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990-PF

## **Return of Private Foundation**

OMB No 1545-0052

D	epartr	nent of the Treasury			T	reat	ed as a l	Priv	ate Foundation	on						201 <b>1</b>
-		Revenue Service		. The foundation may											<u>.                                    </u>	20 11
_		alendar year 2010	or ta		A E				11 , 2010,			Al	<u> </u>	<del>50</del>	Т.	, <b>20</b> 11
G	Cn	eck all that apply:	<u>^</u>	-	Ĺ				of a former p	oublic cn		NI		L	!	Final return
_		of foundation		Amended return			A0	iare	ss change		LL		ne chan		64	
N	ame	of foundation	E051				110ma TV		TTTMV DO	, 111 L 2 M .	T 0 1 1	^				lon number
		BROWN-	FORM	MAN ENVIRONME	NTA.	ь ѕ	USTAIN	MAE	SILITY FO	UNDAT.	LON		45-2	:032	TAS	3
_				<del>.</del>						D (-		╀	<del></del>			
N	umb	•		mber if mail is not delivere	d to str	eet ac	idress)			Room/s	suite	8	-			page 10 of the instructions
		820 DT	XIE	HIGHWAY									(502	:) /	/4-	-7570
_		1 1 1 1 7 7 7										1	If avamet	on onelic	notion	in h l tr
C	ity o	r town, state, and ZIP		40010					ŧ			١	If exempti pending, o	heck her	re •	\(\) \(\) \(\) \(\) \(\) \(\) \(\) \(\)
		LOUISV	ד ויויד ד	E, KY 40210								D	-	-		, check here . P
_				12 2								-				meeting the and attach
H				X Section 501												▶ ∟_
Ţ		Section 4947(a)(1) n							ivate foundat			E	If private t	oundation	on sta	itus was terminated
ı		ir market value of a					ethod. X			rual			under sec	tion 507(	b)(1)(	A), check here . 🕨 🔙
		year (from Part II, co		, line	ther (	spec	offy)					F				60-month termination
		) ▶ \$		000,000 (Part I,	COIUI	<i>IIII</i> (C	i) iliusi bi	9 01	i casii basis j		т	Щ.	under sec	ion 507(I		B), check here
L	ŒĽÜ	Analysis of Rev		and Expenses (The			venue and		(b) Net inve	stment		(c) A	djusted	net		(d) Disbursements for charitable
		may not necessari	v eaua	al the amounts in	'		nses per ooks		incom				income			purposes
_	T :			of the instructions).)				20			┼-				+	(cash basis only)
	1	if the	founda	eceived (attach schedule) . ation is not required to		۷,	000,00	JU			$\vdash$				+	
	2	attacl	h Sch I	В							<del>                                     </del>				+	
	3	-		orary cash investments	<del></del>						1				+	<del></del>
	4			om securities							1			-	+	<del>-</del>
	l	Gross rents									├				+	
		Net rental income or (I	-								╁				╁	<u> </u>
Revenue	6a b	Net gain or (loss) from Gross sales price for al	ı sale o I	of assets not on line 10							<u> </u>				╫	
Ven		assets on line 6a			-						1				+-	
Re e	7			from Part IV, line 2) .							<del> </del> -				+	
	8		_	n							├				+	
	9 10 a	Income modification Gross sales less returns									-				+	
		and allowances · · ·	· ·						1	R	10	ĖĪ	VED		11	
		Less Cost of goods sol					<del></del>		<u></u>		4			<del>اين ۱</del>	1	
		Gross profit or (loss)									<del> </del>			O O	1	
	11	Other income (attac				2	000,00	10	<del></del>	<del>ن الح</del>		9 7	2011	က (၇)	1	
$\dashv$		Total. Add lines 1 th		, , , , , , , , , , , , ,		۷,	000,00	,,,	<u>11</u>	0					+-	
- 1	13	Compensation of office		• • •				$\dashv$		^	20		W. UT		+	······································
S	14	Other employee sale		-				-			20	==-	₩, <b>O</b> 8		+-	
22	15	Pension plans, emp						$\dashv$							+-	
ğ		Legal fees (attach so Accounting fees (at						$\dashv$							+	
		Other professional f						$\dashv$							<del> </del>	
<b>≩</b>		Interest	•					$\dashv$			<u> </u>				<del> </del>	
51	17 18	Taxes (attach schedule)		ſ				$\dashv$	<del></del>						+	
Ξĺ	18 19	•		· , ,				$\dashv$							+-	
팅	19 20	Depreciation (attach Occupancy		· · · · · ·			<del>-</del>	$\dashv$							<del> </del>	
ۆ∣		Travel, conferences,						$\dashv$								
auc	21 22	Printing and publica						$\dashv$							$\vdash$	
	2 Z 2 3	Other expenses (atta					<del>-</del>	$\dashv$								
₽I	23 24	Total operating and		·				$\dashv$								
اۋ	7	Add lines 13 through		-												
ום	25	Contributions, gifts,						-	_						-	
	25 26	Total expenses and disbut						$\dashv$								
$\neg$	27	Subtract line 26 from						寸							<del>                                     </del>	·
- [		Excess of revenue over ex				2.0	00,00	١٥							1	
		Net Investment inco		· · ·	_	_, \	,	_								
		Adjusted net income	-	· · · · · · · · · · · · · · · · · · ·			_	寸								
- 1	•			-a winer v ji i												

