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### **Return of Private Foundation**

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation

Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052

In	tern	al Re	venue Service	Note. T	he foundat	on may	be able to	use a copy of this	return to sati	sfy state repo	orting re	quirements.	
F	or c	aler	ndar year 2010, (	or tax year begi	inning				, and e	nding			
G	C	heck	all that apply:	Initia	l return			nıtıal return of a f	ormer public o	charity		Final return	1
				Ame	nded return			Address char	nge		Name	change	
Γ	Nan	ne of	f foundation								A Em	ployer identification	number
ı												•	
			JAMES	GRAHAM	BROW	N FC	UNDA	TION, IN	IC.		6	1-0724060	)
_ T	Num	ber a	and street (or PO bo					<u>.</u>	<del> </del>	Room/suite	_	ephone number	
			4350 1	BROWNSB	ORO R	OAD				200		02-896-24	40
h	Cıtv	or t	own, state, and Z		<u> </u>	<del></del>					1	emption application is p	
	Uity	V			KY 4	0207	,				I	oreign organization:	
닯	۲	hock	type of organiza					ate foundation				oreign organizations me heck here and attach co	
20	U							ale roundation able private found	ation				
العم	Eai		arket value of all a				ing method		X Accr	uel		rivate foundation sta ler section 507(b)(1	
ଷ			Part II, col. (c), i		year J		ther (speci		LZL AUG	uai			
>	<i>(iii</i> €				Q Q (Par			ust be on cash	hasis )			ie foundation is in a ler section 507(b)(1)	60-month termination
\0\f	_	rt I	T	venue and Exp			1		I	waatmaat	1		(d) Disbursements
Ľ	га		☐ (The total of amount)	unts in columns (b)	), (c), and (d) n	nay not		Revenue and nses per books	(b) Net in	vestment ome	(	c) Adjusted net income	for charitable purposes
<u>iii</u>	-	4								,	5 -	N/A	(cash basis only)
SCANNED		1	Contributions, g		•	Sch D	<del></del>		7	1 1	2 , E 2 277 F 289	A/A	
AB	-	2	Interest on savings		edanen to stracu	JUI 0		10,935.	<u> </u>	0,935.		- F	STATEMENT 1
Ş		3	cash investments	ntarant from an	tina		<u> </u>	353,305 <b>.</b>		8,323.	<del>'</del>		STATEMENT 2
V2	İ	4	Dividends and ii	iileresi iroiii set	iui iues		<u> </u>	333,303.	72	0,343.	<del></del>		SIAIEMENI Z
			Gross rents	-			a ' 5 ' ' ' ' '	*	કેર મ	, 9 ,	<del> </del>		
		_	Net rental income of	· · · —			<del> </del>	148,666.		<u> </u>	+	<u></u>	VED.
	e	08	Net gain or (loss) fr Gross sales price f		not on line 10	l	7			· <del></del>		RECE	VED
	Revenue	7	assets on line 6a				-		31	8,611.	1-1		S S
	æ	7	Capital gain net ind		, line 2)		5 i		<u> </u>	0,011.	1	<u>ଛି । NOV 2 1</u>	2011   9
		8 9	Net short-term o				*			3 .	1 1	21	2
			Income modifications Gross sales less re					~ .1 .	-, 1	1, 1,	ù	OGDE	
		10a		💳			<u> </u>			<u> </u>	3.5.	The second	
			Cross profit or		<del></del>					- <del>11</del>	<del>'</del>		3,
			Gross profit or (	(1055)			ļ .	125,948.	1	0,868.			STATEMENT 3
	- 1	11	Other income	1 through 11				658,478 <b>.</b>			-		DIATEMENT 5
_	$\dashv$	12	Total, Add lines					524,298.	<del>,</del>	$0,737. \\ 0,574.$	-		283,870.
	-	13	Other employee				<u> </u>	79,762.	+	$\frac{0,574}{4,622}$			38,419.
	- 1	14 15			•			78,264.	+	$\frac{4,022}{4,732}$	+		43,709.
	es		Pension plans,	cilipioyee bellei	STMT	1		59,804.		9,804.			9.
	Operating and Administrative Expense		Legal fees Accounting fees	•	STMT			42,300.	2	$\frac{3,804}{1,573}$			20,727.
	ğ		Other profession		STMT		1	292,427.		$\frac{1}{1},\frac{3}{3},\frac{3}{5}$		<del></del>	31,186.
	E E		Interest	iiai iees	DIMI	Ο.	1,	<u> </u>	1,20	1,441.	+		31,100.
	듩		Taxes		STMT	7	<u> </u>	397,872.	1	8,410.			0.
	stra	18	Depreciation an	d danlation	DIMI	,	-	10,116.		0,410.0		· · · -	, e, , ;
	틸	19	•	u depietion	-	-		76,482.		7,361.			19,121.
	튄	20	Occupancy Travel, conferen	and meetir				24,372.		$\frac{7,301}{6,456}$			17,916.
	١٩	21	Printing and pul		iys			24,314.		0,450.			11,310.
	ā	22 23			STMT	Ω		496,993.	1,39	9,970.			214,115.
	Ë		Other expenses  Total operating			U		<del>1</del> 00,000.	1,55	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	+		214,113.
	era	24	expenses. Add				2	082,690.	3 02	4,859.			669,063.
		O.E	•					966,388 <b>.</b>		- 45 .	-	- 1 6	13,572,955.
	- 1	25 26	Contributions, g				<del>'''</del>	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	1,7		+	~	±3,314,333.
		26	Total expenses Add lines 24 and		ielius.		11	049,078.	3 02	4,859.			14,242,018.
_	$\dashv$	27	Subtract line 26				<u> </u>	<u> </u>	<u> </u>	<del></del>	1,	ςξ.,	1 20 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
					الماسا		11	707,556.	1		· .		1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
			Excess of revenue  Net investment	•			(4) 2,	<u>////,556.</u>		0.	1.~	· · · · · · · · · · · · · · · · · · ·	
	į		Adjusted net in				, , , ,	4,1,	1,1,24	-,	<del> </del>	N/A	and the state of
0	2350	)1 -10		erwork Reduct		CB CBC		-	<u> </u>		1	-1/	Form <b>990-PF</b> (2010)
12	<b></b> 0/	- 10	יים דייועו גע			JU, JUG		YVIIV.					(2010)

