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### Form **990-PF**

## **Return of Private Foundation**

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

Department of the Treasury Internal Revenue Service
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

2010

OMB No 1545-0052

For	For calendar year 2010, or tax year beginning DEC 1, 2010 , and ending NOV 30, 2011					
G	Check	call that apply: X Initial return	Initial return of a fo	ormer public charity	Final return	n
		Amended return	Address chan	ge 🗀	Name change	
Na	me of	f foundation			A Employer identification	n number
		THE AUGUSTA BROWN HOL	LAND			
		PHILANTHROPIC FOUNDAT	····		27-4432220	)
Nu	mber a	and street (or P O box number if mail is not delivered to street	·	Room/suite	B Telephone number	
		C/O ATLAS BROWN 333 E	MAIN ST STE	400	502-271-29	
Cit	y or t	own, state, and ZIP code			C If exemption application is p	· —
L		LOUISVILLE, KY 40202			D 1 Foreign organization	
H_	_	type of organization: X Section 501(c)(3) ex			Foreign organizations m check here and attach c	omputation Distriction
<u></u>		<del></del>	Other taxable private founda		E If private foundation sta	
		arket value of all assets at end of year J Account		Accrual	under section 507(b)(1	
	rom i ►\$	Part II, col. (c), line 16) 0t 9	her (specify)		F If the foundation is in a under section 507(b)(1	
	art I	Analysis of Revenue and Expenses			1	(d) Disbursements
	21 L I	(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)
_	1	Contributions, gifts, grants, etc., received	9,805,149.		N/A	(Casi Dasis Only)
	2	Check fithe foundation is not required to attach Sch. B	3,003,143.		14/ 22	
	3	Interest on savings and temporary cash investments				
	4	Dividends and interest from securities				
	5a	Gross rents				ধ
7	b	Net rental income or (loss)				
₹.	₹a	Net gain or (toss) from sale of assets not on line 10		,		
֓֞֞֞֝֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֞֝֓֞֞֝֓֞֓֞֝֓֞֓֞֝֓֓֓֓֞֝֓֡֓֡֝֓֡֓֡֝	b	Net gain or (t <del>loss) from sale of assets not on line 10</del> Gross sales ps 60 or all VED assets on line 6a				
<b>2 to 2,012</b> Revenue	172	Capital gain net income (from Part-IV, line 2)		0.	,	
ᠸ╙	Bà	Net shoreterm capital gain				
3	91					ļ
_	10a					
		reference April 11				
5	l	Gross profit or (loss)	70 000	70 000		Cma manazam 1
3	11	Other income	78,080. 9,883,229.	78,080. 78,080.		STATEMENT 1
	12	Total. Add lines 1 through 11  Compensation of officers, directors, trustees, etc	9,883,229.	78,080.		0.
g	14	Other employee salaries and wages	0.			
	15	Pension plans, employee benefits				· · · · · · · · · · · · · · · · · · ·
es		Legal fees				
ens	Ь	Accounting fees				
X	C	Other professional fees				
Š	17	Interest				
ratı	18	Taxes STMT 2	24.	24.		0.
Operating and Administrative Expenses	19	Depreciation and depletion				
Ę	20	Occupancy				
Ă	21	Travel, conferences, and meetings				ļ
a	22	Printing and publications	222			
pui	23	Other expenses STMT 3	989.	989.		0.
erat	24	Total operating and administrative	1 012	1 013		
ŏ	05	expenses. Add lines 13 through 23	1,013.	1,013.		0.
	25	Contributions, gifts, grants paid	0.			0.
	26	Total expenses and disbursements. Add lines 24 and 25	1,013.	1,013.		0.
_	27	Subtract line 26 from line 12;	T,013.	Τ, ΟΙΟ.		1
	}	Excess of revenue over expenses and disbursements	9,882,216.			
	i	Net investment income (if negative, enter -0-)	2,002,2200	77,067.		7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7, 7
	С	Adjusted net income (if negative, enter -0-)			N/A	
0235 12-0	01	LHA For Paperwork Reduction Act Notice, see t	the instructions		0 19	Form <b>990-PF</b> (2010)