Form 990-PF (2010)

-		Attached schedules and amounts in the	Beginning of year	End o	of year
j	art II	Balance Sheets description column should be for end-of-year amounts only (See instructions )	(a) Book Value	(b) Book Value	(c) Fair Market Value
_	1	Cash - non-interest-bearing		2,000,000	2,000,000
		Savings and temporary cash investments			
		Accounts receivable			
	•	Less allowance for doubtful accounts ▶			
		Pledges receivable			
	-	Less. allowance for doubtful accounts ▶			_
		Grants receivable			
		Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see page 15 of the instructions)			
		Other notes and loans receivable (attach schedule)			
		Less: allowance for doubtful accounts ▶			
rn.		Inventories for sale or use			
Assets		Prepaid expenses and deferred charges			
Ass		Investments - U S and state government obligations (attach schedule)			
•		Investments - corporate stock (attach schedule)			
		Investments - corporate bonds (attach schedule)	1		
	11	Investments - land, buildings, and equipment basis	1		
		Less, accumulated depreciation (attach schedule)			
	12	Investments - mortgage loans			
	13	Investments - other (attach schedule)	1		
	14	Land, buildings, and	1		
		equipment, basis Less accumulated depreciation (attach schedule)			
	15	Other assets (describe			
		Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item l)		2,000,000	2,000,000
		Accounts payable and accrued expenses	1		
		Grants payable	1		
es		Deferred revenue			
≝		Loans from officers, directors, trustees, and other disqualified persons	i I		
abiliti	21	Mortgages and other notes payable (attach schedule)			
۱۳:۱		Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)			
		Foundations that follow SFAS 117, check here 🕒 🔃			
		and complete lines 24 through 26 and lines 30 and 31.			
S	24	Unrestricted			
Ē	25	Temporarily restricted			
Ba	26	Permanently restricted			
힏		Foundations that do not follow SFAS 117,	1		
		check here and complete lines 27 through 31. $\blacktriangleright X$			
		Capital stock, trust principal, or current funds		2,000,000	
ş	28 i 29 i	Paid-in or capital surplus, or land, bldg , and equipment fund			
SS	29 F	Retained earnings, accumulated income, endowment, or other funds			
إي		Total net assets or fund balances (see page 17 of the	1		
Net	i	nstructions)		2,000,000	
			1 :		
		of the instructions)	<u> </u>	2,000,000	
		Analysis of Changes in Net Assets or Fund			
		net assets or fund balances at beginning of year - Part		1 1	
		f-year figure reported on prior year's return)			2,000,000
2	Enter	amount from Part I, line 27a			2,000,000
3	Other	increases not included in line 2 (itemize) ▶		3	2 000 000
	Add lii	nes 1, 2, and 3			2,000,000
5	Decre –	eases not included in line 2 (Itemize)  net assets or fund balances at end of year (line 4 minus		5	2 000 000
<u> </u>	rotal	net assets or fund balances at end of year (line 4 minus	ine 5) - Part II, column (b)	, line 30 ] <b>6</b>	2,000,000