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Form **990-PF** (2010)

Decreases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

See the Part VI instructions.

	n 990-PF (2010)  JAMES GRAHAM BROWN FOUNDATION, INC.  Int VI   Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4		07240 - see ins		Page 4
1a	Exempt operating foundations described in section 4940(d)(2), check here \( \bigcup \) and enter "N/A" on line 1.	1	,	, ,	,
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		٠,	- 17	,,,,
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1	~	1.3	0.
•	of Part I, line 27b	4	٠ . الله ع	e 💃 3	
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).			1, 32,	4
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2	7.5	29,8	116
3	Add lines 1 and 2	3		29,8	
ن 4		4		<u> </u>	0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	5		29,8	
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	<u> </u>		29,0	10.
6	Credits/Payments:	. *		أياد م	\$2 15.
	2010 estimated tax payments and 2009 overpayment credited to 2010 6a 50,693.	,		1 1 9 Li	أَحْدِ أَقْدُ
	Exempt foreign organizations - tax withheld at source	11	1 - 1	, - 1	4
C	Tax paid with application for extension of time to file (Form 8868)		n 2 h 34		1
đ	Backup withholding erroneously withheld 6d	4 15-	11, "		سلست المستور
7	Total credits and payments. Add lines 6a through 6d	7		50,6	<u>93.</u>
8	Enter any <b>penalty</b> for underpayment of estimated tax. Check here if Form 2220 is attached	8			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		20,8	377.
	Enter the amount of line 10 to be: Credited to 2011 estimated tax   20,877. Refunded	11			0.
	nt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene	ın		Yes	No
	any political campaign?		1	a	X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		• –	<u> </u>	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publishe	d or	· F	<u> </u>	F _ 1
	distributed by the foundation in connection with the activities.	<i>3</i> 0,		, , , , , , , , , , , , , ,	1, 45
_	•		I .	- 1	राज्य ध्र <b>X</b>
	Did the foundation file Form 1120-POL for this year?		<u>                                     </u>	C	<u> </u>
đ	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		ر بي		1,51
	(1) On the foundation. $\blacktriangleright$ \$ (2) On foundation managers. $\blacktriangleright$ \$		564 ` 2	a de	35.5
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation		130		
	managers. ▶ \$ 0 .		1.3	سنقلب والمراب	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?			2	X
	If "Yes," attach a detailed description of the activities.			]	تــ -
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, of	r	`		gg 3
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		<u> </u>	3	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			a X	
b	If "Yes," has it filed a tax return on Form 990-T for this year?		4	b X	L
	The state of the s			5	X
	If "Yes," attach the statement required by General Instruction T.		2,1	1 7	. s
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:		8.45	1 1 1 1	150
-	By language in the governing instrument, or		1	A 1 1 1	2
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state	law	اً رُّمْ	g Fr	\ - `~
	remain in the governing instrument?		9	. X	1 "
7	Did the foundation have at least \$5,000 in assets at any time during the year?		F:	, <u>x</u>	<del>                                     </del>
'					J. 1. J. 1.
0-	If "Yes," complete Part II, col. (c), and Part XV.		رون در در د		4 1 1
σa	Enter the states to which the foundation reports or with which it is registered (see instructions)	-	3	And Care	
_	KY		— R	1	1
b	of the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		doc	- k-	
	of each state as required by General Instruction G? If "No," attach explanation		8		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for cale	ndar	15 15 See		17
	year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV)? If "Yes," complete Part XIV			9	X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			0	X
			Form 9	90-PF	(2010)

