part X	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability ral income taxes	d "Yes" on Form 990	, Part IV, line 11e or 11f. See Form	
(6) (7) (8) (9) Total. (Cold Part X	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability ral income taxes	d "Yes" on Form 990	, Part IV, line 11e or 11f. See Form	
(6) (7) (8) (9) Total. (Color Part X 1. (1) Feder (2) - (3) (4)	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability ral income taxes	d "Yes" on Form 990	, Part IV, line 11e or 11f. See Form	
(6) (7) (8) (9) Total. (Color Part X 1. (1) Feder (2) - (3) (4) (5)	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability ral income taxes	d "Yes" on Form 990	, Part IV, line 11e or 11f. See Form	
(6) (7) (8) (9) Total. (Color Part X 1. (1) Feder (2) - (3) (4) (5) (6)	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability ral income taxes	d "Yes" on Form 990	, Part IV, line 11e or 11f. See Form	
(6) (7) (8) (9) Total. (Color Part X 1. (1) Feder (2) - (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability ral income taxes	d "Yes" on Form 990	, Part IV, line 11e or 11f. See Form	
(6) (7) (8) (9) Total. (Coli Part X 1. (1) Feder (2) - (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability ral income taxes	d "Yes" on Form 990 (b) Book valu	, Part IV, line 11e or 11f. See Form	3, 262, 030 990, Part X,

Page 4

Part !	Reconciliation of Revenue per Audited Financial Statements With Revenue per Return Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	l .
4	Total revenue, gains, and other support per audited financial statements	1
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	
	Net unrealized gains (losses) on investments	
a	Donated services and use of facilities	
b	Donated services and use of lacinities	
C	Recoveries of prior year grants	
d	Add lines 2a through 2d	
e	Subtract line 2e from line 1	3
3		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b	
a	Other (Describe in Part XIII)	
b	Add lines 4a and 4b	4c
С 5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12)	5
Part		rn.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a	
1	Total expenses and losses per audited financial statements	1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	
_	Donated services and use of facilities	
a	Prior year adjustments	
b	Other losses	
C	Other (Describe in Part XIII)	
d	Add lines 2a through 2d	2e
e	Subtract line 2e from line 1	3
3	Amounts included on Form 990, Part IX, line 25, but not on line 1	
4	Investment expenses not included on Form 990, Part VIII, line 7b 4a	
	Other (Describe in Part XIII)	
b	Add lines 4a and 4b	4c
5	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18)	5
Part	XIII Supplemental Information.	
Provid	e the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Pa	rt V, line 4, Part X, line
2, Pari	t XI, lines 2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any additional inform	ation
THE	FOUNDATION IS A NONPROFIT CORPORATION, INCORPORATED UNDER THE LAWS C	F THE STATE OF
KENT	UCKY, AND IS EXEMPT FROM INCOME TAXES UNDER SECTION 501(c)(3) OF THE	INTERNAL
REVE	NUE CODE. THE FOUNDATION IS ALSO EXEMPT FROM KENTUCKY INCOME TAX. TH	E FOUNDATION
HAS .	ADOPTED ASC 740-10 AS IT RELATES TO UNCERTAIN TAX POSITIONS FOR THE	YEAR ENDED
DECE	MBER 31, 2018 AND HAS EVALUATED IT'S TAX POSITIONS TAKEN FOR ALL OPE	N YEARS.
CURR	ENTLY 2018, 2017, 2016, AND 2015 TAX YEARS ARE OPEN AND SUBJECT TO E	XAMINATION BY
THE	INTERNAL REVENUE SERVICE. HOWEVER, THE FOUNDATION IS NOT CURRENTLY U	NDER AUDIT NOR
HAS	THE FOUNDATION BEEN CONTACTED BY THE INTERNAL REVENUE SERVICE. BASED	UPON THE
EVAL	UATION OF THE FOUNDATION'S TAX POSITIONS, MANAGEMENT BELIEVES ALL PO	SITIONS TAKEN
MOUL	D BE UPHELD UNDER EXAMINATION. THEREFORE, NO PROVISION FOR THE EFFEC	TS OF
UNCE	RTAIN TAX POSITIONS HAS BEEN RECORDED FOR THE YEAR ENDED DECEMBER 31	, 2018

Schedule D (Fo	orm 990) 2018	Page 5
Part XIII	Supplemental Information (continued)	
		
		
		
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SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

► Attach to Form 990 or 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Employer identification number Name of the organization 61-0733728 MARION COUNTY INDUSTRIAL FOUNDATION INC FORM 990 PART IV - THE EXECUTIVE DIRECTOR, TOM LUND, RECEIVES A COPY OF THE 990 AND 990-T. AFTER HIS APPROVAL, THE RETURNS ARE DISTRIBUTED TO THE BOARD MEMBERS FOR THEIR REVIEW. FORM 990 PART IV-LINE 19- THE FOUNDATION MAKES ANY AND ALL DOCUMENTS REQUIRED TO BE MADE AVAILABLE UPON REQUEST VIA THEIR MAIN OFFICE. FORM 990 PART XI, LINE 24E -DUES \$1,200, WEB PAGE EXPENSE \$2,298, DONATIONS \$847, MISCELLANEOUS \$209

Schedule O (Form 990 or 990-EZ) (2018)		Page ∠
Name of the organization	Employer identification number	
MARION COUNTY INDUSTRIAL FOUNDATION INC	61-0733728	
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