Part IV Capital Gains	s and Losses for Tax on In	vestment Income			
(a) List ar 2-story	nd describe the kind(s) of property sold brick warehouse, or common stock, 20	l (e g., real estate, 0 shs. MLC Co )	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr.)	(d) Date sold (mo , day, yr )
<u>1a</u>			<u> </u>		
<u>b</u>			<u> </u>		
<u>C</u>			<u> </u>	· · · · · · · · · · · · · · · · · · ·	
<u>d</u>		<del></del>			
e (e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gaın or (lo (e) plus (f) minu	
a		<del>                                     </del>			
	<del>                                     </del>	<del>                                     </del>			
C					
d					
е					
Complete only for assets	showing gain in column (h) and own	ed by the foundation on 12/31/69	(1)	Gains (Col. (h) ga	aın minus
(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	col.	(k), but not less t Losses (from co	
a					
b					
<u>c</u>				· <del></del> -	
<u>d</u>			ļ <u>.</u>		
_e	<u> </u>	f gain, also enter in Part I, line 7	ļ		
If gain, also enter in Part I	n or (loss) as defined in sections 1, line 8, column (c) (see pages 13 line 8,	f (loss), enter -0- in Part I, line 7 } 222(5) and (6): 3 and 17 of the instructions)	3		<del></del>
Part V Qualification	Inder Section 4940(e) for Re	educed Tax on Net Investment In	-		
	•	butable amount of any year in the ba	ase period	?	Yes No
		r, see page 18 of the instructions be	fore make	ng any entries	
(a)			iole makii	(d)	
Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of nonchantable-use assets	(	Distribution rat col (b) divided by	
2009 2008					
2007					
2006					
2005					
2 Total of line 1, column (d) 3 Average distribution ratio number of years the found	for the 5-year base period - divide	e the total on line 2 by 5, or by the s than 5 years	3		
5 Multiply line 4 by line 3			5		
•			6		
	•		7		
B Enter qualifying distribution If line 8 is equal to or gree Part VI instructions on page		in Part VI, line 1b, and complete th	8 at part u	sing a 1% tax	rate. See the

Pa	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of t	ne ins	structi	ons)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)			
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			
	here and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of $\mathcal J$			
	Part I, line 12, col. (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2			
3	Add lines 1 and 2			
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			
6	Credits/Payments:			
	2010 estimated tax payments and 2009 overpayment credited to 2010   6a			
	Exempt foreign organizations-tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld			
7	Total credits and payments. Add lines 6a through 6d			
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11	Enter the amount of line 10 to be: Credited to 2011 estimated tax   Refunded 11			
	t VII-A Statements Regarding Activities	Γ	V	N-
1 a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	4-	Yes	No X
	participate or intervene in any political campaign?	1a		
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see page 19	4.5		х
	of the instructions for definition)?	1b		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials	İ		ĺ
	published or distributed by the foundation in connection with the activities.	1 c		X
	Did the foundation file Form 1120-POL for this year?	-10		
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year  (1) On the foundation   (2) On foundation managers   \$\$\$			
_	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
е	on foundation managers. > \$			
-	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		х
2	If "Yes," attach a detailed description of the activities.		-	
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of			
3	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		Х
40	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		Х
4a	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		-
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		Х
9	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either.			
•	By language in the governing instrument, or			
	By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	Х	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	Х	
	Enter the states to which the foundation reports or with which it is registered (see page 19 of the			
	instructions)   KENTUCKY			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	Х	
9	is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	-		
	4942(j)(5) for calendar year 2010 or the taxable year beginning in 2010 (see instructions for Part XIV on page	ĺ		
	27)? 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 SEE SCHEDULE B	10	Х	

6e, Part XIII) for tax year(s) beginning before 2010?		
b Are there any years listed in 2a for which the foundation is <b>not</b> 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 page 22 of the instructions.)	2b	х
c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here		
at any time during the year?		
b if "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 )	3 b	Х
a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	X
b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	4 b	x
charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2010?	1 40	

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Pai	rt VII-B Statements Regarding Activities for	or Which Form 4	720 May Be Requ	ired (continued)			
	<ul> <li>During the year did the foundation pay or incur any amout</li> <li>(1) Carry on propaganda, or otherwise attempt to influent</li> <li>(2) Influence the outcome of any specific public election directly or indirectly, any voter registration drive?</li> <li>(3) Provide a grant to an individual for travel, study, or other than a characteristic section 509(a)(1), (2), or (3), or section 4940(d)(2)?</li> <li>(5) Provide for any purpose other than religious, charital</li> </ul>	nt to: nce legislation (section (see section 4955); of her similar purposes? table, etc., organization (see page 22 of the installe, scientific, literary,	or 4945(e))?	Yes X N Yes X N Yes X N Yes X N	0		
	purposes, or for the prevention of cruelty to children of				•		
D	b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify under the exceptions described in  Regulations section 53.4945 or in a current notice regarding disaster assistance (see page 22 of the instructions)?						
	Organizations relying on a current notice regarding disast						
	If the answer is "Yes" to question 5a(4), does the foundary						
Ç	because it maintained expenditure responsibility for the gi			Yes N			
_	If "Yes," attach the statement required by Regulations section.						
ба	Did the foundation, during the year, receive any funds, of	•		Yes X N	.		
	on a personal benefit contract?				66	l x	
D	Did the foundation, during the year, pay premiums, direct	tly or indirectly, on a	personal benetit contrac	π	• • • • • • •	<del> </del>	
_	If "Yes" to 6b, file Form 8870.		-h-li h	Yes X N	_		
	At any time during the tax year, was the foundation a pailf "Yes," did the foundation receive any proceeds or have				· —		
	t VIII Information About Officers, Directors						
	and Contractors						
1	List all officers, directors, trustees, foundation m		compensation (see				
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all	e account, owances	
KARL	R. CHEUVRONT	DIRECTOR		_		_	
350	DIXIE HIGHWAY, LOUISVILLE, KY 40210	2	0	<u> </u>		0	
						<del></del>	
	Compensation of five highest-paid employees (other from the first from the complex of the first from the complex of the first from the first	er than those incl	luded on line 1 - se		ructions).	<del></del>	
(a)	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense other allo		
NON	E						
		i					
_							