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	1 990-PF (2010) JAMES GRAHAM BROWN FOUNDATION, INC. 61-072 art VII-A   Statements Regarding Activities (continued)	<u>4060</u>		Page 5
		Τ-		
	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u>x</u>
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before  August 17, 2008?	12		x
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
	Website address ► JGBF • ORG	_10_	21	L
14	The books are in care of ► MASON B. RUMMEL, PRESIDENT  Telephone no. ► (502)	896	-24	40
	Located at ▶4350 BROWNSBORO ROAD, SUITE 200 , LOUISVILLE, KY ZIP+4 ▶4			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			-
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A_	
16	At any time during calendar year 2010, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See page 20 of the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of			
	the foreign country	<u> </u>		<u> </u>
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<del></del>		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year did the foundation (either directly or indirectly):		5	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?		,	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?  Yes X No	'	•	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			l
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?  Yes X No			-
	·		17.	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)  Yes X No			
	termination of government service, if terminating within 90 days.)  If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
U	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 22 of the instructions)?	1b		х
	Organizations relying on a current notice regarding disaster assistance check here	10		
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
•	before the first day of the tax year beginning in 2010?	10		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
_	defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2010, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			-
	before 2010?	1		:
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		_	
	statement - see instructions.) . N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here.			
	<b>)</b>	4		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		ř.	. *
	during the year?			
b	of "Yes," did it have excess business holdings in 2010 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			,
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			*
,	Form 4720, to determine if the foundation had excess business holdings in 2010.)  N/A	3b		v
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		_X_
0	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that			Ÿ
	HOW HOW DEED LEDGGED HOUL BOUNDY DEIDLE HIE OLD HAY OF DIE HAY YEAR DECHINING III ZU HOZ	, 44 N		_ ^

orm 990-PF (2010) JAMES GRAHAM BROWN FOUND			61-07240	160 Page 6
<ul> <li>Part VII-B   Statements Regarding Activities for Which II</li> <li>5a During the year did the foundation pay or incur any amount to: <ol> <li>(1) Carry on propaganda, or otherwise attempt to influence legislation (section 2) Influence the outcome of any specific public election (see section 4955); of any voter registration drive?</li> <li>(3) Provide a grant to an individual for travel, study, or other similar purposes</li> <li>(4) Provide a grant to an organization other than a charitable, etc., organization 509(a)(1), (2), or (3), or section 4940(d)(2)?</li> <li>(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?</li> <li>b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und section 53.4945 or in a current notice regarding disaster assistance (see instru</li> </ol> </li> </ul>	Form 4720 May Be In 4945(e))? or to carry on, directly or indirectly or	Ye     Ye	es X No	5b
Organizations relying on a current notice regarding disaster assistance check it is the answer is "Yes" to question 5a(4), does the foundation claim exemption for expenditure responsibility for the grant?  If "Yes," attach the statement required by Regulations section 53 494.  6a Did the foundation, during the year, receive any funds, directly or indirectly, to a personal benefit contract?  b Did the foundation, during the year, pay premiums, directly or indirectly, on a purity "Yes" to 6b, file Form 8870.  7a At any time during the tax year, was the foundation a party to a prohibited tax is bit "Yes," did the foundation receive any proceeds or have any net income attribution.  Book Mill.  Information About Officers, Directors, Trust	rom the tax because it mainta  5-5(d).  pay premiums on  personal benefit contract?  shelter transaction?  utable to the transaction?	N/A	es X No es X No N/A	6b X
Paid Employees, and Contractors		inagers, riigini	,	
1 List all officers, directors, trustees, foundation managers and their  (a) Name and address  SEE ATTACHED SCHEDULE	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Compensation of five highest-paid employees (other than those inc  (a) Name and address of each employee paid more than \$50,000  NONE	cluded on line 1). If none,  (b) Title, and average hours per week devoted to position	enter "NONE." (c) Compensation	(cl) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
Fotal number of other employees paid over \$50,000		<u></u>	. Form	0 990-PF (2010)

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Form 990-PF (2010) JAMES GRAHAM BROWN FOUNDATION, I	NC. 61-	0724060 Pag	ge 7
Part VIII Information About Officers, Directors, Trustees, Foundar Paid Employees, and Contractors (continued)			
3 Five highest-paid independent contractors for professional services. If none, enter			
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensa	ition
NONE	_		
	_		
			—
Total number of others receiving over \$50,000 for professional services		<b>•</b>	
Part IX-A Summary of Direct Charitable Activities			<del>_</del>
List the foundation's four largest direct charitable activities during the tax year. Include relevant statist number of organizations and other beneficiaries served, conferences convened, research papers prod	ical information such as the uced, etc.	Expenses	
1 NONE		<del></del>	
		<del></del>	0.
2			
3			
4			
Part IX-B Summary of Program-Related Investments			
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount	
1 NONE			
			^
2			<u>0.</u>
All other program-related investments. See instructions.		<u> </u>	
3			
Total Add lines 1 through 3	•		0.

Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.     Average monthly fair market value of securities	purposes:	**	
a Average monthly fair market value of securities		~~~	
	• -	1a	333,254,360.
b Average of monthly cash balances		1b	1,276,101.
c Fair market value of all other assets		1c	4,212,313.
d Total (add lines 1a, b, and c)	•	1d	338,742,774.
e Reduction claimed for blockage or other factors reported on lines 1a and	·	1 1	
1c (attach detailed explanation)	0.		
2 Acquisition indebtedness applicable to line 1 assets		2	0.
3 Subtract line 2 from line 1d	-	3	338,742,774.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see ii	nstructions)	4	5,081,142.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part		5	333,661,632.
6 Minimum investment return. Enter 5% of line 5		6	16,683,082.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) foreign organizations check here and do not complete this part.)	5) private operating foundations and	l certain	
1 Minimum investment return from Part X, line 6		1	16,683,082.
2a Tax on investment income for 2010 from Part VI, line 5	29,816.	p <sup>1</sup> − (	
b Income tax for 2010. (This does not include the tax from Part VI.)			
c Add lines 2a and 2b		2c	29,816.
3 Distributable amount before adjustments. Subtract line 2c from line 1		3	16,653,266.
4 Recoveries of amounts treated as qualifying distributions		4	0.
5 Add lines 3 and 4		5	16,653,266.
6 Deduction from distributable amount (see instructions)		6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, li	ne 1	7	16,653,266.
Part XII Qualifying Distributions (see instructions)			
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		33, 1 24, 34, 2	
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	14,242,018.
b Program-related investments - total from Part IX-B	ļ	1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc	., purposes	2	<del></del>
3 Amounts set aside for specific charitable projects that satisfy the:	-  -	. ¬ +	
a Suitability test (prior IRS approval required)	<u> </u>	3a	· <del>· · · · · · · · · · · · · · · · · · </del>
b Cash distribution test (attach the required schedule)		3b	
4 Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Par	Tr.	4	14,242,018.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment	t		_
income. Enter 1% of Part I, line 27b		5	0.
6 Adjusted qualifying distributions. Subtract line 5 from line 4		6	14,242,018.
Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when c 4940(e) reduction of tax in those years.	alculating whether the foundation qu	alifies for	the section

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	<b>(d)</b> 2010
1 Distributable amount for 2010 from Part XI,	-			16 650 066
line 7			·	16,653,266.
2 Undistributed income, if any, as of the end of 2010			12 041 700	ť
a Enter amount for 2009 only			13,041,708.	*
b Total for prior years:		0.		* * *
3 Excess distributions carryover, if any, to 2010:				
a From 2005			-a <sub>t</sub>	74 P
b From 2006		,	-	s de
c From 2007	,	•		
d From 2008				
e From 2009	20		- 3 P	
f Total of lines 3a through e	0.	and J. C.	3,1	*
4 Qualifying distributions for 2010 from			4	
Part XII, line 4: ► \$ 14,242,018.				
a Applied to 2009, but not more than line 2a			13,041,708.	ν
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus	_		# ## # ##	,
(Election required - see instructions)	0.	, , ,	,	
<b>d</b> Applied to 2010 distributable amount	h		1 1	1,200,310.
e Remaining amount distributed out of corpus	0.		<u> </u>	
5 Excess distributions carryover applied to 2010 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:			, ,	
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.	\$## K	00 *	
<b>b</b> Prior years' undistributed income. Subtract			,	٠
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of	,			* **
deficiency has been issued, or on which	ur ,			- (
the section 4942(a) tax has been previously		0	· · · · ·	No.
assessed .	, a 4.4	0.	1	, ,
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions  e Undistributed income for 2009. Subtract line		0.		
4a from line 2a. Taxable amount - see instr.	, ·		0.	
f Undistributed income for 2010. Subtract	***	3		
lines 4d and 5 from line 1. This amount must	1 1 1		- 6.3 Gara	
be distributed in 2011				15,452,956.
7 Amounts treated as distributions out of			र हरे	,
corpus to satisfy requirements imposed by				•
section 170(b)(1)(F) or 4942(g)(3)	0.			* *
8 Excess distributions carryover from 2005			ا ا	=3. p
not applied on line 5 or line 7	0.	1	\$ <u></u>	- 4J ·
9 Excess distributions carryover to 2011.	_	ا المواد	1	
Subtract lines 7 and 8 from line 6a	0.	, ,	ζ.	
10 Analysis of line 9:	ч , , , -,	,		•
a Excess from 2006				>
b Excess from 2007	3. s	. و . ر		•
c Excess from 2008		المراجعة الم	4	
d Excess from 2009		2.5	- 4	
e Excess from 2010	<u> </u>	<u></u>		Form <b>990-PF</b> (2010)

	RAHAM BROWN				124060 Page 10
Part XIV Private Operating F	·		1-A, question 9)	N/A	<del></del>
1 a If the foundation has received a ruling o			_		
foundation, and the ruling is effective fo		-	▶ ∟		10.40(.)(5)
<b>b</b> Check box to indicate whether the found		ig foundation described		4942(j)(3) or 4	1942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(F) 2000	Prior 3 years	(d) 2007	(e) Total
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(a) 2007	(e) iotai
investment return from Part X for					
each year listed					<del></del>
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities			_		-
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					<u> </u>
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter					
2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(III)			<u></u>		
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					<u> </u>
Part XV Supplementary Info			if the foundat	ion had \$5,000 or m	ore in assets
at any time during t		nstructions.)			
1 Information Regarding Foundation					
a List any managers of the foundation wh			tributions received b	y the foundation before the cl	ose of any tax
year (but only if they have contributed in	nore man \$5,000). (See S	ection 507 (d)(2).)			
NONE			/ N · I		
b List any managers of the foundation who other entity) of which the foundation ha			(or an equally large (	Jurtion of the ownership of a	partnership of
• • • • • • • • • • • • • • • • • • • •	o a 1070 of grouter micros				
NONE		0.1.1			<del></del>
2 Information Regarding Contribut				non not appent uppelleded see	wasta for funda. If
Check here  if the foundation of the foundation makes gifts, grants, etc.				pes not accept unsolicited rec	
	<del>`                                      </del>			10, 00111111111111111111111111111111111	10 01
a The name, address, and telephone num	iber of the person to who	n applications should be	audiesseu.		
SEE STATEMENT 13					
<b>b</b> The form in which applications should t	pe submitted and informati	tion and materials they s	hould include:		
c Any submission deadlines:					·
d Any restrictions or limitations on award	e cuch ac hy neographic	al areas charitable fields	kinds of institutions	or other factors	
u Any resultations of infinations of award	a, audii da by yedyidpille	ai ai cas, chailtable licius	, หมอง จา เมอนเบนบม	, or other lactors.	