Dort II Balance	Sheets	Attached schedules and a	mounts in the	description	
Form 990-PF (2010)	PHII	LANTHROP]	C FO	UNDAI	'IOI
	THE	AUGUSTA	BROW	N HOL	LAL

27-4432220

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Par	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only	Beginning of year	End o	
Par	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing			
2	Savings and temporary cash investments			
	Accounts receivable ►			
	Less: allowance for doubtful accounts ▶			
	Pledges receivable			
	Less: allowance for doubtful accounts			
5			<u> </u>	
٥	Receivables due from officers, directors, trustees, and other			
	disqualified persons			
7				
	Less: allowance for doubtful accounts			
\$ 8	Inventories for sale or use			
92	Prepaid expenses and deferred charges			
▼ 10	a Investments - U.S. and state government obligations			
	b Investments - corporate stock			
	c Investments - corporate bonds			
11	Investments - land, buildings, and equipment basis			
	Less accumulated depreciation			
12	Investments - mortgage loans			
13	CI PPIN CON A	0.	9,882,216.	9,882,216.
14	Land, buildings, and equipment basis ►			
- 1	Less accumulated depreciation			
15	Other assets (describe >			
,,	Other assets (austriace)			
16	Total assets (to be completed by all filers)	0.	9,882,216.	9,882,216.
$\overline{}$	Accounts payable and accrued expenses		3100212200	3/002/2200
18	· · · · · · · · · · · · · · · · · · ·			
۱.,	· ·			
Liabilities 51 20 21 21 20 21			<u></u>	
章   20	· · · · · · · · · · · · · · · · · · ·		4	
를 21	, ,			
22	Other liabilities (describe >)			
0.0	Tatal liabilities (add lines 17 through 22)	0.	0.	
23			0.	
	Foundations that follow SFAS 117, check here			
8	and complete lines 24 through 26 and lines 30 and 31			
일   24	Unrestricted			
<u>늍</u> 25	, i			
26				
<u>.</u>	Foundations that do not follow SFAS 117, check here			
<u> </u>	and complete lines 27 through 31.		0	
Net Assets or Fund Balances 25 26 27 28 29 30	· · · · · · · · · · · · · · · · · · ·	0.	0.	
g   28	, , , , , , , , , , , , , , , , , , ,	0.	0.	
¥  29		0.	9,882,216.	
<b>≥</b>  30	Total net assets or fund balances	0.	9,882,216.	
		_	0 000 016	
31	Total liabilities and net assets/fund balances	0.	9,882,216.	
Par	Analysis of Changes in Net Assets or Fund B	alances		
1 Tot	al net assets or fund balances at beginning of year - Part II, column (a), line	30		
	ist agree with end-of-year figure reported on prior year's return)		1	0.
	er amount from Part I, line 27a		2	9,882,216.
	er increases not included in line 2 (itemize)		3	0.
	I lines 1, 2, and 3		4	9,882,216.
	reases not included in line 2 (itemize)		5	0.
<b>6</b> Tot	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, co	lumn (b), line 30	6	9,882,216.
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PHILANTHROPIC	FOUNDATION.	TNC