Five highest-paid independent contractors for professional services (see page 23 of the instructions). If no	ne, enter "NONE.
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
ONE	
tal number of others receiving over \$50,000 for professional services ▶ │	
art IX-A Summary of Direct Charitable Activities	
st the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of iganizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
FOUNDATION WAS STARTED 3 DAYS BEFORE THE LAST DAY OF ITS FISCAL YEAR.	
THERE WERE NO CHARITABLE ACTIVITIES IN TAX YEAR 2010.	
rt IX-B Summary of Program-Related Investments (see page 24 of the instructions)	
escribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
FOUNDATION WAS STARTED 3 DAYS BEFORE THE LAST DAY OF ITS FISCAL YEAR.	
THERE WERE NO PROGRAM-RELATED INVESTMENTS MADE IN TAX YEAR 2010.	
other program-related investments See page 24 of the instructions	
1	

Pa	art X Minimum Investment Return (All domestic foundations must complete this part. For see page 24 of the instructions.)	eign foundation	ons,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	purposes:	,	
а	Average monthly fair market value of securities	1a	
b	Average of monthly cash balances	1b	2,000,000
C	Fair market value of all other assets (see page 25 of the instructions)	1c	
d		1d	2,000,000
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation) 1e	1	
2	Acquisition indebtedness applicable to line 1 assets	7 2	
3		3	2,000,000
4	Cash deemed held for charitable activities. Enter 1 1/2 % of line 3 (for greater amount, see page 25 of		
		4	30,000
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,970,000
6	Minimum investment return. Enter 5% of line 5 MODIFIED FOR SHORT TAX YEAR	. 6	810
Pa	art XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) privately foundations and certain foreign organizations check here ▶ □ and do not complete this	vate operating part.)	
1	Minimum investment return from Part X, line 6	_,,	810
2a	Tax on investment income for 2010 from Part VI, line 5 2a		
	Income tax for 2010. (This does not include the tax from Part VI)	7	
C	Add lines 2a and 2b	7 2c	
3	Add lines 2a and 2b  Distributable amount before adjustments. Subtract line 2c from line 1	3	810
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	810
3	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,		
	line 1	. 7	810
Pa	Qualifying Distributions (see page 25 of the instructions)		
	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.	<del></del>	
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	
b	December of the discontinuous to the force Dect NA D	1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	10	
		2	
ı	purposes Amounts set aside for specific charitable projects that satisfy the:	-	
а	Suitability test (prior IRS approval required)	3a	
b	Suitability test (prior IRS approval required)  Cash distribution test (attach the required schedule)	3b	
-	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4		<del></del>
	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	<del></del>	· · · · · · · · · · · · · · · · · · ·
	Enter 1% of Part I, line 27b (see page 26 of the instructions)	5	
:	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca	lculating who	ther the foundation
	qualifies for the section 4940(e) reduction of tax in those years.	iliculating when	mei me iounuation

Form 990-PF (2010)