Part XV Supplementary Information	(continued)			
3 Grants and Contributions Paid During the Ye	ar or Approved for Future	Payment		
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
	or substantial contributor	recipient		
a Paid during the year SEE ATTACHED SCHEDULE	any toundation manager or substantial contributor	recipient	Contribution	
Total			<b>▶</b> 3a	13572955.
NONE				
Total			<b>▶</b> 3b	0.
023611 12-07-10			F	orm <b>990-PF</b> (2010)

Part XVI-A Analysis of Income-Producing Activities

	Unrelated	business income	Fueluet	ed by section 512, 513, or 514	<del></del>
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion	ed by section 512, 513, or 514  (d)  Amount	(e) Related or exempt function income
1 Program service revenue:	code	Amount	code	Amount	iuncuon income
a	.				
b	.		$\sqcup$		
C			<u>                                     </u>		<del> </del>
d	.				
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	10,935.	
4 Dividends and interest from securities			14	10,935. 353,305.	
5 Net rental income or (loss) from real estate:	, ,	- ,5		,	
Dobt financed property		<u>-</u>			
t. Net debt franced areasets					
6 Net rental income or (loss) from personal					- //
property 7 Other investment income			15	125,948.	
			<del>  • •</del>	123,540.	
8 Gain or (loss) from sales of assets other			18	<1,148,666.	
than inventory			1 - 9	<u> </u>	•
9 Net income or (loss) from special events	<u> </u>	<del></del>	┼┼		
10 Gross profit or (loss) from sales of inventory			╂──┼		
11 Other revenue:					
å	-		$\vdash$		
b	-		1		
C	-		1		
d	-		+		<del> </del>
e	-		1	650 450	
12 Subtotal. Add columns (b), (d), and (e)		0.	٠,	<658,478.	
13 Total. Add line 12, columns (b), (d), and (e)				13	<658,478.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities	to the Accor	mplishment of Ex	kempt	Purposes	
Line No. Explain below how each activity for which inc			( contribu	ited importantly to the accom	plishment of
the foundation's exempt purposes (other tha	n by providing tune	as for such purposes).			
N/A		<del></del>			
					<del></del>
	· · · · · · · · · · · · · · · · · · ·		<del>.</del>		
				···	
	<del></del>				
	. =-	<u> </u>			
		<u> </u>		•	•
				• • • • • • • • • • • • • • • • • • • •	
	<del></del>				
	<del></del>				
		······································			
023621					Form <b>990-PF</b> (2010)

(502)426-9660 Form 990-PF (2010)

Paid **Preparer** 

**Use Only** 

Firm's name ► DEMING MALONE LIVESAY & OSTROFF PSC

LOUISVILLE, KY 40222-5187

Firm's address ▶ 9300 SHELBYVILLE RD STE 1100

Firm's EIN ▶

Phone no.

CHRISTINE N KOENIG

Part IV Capital Gains and Lo	sses for Tax on Investment Income				
(a) List and	describe the kınd(s) of property sol rıck warehouse; or common stock, 2	ld, e.g., real estate,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a MORGAN CREEK C			P		
b GOLDMAN SACHS			P		
c K-1 FROM CHRYS					
	N CREEK III				
e K-1 FROM MORGA					·-·
	N CREEK III N CREEK II				
g K-1 FROM MORGA h K-1 FROM MORGA			-		
i K-1 FROM MORGA					
K-1 FROM MORGA			· ·		
k K-1 FROM MORGA					
⊢ K-1 FROM MORGA					
m K-1 FROM MORGA					
Π					
0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		Gain or (loss) lus (f) minus (g)	
a				<1,	657,2 <b>42</b> .>
b					<u>508,576.</u>
C					73,178.
d					74,445.
e					260,574.
f					<8,541.>
g					21,021.
h					908,677.
<u> </u>					16,402.
<u>.</u>		<u> </u>			5,283.
<u> </u>		-			116,374.
		<u> </u>			<147.>
<u>m</u>					<u> </u>
<u>n</u>					
Complete only for assets shown	ng gain in column (h) and owned by	the foundation on 12/31/69	(8) L ns	ses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess of	of col. (h) gain over ot less than "-0-")	col. (k),
a	· · · · · · · · · · · · · · · · · · ·			<1.	657,242.>
b					508,576.
C					73,178.
d					74,445.
e					260,574.
f				-	<8,541.
g					21,021.
h					908,677.
1					16,402.
1					5,283.
<u>k</u>					116,374.
1			·		11.
<u>m</u>					<u>&lt;147.</u> >
n					
0	<u>L</u>	J	<del></del>		
2 Capital gain net income or (net ca	apıtal loss) {   if gain, also ente   if (loss), enter	r in Part I, line 7 0-" in Part I, line 7	2		318,611.
3 Net short-term capital gain or (loif gain, also enter in Part I, line 8, if (loss), enter "-0-" in Part I, line	, column (c).	nd (6):	3	N/A	

FORM 990-PF INTEREST ON SAVINGS AND	TEMPORARY CASH	INVESTMENTS	STATEMENT 1
SOURCE			AMOUNT
DETAIL MAINTAINED		•	10,935.
TOTAL TO FORM 990-PF, PART I, LINE	3, COLUMN A		10,935.
FORM 990-PF DIVIDENDS AND	INTEREST FROM SEC	CURITIES	STATEMENT 2
SOURCE	CZ GROSS AMOUNT	APITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
DETAIL MAINTAINED	353,305.	0.	353,305.
TOTAL TO FM 990-PF, PART I, LN 4	353,305.	0.	353,305.
FORM 990-PF OTI	HER INCOME		STATEMENT 3
DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	
OIL ROYALTIES & BONUSES OTHER INCOME MORGAN CREEK PARTNERS III K-1 MORGAN CREEK PARTNERS III K-1 MORGAN CREEK PARTNERS II K-1 MORGAN CREEK PARTNERS IV K-1 ADVANCED CANCER THERAPEUTICS K-1	123,565 2,383 0 0 0 0	. 2,383 . <43,320 . <1,122 . 628,412 . 14,176	• •> •> •
TOTAL TO FORM 990-PF, PART I, LINE 3	11 125,948	. 70,868	•

				<u> </u>	
FORM 990-PF	LEGAL	FEES	S'	PATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
LEGAL FEES	59,804.	59,804.			0.
TO FM 990-PF, PG 1, LN 16A =	59,804.	59,804.			0.
FORM 990-PF	ACCOUNTI	NG FEES	S'	PATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
ACCOUNTING FEES	42,300.	21,573.		20,7	27.
TO FORM 990-PF, PG 1, LN 16B	42,300.	21,573.		20,72	27.
FORM 990-PF C	THER PROFES	SIONAL FEES	S'	PATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
OTHER	1,292,427.	1,261,241.		31,18	86.
TO FORM 990-PF, PG 1, LN 16C	1,292,427.	1,261,241.		31,18	86.
FORM 990-PF	TAX	ES	STATEMENT		7
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITAI PURPOSI	
PROPERTY TAXES 990-PF TAX CURRENT &	10,460.	10,460.			0.
DEFERRED	366,000.	0.			0.
PRIOR YEAR TAXES	21,412.	0.			0.
FOREIGN TAXES PAID-MORGAN CREEK III FOREIGN TAXES PAID-MORGAN	0.	1,107.			0.
CREEK II	0.	6,833.			0.

JAMES GRAHAM BROWN FOUNDATI	ON, INC.			61-0724060	
FOREIGN TAXES PAID-MORGAN CREEK IV	0.	10.		0.	
TO FORM 990-PF, PG 1, LN 18 =	397,872.	18,410.		0.	
FORM 990-PF	OTHER EXPENSES		STATEMENT 8		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
CHRYSALIS VENTURES II K-1 CHRYSALIS VENTURES III K-1 KENTUCKY SEED CAPITAL FD K-1 MORGAN CREEK PARTNERS III	0. 0. 0.	47,811. 35,320. 6,297.		0. 0. 0.	
K-1 MORGAN CREEK PARTNERS II K-1 OFFICE S&E	0. 0. 27,568.	468,682. 529,676. 14,060.		0. 0. 13,508.	
TECHNOLOGY EXPENSE TELEPHONE EXPENSE INSURANCE DUES & SUBSCRIPTIONS	7,766. 8,486. 45,083. 11,417.	3,961. 4,328. 22,992. 5,823.		3,805. 4,158. 22,091. 5,595.	
ENVIRONMENTAL MATTERS MORGAN CREEK PARTNERS IV K-1 BROWN FELLOWS PROGRAM	231,715. 0. 164,958.	0. 258,880. 0.		0. 0. 164,958.	
ADVANCED CANCER THERAPEUTICS K-1	0.	2,140.		0.	
TO FORM 990-PF, PG 1, LN 23	496,993.	1,399,970.		214,115.	
FORM 990-PF	CORPORAT	E STOCK		STATEMENT 9	
DESCRIPTION		во	OK VALUE	FAIR MARKET VALUE	
CORPORATE STOCK			604,381.	604,381.	

604,381.

604,381.