2 Undishbuled income, if any, as of the end of 2010 a Enter arrount for 2000 only by Total for proxy years 2.0 2.0 2.0 3 Excess distributions carryover, if any, to 2010: a From 2005 by From 2006 c From 2006 c From 2006 f From 2009 f Total of lines 3a through e 4. Qualifying distributions for 2010 from Part XII, line 4: Ps \$ a Applied to 2009, but not more than line 2a. b Applied to 2009, but not more than line 2a. b Applied to 2010 distributions out of corpus (Election required - see page 26 of the instructions). c Treated as distributions out of corpus (Election required - see page 26 of the instructions). d Applied to 2010 distributible amount Remaining amount distributed corp of corpus 6 Excess thirthulions carryover applied to 2010 off an arround appears in ordinating of the same amount must be shown in column (a)! 6 Enter the net total of each column as indicated below: a Corpus Add lines 3t 4c, and 4e. Subtract line 5 Prior years' undistributed income. Subtract line 4b from line 2b Enter the net total of each column as indicated below:  a Corpus Add lines 3t 4c, and 4e. Subtract line 5 Prior years' undistributed income in the same amount must be shown in column (a)!  5 Social column as indicated below:  a Corpus Add lines 3t 4c, and 4e. Subtract line 5 Prior years' undistributed income for 2009. Subtract line 4b from line 2b Enter the net total of each column as indicated below:  a Corpus Add lines 3t 4c, and 4e. Subtract line 5 Prior years' undistributed income for 2009. Subtract line 4d and 1c 2 areable amount - see page 27 of the instructions.  4 Subtract line 2 areable amount - see page 27 of the instructions of the same amount - see page 27 of the instructions of the same amount - see page 27 of the instructions of the same amount - see page 27 of the instructions of the same amount - see page 27 of the instructions of the same amount - see page 27 of the instructions of the same amount - see page 27 of the instructions of the same amount - see page 27 of the instructions of the same amount -	Pa	art XIII Undistributed Income (see page	e 26 of the instruction	ns)		
1 Distributable amount for 2010 from Part XI, line 7 line 8 line			(a)	(b)	(c)	(d)
line 7  Undistributed income, if any, as of the end of 2010 a Enter amount for 2000 only b Total for proryeans 20  ZO  Sexess distributions carryover, if any, to 2010: a From 2006 b From 2008 c From 2007 d From 2008 f From 2009 f Total of lines 3a through e Countrying distributions for 2010 from Part XII. line 4: ▶ \$ Applied to 2009, but not more than line 2a Applied to 2009, but not more than line 2a Applied to 2009, but not more than line 2a  Applied to 2009, but not more than line 2a Applied to 2009, but not more than line 2a  Applied to 100 distributions or 100 corpus (Election required - see page 26 of the instructions)  Treated as distributions carryover applied to 2010 (if an amount appears in column (a), the same amount must be shown in column (a))  Enter the met total of each column as indicated below a Corpus Add lines 3f, 4c, and 4e, Subtract line 4b from line 2b Enter the amount of prior years' undistributed income for which a notice of deficiency has been sexued, or on which has escion 4842(a) tax has been proviously assessed.  Deficiency and the Subtract lines 4d and 5 from line 6b Taxable amount acreated income for 2010 Subtract lines 4d and 5 from line 20 Total and 5 from line 6b Taxable amounts seed as distributions out or corpus to satisfy requirements linesed by a section 1700(x)(17) or 4942(a)(3) (see page 27 of the instructions)  Excess distributions carryover from 2005 not instructions)  Excess from 2000 .	1	Distributable amount for 2010 from Part XI.		Years prior to 2009	1 '''	1 ' '
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4a from line 2a. Taxable amount - see page 27 of the instructions	_					
f Undistributed income for 2010 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2011.  7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions).  8 Excess distributions carryover from 2005 not applied on line 5 or line 7 (see page 27 of the instructions).  9 Excess distributions carryover to 2011. Subtract lines 7 and 8 from line 6a  0 Analysis of line 9: a Excess from 2006. b Excess from 2008 c Excess from 2008 d Excess from 2009.	e	4a from line 2a. Taxable amount - see page				
4d and 5 from line 1. This amount must be distributed in 2011.  7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the instructions)		27 of the instructions				<del></del>
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1a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is certicated for the date of the ruling.  b Check box to indicate whether the foundation is a private operating foundation denotion  1a Sear it is beauting or the part of the part	Pa	art XIV Private Ope	rating Foundations	(see page 27 of the	e instructions and Pa	art VII-A, question 9)	
b Check box to indicate whether the Toundation is a private operating foundation described in section   4942(0/3) or   8942(0/3) or   8942(0/	1a	If the foundation has	received a ruling or o	determination letter the	at it is a private ope	rating	
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<ul> <li>b The form in which applications should be submitted and information and materials they should include.</li> <li>c Any submission deadlines:</li> <li>d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other</li> </ul>							<u> </u>
c Any submission deadlines:  d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other	а	The name, address, an	d telephone number	of the person to whon	n applications should b	e addressed.	
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d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other	b	The form in which appli	cations should be sub	mitted and information	on and materials they	snould include.	
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other							
d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other		<del></del>					
	C	Any submission deadlin	es:				
				<del></del>			
	d		nitations on awards,	such as by geogra	pnical areas, charita	bie fields, kinds of i	nstitutions, or other