TOTAL TO FORM 990-PF, PART II, LINE 10B

FORM 990-PF OTI	HER INVESTMENTS		STATEMENT	10
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKE VALUE	т
OTHER	FMV	307,804,254.	307,804,2	54.
TOTAL TO FORM 990-PF, PART II, LII	NE 13	307,804,254.	307,804,2	54.
FORM 990-PF	OTHER ASSETS		STATEMENT	11
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKE	т
DEFERRED FEDERAL EXCISE TAX ASSET	122,000.	0.		0.
TO FORM 990-PF, PART II, LINE 15	122,000.	0.		0.
FORM 990-PF OTI		STATEMENT	12	
DESCRIPTION		BOY AMOUNT	EOY AMOUNT	
DEFERRED FEDERAL EXCISE TAX LIABI	0. 244,000			
TOTAL TO FORM 990-PF, PART II, LII	0. 244,000			

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 13

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

DODIE MCKENZIE, GRANTS DIRECTOR, JAMES GRAHAM BROWN FOUNDATION 4350 BROWNSBORO RD LOUISVILLE, KY 40207

TELEPHONE NUMBER

502-896-2440

FORM AND CONTENT OF APPLICATIONS

SEE ATTACHED APPLICATION FORM

ANY SUBMISSION DEADLINES

SEE ATTACHED

RESTRICTIONS AND LIMITATIONS ON AWARDS

SEE ATTACHED

#### Form **8868**

(Rev. January 2011)

Department of the Treasury Internal Revenue Service

# Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No. 1545-1709

THOU THE TANK THE TAN	coba are app.				
If you are filing for an Automatic 3-Month Extension, con	nplete only Pa	art I and check this box		X	
<ul> <li>If you are filing for an Additional (Not Automatic) 3-Month</li> </ul>	h Extension, c	complete only Part II (on page 2 of this	form).		
Do not complete Part II unless you have already been grant	ted an automa	tic 3-month extension on a previously fil	led Form 8868		
Electronic filing (e-file). You can electronically file Form 886	8 if you need a	3-month automatic extension of time to	o file (6 months for a corpo	oration	
required to file Form 990-T), or an additional (not automatic) 3	3-month extens	sion of time. You can electronically file F	orm 8868 to request an ex	ctension	
of time to file any of the forms listed in Part I or Part II with the	e exception of	Form 8870, Information Return for Tran	sfers Associated With Cei	tain	
Personal Benefit Contracts, which must be sent to the IRS in	paper format	(see instructions). For more details on th	ne electronic filing of this f	orm,	
visit www irs gov/efile and click on e-file for Charities & Nonpr		,	<b>U</b>	•	
Part I Automatic 3-Month Extension of T		bmit original (no copies needed).			
A corporation required to file Form 990-T and requesting an a			plete		
Part I only					
All other corporations (including 1120-C filers), partnerships, I					
to file income tax returns.					
Type or Name of exempt organization			Employer identification	number	
print					
File by the JAMES GRAHAM BROWN FOUND			61-0724060		
due date for Number, street, and room or suite no. If a P O. bo		tions.			
return. See 4330 BROWNSBORG ROAD, NO					
Instructions City, town or post office, state, and ZIP code. For LOUISVILLE, KY 40207	r a toreign addi	ress, see instructions.			
Enter the Return code for the return that this application is fo	r (file a separat	te application for each return)		0 4	
Application	Return	Application		Return	
Is For	Code	is For		Code	
Form 990	01	Form 990-T (corporation)		07	
Form 990-BL	02	Form 1041-A			
Form 990-EZ	03	Form 4720		08	
Form 990-PF	04	Form 5227			
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	10		
Form 990-T (trust other than above)	06	Form 8870			
MASON B. RUM			<del></del>	12	
<ul> <li>The books are in the care of ► 4350 BROWNSB0</li> </ul>	-		ISVILLE, KY 4	0207	
Telephone No ► (502) 896-2440		FAX No. ▶		· · ·	
If the organization does not have an office or place of busi	_ iness in the Un	· · · · · · · · · · · · · · · · · · ·	<b>-</b>		
If this is for a Group Return, enter the organization's four d				heck this	
box If it is for part of the group, check this box	_				
I request an automatic 3-month (6 months for a corpora					
	-	tion return for the organization named a			
is for the organization's return for:	sinpr organizati				
			I _MAIL	LU_	
			1IVI/\II=		
►X calendar year 2010 or	200	d ending		1	
	, and	d ending		2011	
► X calendar year 2010 or tax year beginning	-		MAY 1 1	2011	
<ul> <li>► X calendar year 2010 or</li> <li>► tax year beginning</li> <li>2 If the tax year entered in line 1 is for less than 12 month</li> </ul>	-			2011	
► X calendar year 2010 or tax year beginning	-		MAY 11		
➤ X calendar year 2010 or ➤ tax year beginning  2 If the tax year entered in line 1 is for less than 12 month Change in accounting period	ns, check reaso	on: Initial return Fina	MAY 1 1		
➤ X calendar year 2010 or  ➤ tax year beginning  2 If the tax year entered in line 1 is for less than 12 month  Change in accounting period  3a If this application is for Form 990-BL, 990-PF, 990-T, 47	ns, check reaso	on: Initial return Fina	MAY 11	.0	
<ul> <li>▶ X calendar year 2010 or</li> <li>▶ tax year beginning</li> <li>2 If the tax year entered in line 1 is for less than 12 month</li> <li>Change in accounting period</li> <li>3a If this application is for Form 990-BL, 990-PF, 990-T, 47 nonrefundable credits. See instructions.</li> </ul>	ns, check reaso 20, or 6069, er	on: Initial return Fina	MAY 11		
<ul> <li>▶ X calendar year 2010 or</li> <li>▶ tax year beginning</li> <li>2 If the tax year entered in line 1 is for less than 12 month</li> <li>Change in accounting period</li> <li>3a If this application is for Form 990-BL, 990-PF, 990-T, 47 nonrefundable credits. See instructions.</li> <li>b If this application is for Form 990-PF, 990-T, 4720, or 60</li> </ul>	ns, check reason 20, or 6069, er	on Initial return Fina	MAY 11 DML	<u>.0</u>	
<ul> <li>➤ X calendar year 2010 or</li> <li>➤ tax year beginning</li> <li>2 If the tax year entered in line 1 is for less than 12 month</li> <li>Change in accounting period</li> <li>3a If this application is for Form 990-BL, 990-PF, 990-T, 47 nonrefundable credits. See instructions.</li> <li>b If this application is for Form 990-PF, 990-T, 4720, or 60 estimated tax payments made. Include any prior year of the property of the statement of the property of the propert</li></ul>	ns, check reason 20, or 6069, er 069, enter any overpayment al	on: Initial return Final	MAY 11 DML	.0	
<ul> <li>➤ X calendar year 2010 or</li> <li>➤ tax year beginning</li> <li>2 If the tax year entered in line 1 is for less than 12 month</li> <li>Change in accounting period</li> <li>3a If this application is for Form 990-BL, 990-PF, 990-T, 47 nonrefundable credits. See instructions.</li> <li>b If this application is for Form 990-PF, 990-T, 4720, or 60</li> </ul>	ns, check reason 20, or 6069, er 069, enter any overpayment all ur payment with	nter the tentative tax, less any refundable credits and lowed as a credit. h this form, if required,	MAY 11 DML	<u>.0</u>	