Form 990-PF (2010)				Page 1
Part XV Supplementary Information (c	continued)			
3 Grants and Contributions Paid Durin Recipient Name and address (home or business)	g the Year or Appr	oved for	Future Payment	
Recipient	If recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	recipient	contribution	, ,,,,,,
a Paid during the year				
NONE		ĺ		
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Total			▶ 3a	
<b>b</b> Approved for future payment				
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Part XV	I-A Analysis of Income-Produ	icing Activ	vities			
	s amounts unless otherwise indicated.	Unrel	ated business income	Excluded by	y section 512, 513, or 514	(e) Related or exempt
		(a)	(b)	(c)	(d)	Related or exempt function income (See page 28 of
1 Progra	m service revenue.	Business code	Amount	Exclusion code	Amount	the instructions.)
a						
b						
c						<del></del>
d						
е						<del></del>
f	· · · · · · · · · · · · · · · · · · ·					<del></del>
_	and contracts from government agencies					
2 Membe	ership dues and assessments				<del></del>	
	on savings and temporary cash investments	_				
	nds and interest from securities		<del></del>			
	ital income or (loss) from real estate.					
	ot-financed property					
	debt-financed property					
	al income or (loss) from personal property .					<del></del>
	nvestment income					<del></del>
	(loss) from sales of assets other than inventory					
	ome or (loss) from special events					
	profit or (loss) from sales of inventory					
	evenue. a		<u> </u>	ļ		
b			<u> </u>			
d	· · · · · · · · · · · · · · · · · · ·					
e	<del></del>	_				
					40	
	Add line 12, columns (b), (d), and (e)					
	heet in line 13 instructions on page 29 to -B Relationship of Activities			mnt Burn		
Line No. ▼	Explain below how each activity accomplishment of the foundation instructions.)					
					· · · · · · · · · · · · · · · · · · ·	<del> </del>
						<del></del>
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Part XV	Information Regarding Exempt Organizations	Transfers To and Transac	tions and Relationships With Noncharitable
in s			with any other organization described or in section 527, relating to political
	sfers from the reporting foundation to a r		1a(1) X
			· · · · · · · · · · · · · · · · · · ·
	r transactions.		
· · · -			1b(1) X
			· · · · · · · · · · · · · · · · · · ·
			· · · · · · · · · · · · · · · · · · ·
			· · · · · · · · · · · · · · · · · · ·
			hedule. Column (b) should always show the fair market
	•	• • •	ndation. If the foundation received less than fair market value of the goods, other assets, or services received
(a) Line no		noncharitable exempt organization	(d) Description of transfers, transactions, and shanng arrangements
(4) 1.110 110	(b) Miles in involved (c) Maine of	TOTAL TRANSPORT OF GRAPH CALLOT	(a) becomplied of flatfolds, flatfoldstold, and charing affairgements
	<del> </del>		
	<del> </del>		
<del></del>			
			<del></del>
			<del></del>
descri	e foundation directly or indirectly a bed in section 501(c) of the Code (other t		· · · · · · · · · · · · · · · · · · ·
b If "Yes	s," complete the following schedule		
	(a) Name of organization	(b) Type of organization	(c) Description of relationship
			<del></del>
Sign Und	fer penalties of perjury, I declare that I have eff, it is true, correct, and complete Declaration	of preparer (other than taxpayer or fiducian	ying schedules and statements, and to the best of my knowledge and y) is based on all information of which preparer has any knowledge.
lere 📐	Lane K Chevirit	V //-	22-11 DIRECTOR
	Signature of officer or trustee	Date	Title
	Print/Type preparer's name	Preparer's signature	Date
Paid			Checkif
			self-employed
reparer	Firm's name		Firm's EIN ▶
Jse Only	Firm's address ▶		
	<u> </u>		Phone no .
			Form <b>990-PF</b> (2010)

## Schedule B (Form 990, 990-EZ, or 990-PF)

**Schedule of Contributors** 

OMB No 1545-0047

2010

► Attach to Form 990, 990-EZ, or 990-PF. Department of the Treasury Internal Revenue Service

Name of the organization		Employer Identification number
BROWN-FORMAN ENVIR	ONMENTAL SUSTAINABILITY FOUNDATION	45-2032188
Organization type (check on		
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private	foundation
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private fou	ndation
	501(c)(3) taxable private foundation	
property) from any	filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,0 one contributor. Complete Parts I and II	00 or more (in money or
Special Rules		
sections 509(a)(1)	e)(3) organization filing Form 990 or 990-EZ that met the 331/3% support and 170(b)(1)(A)(vi), and received from any one contributor, during the y io or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form	ear, a contribution of the
the year, aggregate	(7), (8), or (10) organization filing Form 990 or 990-EZ that received from econtributions of more than \$1,000 for use exclusively for religious, charings, or the prevention of cruelty to children or animals. Complete Parts I, II	able, scientific, literary, or
the year, contribution aggregate to more year for an exclusive applies to this orga	)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from for use exclusively for religious, charitable, etc., purposes, but these exthan \$1,000. If this box is checked, enter here the total contributions that ely religious, charitable, etc., purpose. Do not complete any of the parts unization because it received nonexclusively religious, charitable, etc., con	contributions did not t were received during the nless the <b>General Rule</b> ntributions of \$5,000 or more
990-EZ, or 990-PF), but it mu	is not covered by the General Rule and/or the Special Rules does not file at answer "No" on Part IV, line 2 of its Form 990, or check the box on line certify that it does not meet the filing requirements of Schedule B (Form 9	e H of its Form 990-EZ, or on

	Page	1	 of _	1	of	Part	ı
_			 _		_		=

Name of organization
BROWN-FORMAN ENVIRONMENTAL SUSTAINABILITY FOUNDATION

Employer Identification number 45-2032188

Part i	Contributors (see instructions)	<del></del>	
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	BROWN-FORMAN CORPORATION  850 DIXIE HIGHWAY  LOUISVILLE, KY 40210	\$2,000,000	Person  Payroll  Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash  (Complete Part II if there is a noncash contribution )

BROWN-FORMAN ENVIRONMENTAL SUSTAINABILITY FOUNDATION

Employer Identification number 45-2032188

Part II Noncash Property (see instructions)
---

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received

Name of organ				Page 1 of 1 of Part III Employer Identification number
Part III E ag F	corman Environmental Sustain Exclusively religious, charitable, etc. ggregating more than \$1,000 for the or organizations completing Part III, ontributions of \$1,000 or less for the	., individual contribution ne year. Complete colur enter the total of exclus	ons to section 5 mns (a) through ively religious, c	(e) and the following line entry. haritable, etc.,
(a) No. from Part I	(b) Purpose of gift	(c) Use of		(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer o		iship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	jift	(d) Description of how gift is held
	Transferee's name, address, a	(e) Transfer o		ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of g	ift	(d) Description of how gift is held
		(e) Transfer of	f gift	
	Transferee's name, address, ar	nd ZIP + 4	Relations	ship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gi	ft	(d) Description of how gift is held
-		(e) Transfer of		
-	Transferee's name, address, an	d ZIP + 4	Relations	hip of transferor to transferee
				Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

• Schedule B (Form 990, 990-EZ, or 990-PF) (2010) Name of organization

Maded 9/12/2011

(Rev. January 2011)