Form <u>886</u>	8 (Rev. 1-2011)						Page 2
If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this box							
Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868							
• If you a	are filing for an Automatic 3-Month Extension, complete	te only Pa	rt I (on page 1)				
Part II	Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	nal (no cop	oies n	eeded).	
Type or	Name of exempt organization			1	Empl	oyer identıf	ication number
print	TARGET OF THE TOTAL TARGET TAR				61-0724060		060
File by the	JAMES GRAHAM BROWN FOUNDATIO				0.	1-0/24	000
extended due date for	Number, street, and room or suite no. If a P.O. box, see instructions						
filing your return See	ing your						
instructions	LOUISVILLE, KY 40207		, , , , , , , , , , , , , , , , , , ,				
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)				0 4
Application	on ^	Return	Application				Return
ls For		Code	İs For				Code_
Form 990		01					
Form 990	-BL	02	Form 1041-A				08
Form 990	-EZ `	03	Form 4720				- 09
Form 990	-PF	04	Form 5227				10
Form 990	-T (sec 401(a) or 408(a) trust)	05	Form 6069				11
	-T (trust other than above)	06	Form 8870				12
STOP! Do	not complete Part II if you were not already granted	an auton	natic 3-month extension on a	previous	y file	d Form 886	8.
	MASON B. RUMMEI						
• The bo	ooks are in the care of > 4350 BROWNSBORO			- LOUI	SV:	ILLE,	KY 40207
	one No ► (502) 896-2440		FAX No ▶				
	organization does not have an office or place of business	in the Ur	ited States, check this box				. ▶ □
	s for a Group Return, enter the organization's four digit (			If this	ıs for	the whole o	roup, check this
box ▶ [	If it is for part of the group, check this box						
	<del></del>		BER 15, 2011.	110 01 411 11	101110		10101110 101
	calendar year 2010, or other tax year beginning	10 1 1111		ending			
		book rose		$\overline{}$	inal re	aturn	
6 If the tax year entered in line 5 is for less than 12 months, check reason Initial return Final return Change in accounting period							
7 Sta	te in detail why you need the extension						
TA	XPAYER IS INVESTED IN SEVERA	L PA	RTNERSHIPS THAT	HAVE	NO'	T YET	
	MPLETED THEIR TAX RETURNS AN					HE RET	URN
	NNOT BE COMPLETED UNTIL THE						
	nis application is for Form 990-BL, 990-PF, 990-T, 4720, 0						
	refundable credits See instructions	, .	,		8a	\$	0.
	nis application is for Form 990-PF, 990-T, 4720, or 6069,	enter anv	refundable credits and estimat	ted		<del></del>	
	payments made include any prior year overpayment all				1		
	eviously with Form 8868.	01100 00 0	torount and any amount para	-	8b	\$	50,693.
	ance due. Subtract line 8b from line 8a Include your pa	yment wit	h this form, if required, by usin	g		<del>_</del>	
EFT	PS (Electronic Federal Tax Payment System) See instru	uctions.			8c	\$	0.
			d Verification				
Under pena	alties of perjury, I declare that I have examined this form, includ	ing accomp	panying schedules and statements,	and to the t	est of	f my knowled	ge and belief,
it is true, c	orrect, and complete, and that I am authorized to prepare this fo	rm.				•	,
Signature	► Christing 4/ Koenso Title ► C	AL			Date	► B-13	- 2011
	1,400						8868 (Rev. 1-2011)
Dos	ning Malone Livesay & Ostroff 9300 Shelbyville Rd., Suite 1100						,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,
DO:	Had Haddle Eross) a coron soos onder, the test of the			14/	VII.		7
1.D. #61-1064249 Louisville, Ky 49222-5187					1		
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