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

OMB No. 1545-1709

<ul> <li>If you are fill</li> </ul>	Service	P rile as	eparate appl	ication for each return.	1
	_			only Part I and check this box	<i>,</i> ,
				nsion, complete only Part II (on page 2 of th automatic 3-month extension on a previously	
a corporation 8868 to requi Return for Tr	required to file Forrest an extension of ransfers Associated	m 990-T), or an addition of time to file any of the Mith Certain Person	onal (not aut e forms liste nal Benefit (	ou need a 3-month automatic extension of tin omatic) 3-month extension of time. You can d in Part I or Part II with the exception of Fo Contracts, which must be sent to the IRS	electronically file Form orm 8870, Information in paper format (see
				sit www.irs.gov/efile and click on e-file for Ch	arıties & Nonprofits.
				bmit original (no copies needed).	<del></del>
Part I only .				automatic 6-month extension—check this b	▶ 🗆
		1120-C filers), partners	ships, REMI	Cs, and trusts must use Form 7004 to reques	t an extension of time
to file income				TE	Id-alfiantian marken
	Name of exempt organ				identification number
File to the	Number street and re	DOM OF OUR DO LE DE DE	POY COO INCL	WIALSUSTAINABLING uctions. FOUND 1971	75-20548
File by the due date for		E AICHW	box, see instr	uctions.	70N
filing your	City town or post offic	ce, state, and ZIP code F	or a foreign a	ddrees see instructions	<del></del>
return See	La 112 CISI	E, 101 4		duress, see matructions	
	00030710	C1701 70	2010	<u></u>	
Enter the Retu	ırn code for the retu	ırn that this applicatior	າ is for (file a	separate application for each return)	64
Application			Return	Application	Return
ls For			Code	Is For	Code
Form 990		····	01	Form 990-T (corporation)	07
Form 990-BL			02	Form 1041-A	08
Form 990-EZ			03	Form 4720	09
Form 990-PF			04	Form 5227	10
	sec. 401(a) or 408(a)	) trust)	05	Form 6069	11
	trust other than above		06	Form 8870	12
THE BOOKS A		74-7570		(RONT, NZ AX No. >	
<ul> <li>If the organiz</li> <li>If this is for a for the whole galist with the n</li> <li>I request until for the of the control</li> </ul>	ation does not have Group Return, ente group, check this bottomes and EINs of a st an automatic 3-morganization's return	e an office or place of ler the organization's for the organization's for all members the extensionth (6 months for a case of the exemptor:	our digit Grou fit is for part sion is for. corporation re empt organiz	he United States, check this box	. If this is ☐ and attach  e. The extension is
• If the organiz • If this is for a for the whole g a list with the n  1 I reques until for the c  • □ ca	ation does not have Group Return, ente group, check this boo games and EINs of a st an automatic 3-mo organization's return lendar year 20 x year beginning	e an office or place of ler the organization's fox	our digit Grou f it is for part sion is for. corporation re empt organiz	p Exemption Number (GEN) of the group, check this box equired to file Form 990-T) extension of time ation return for the organization named above	. If this is and attach  The extension is
<ul> <li>If the organiz</li> <li>If this is for a for the whole galist with the n</li> <li>I requesting until for the califor the califor the califor the califor the califor the califor the califor the califor the califor the califor the califor the califor the california and th</li></ul>	ation does not have Group Return, ente group, check this boo games and EINs of a st an automatic 3-mo organization's return lendar year 20 x year beginning	e an office or place of ler the organization's for the organization's for the extension on the form of the extension of the e	our digit Grou f it is for part sion is for. corporation re empt organiz	of the group, check this box	. If this is and attach  The extension is
• If the organiz • If this is for a for the whole g a list with the n  1 I reques until for the c  • a ca  • a	ation does not have Group Return, ente group, check this bot at an automatic 3-morganization's return lendar year 20 x year entered in line ge in accounting periodable credits. See	e an office or place of ler the organization's for the organization's for the extension on the form of the extension of the e	our digit Grou  f it is for part sion is for. corporation re empt organiz  , 20 months, che	p Exemption Number (GEN) of the group, check this box equired to file Form 990-T) extension of time ation return for the organization named above  // and ending // 30 ck reason: Initial return   Final return r 6069, enter the tentative tax, less any 3a	. If this is and attach  e. The extension is, 20
• If the organiz • If this is for a for the whole g a list with the n  1 I reques until for the c  □ Ca  □ Chan  3a If this ap nonrefur b If this a	ation does not have Group Return, ente group, check this bost ames and EINs of a st an automatic 3-morganization's return lendar year 20 x year beginning ex year entered in line ge in accounting periodable credits. See application is for Formal polication is for Formal p	e an office or place of ler the organization's for the organization's for the extension on the extension of	our digit Grouf it is for part sion is for. corporation rempt organiz months, che	p Exemption Number (GEN) of the group, check this box equired to file Form 990-T) extension of time ation return for the organization named above  // and ending // 30 ck reason: Initial return	. If this is and attach  e. The extension is, 20
If the organiz If this is for a for the whole galist with the n  I request until for the caliform the calif	ation does not have Group Return, enter Group, check this book ames and EINs of a st an automatic 3-monor an	e an office or place of ler the organization's for the organization's for the extension of	our digit Grouf it is for part sion is for. corporation rempt organiz months, che 10-T, 4720, or 4720, or 60 year overpay our payment	p Exemption Number (GEN) of the group, check this box equired to file Form 990-T) extension of time ation return for the organization named above  // and ending // 30 ck reason: Initial return	. If this is and attach  e. The extension is, 20

Part II Type or print File by the		Extension	of Time. Only file the original (no	o copies needed).	
ile by the	Name of exempt organization			Employer identification	
extended lue date for	Number, street, and room or suite no. If a P.O.	box, see instr	uctions.		
iling your eturn See astructions.	City, town or post office, state, and ZIP code. F	or a foreign a	ddress, see instructions.		
inter the F	Return code for the return that this application	is for (file a	separate application for each return	)	
Application	on	Return Code	Application Is For		Return
Form 990		01			<del> </del>
orm 990-	<del></del>	02	Form 1041-A		08
orm 990-	-EZ	03	Form 4720		09
orm 990-		04	Form 5227		10
	-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
	-T (trust other than above) not complete Part II if you were not already g	06	Form 8870		12
rrie who	le group, check this box 🕨 🗌 . I	•	of the group, check this box	► ∐and all	acn a
t with the I req For 6 If the	e names and EINs of all members the extension upon an additional 3-month extension of time calendar year , or other tax year beginn the etax year entered in line 5 is for less than 12 thange in accounting period the extension	until ing months, che	, 20, and ending ock reason: ☐ Initial return ☐	Final return	
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