Part IV Capital Gains	and Losses	for Tax on In	vestmen	t Income					•	
(a) List and desc 2-story brick wa	(a) List and describe the kind(s) of property sold (e.g., real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)					How ac - Purc - Dona	cquired hase ation	(c) Date (mo., d	acquired lay, yr.)	(d) Date sold (mo., day, yr.)
1a										
b NO	NE									
<u>C</u>										
<u>d</u>									<del></del>	
(e) Gross sales price		tion allowed		st or other basis expense of sale		-			ain or (loss s (f) minus	
•	(or unc		pido					(0) p.u.		(9)
<u>a</u> b										
C								•		
d										
e										
Complete only for assets shown								(I) Gains (C	Col. (h) gain	minus
(i) F.M.V. as of 12/31/69		ted basis 2/31/69		cess of col. (1) col. (j), if any		·	C	Losses	not less tha (from col. (	n -u-) or h))
a			·							
<u>b</u>										
<u>c</u>										
<u>d</u>										
<u>e</u>					╮┤				· · · · ·	
2 Capital gain net income or (net ca	epital loss)	If gain, also enter If (loss), enter -0-	ın Part I, line ın Part I, line	7 :7	}	2		<u> </u>		
3 Net short-term capital gain or (los		ections 1222(5) an	d (6):							
If gain, also enter in Part I, line 8,	column (c).					•				
If (loss), enter -0- in Part I, line 8  Part V Qualification U	nder Sectio	n 4940(e) for	Reduced	l Tax on Net	Inv	estn	nent In	come		
(For optional use by domestic private								-		N/A
		por to the souton	10 10(0) (0)	i not mivodinom n	1001111	<i>,</i>				-1/
If section 4940(d)(2) applies, leave t	his part blank.									
Was the foundation liable for the sec	tion 4942 tax on t	he distributable am	ount of any y	ear in the base pe	rıod?					Yes No
If "Yes," the foundation does not qua										
1 Enter the appropriate amount in	each column for e		ictions before	making any entri				1		14/
<b>(a)</b> Base period years Calendar year (or tax year beginni	ng in) Adju	(b) sted qualifying dist	tributions	Net value of no	(c) ncha		-use asset	s	Dıstrıt (col. (b) dıv	(d) oution ratio vided by col. (c))
2009										
2008										
2007										
2006								<del></del>		
2005				L				_		· · · · · · · · · · · · · · · · · · ·
2 Total of line 1, column (d)								2		
3 Average distribution ratio for the	5-vear base perior	d - divide the total o	on line 2 by 5.	or by the number	of ve	ars		-		
the foundation has been in existe	•			,	,.			3		
4 Enter the net value of noncharitable-use assets for 2010 from Part X, line 5					4					
5 Multiply line 4 by line 3						5				
6 Enter 1% of net investment income (1% of Part I, line 27b)						6				
7 Add lines 5 and 6					7					
	n Dart VII bea 4									
8 Enter qualifying distributions from If line 8 is equal to or greater than		hov in Dart \// line	th and come	alata that nart you	n 2 11	9/ tav :	rata	8	l	
See the Part VI instructions.	i iiiic 7, ClicCK ule	UUX III FAIT VI, IIIIB	io, and comp	note that part usill	ya I	/0 LdX	aic.			
										000 DE (0040)

THE AUGUSTA BROWN HOLLAND

Form	1990-PF (2010) PHILANTHROPIC FOUNDATION, INC. 27-	4432	2220		Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948				ns)
	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 letter if necessary-see instructions)				
h	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	1		1.5	41.
U	of Part I, line 27b	<del>                                     </del>			
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				
	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	1			0.
	Add lines 1 and 2	†		1,5	
_	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	+		1,5	0.
4	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	<del> </del>		1 5	41.
5		+ -		1, 3	<u> </u>
	Credits/Payments:				
	2010 estimated tax payments and 2009 overpayment credited to 2010  6a				,
	Exempt foreign organizations - tax withheld at source  6b				
	Tax paid with application for extension of time to file (Form 8868)  Backup withholding erroneously withheld  6c 8,000.  31.				
				0 0	21
	Total credits and payments. Add lines 6a through 6d	₩		8,0	$\frac{31.}{38.}$
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8	<del></del>			38.
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	├			<u> </u>
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<del> </del>		6,4	52.
	Enter the amount of line 10 to be: Credited to 2011 estimated tax				0.
	rt VII-A Statements Regarding Activities		Т	V	NI.
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		<u> </u>	Yes	
	any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?		1b	ļ	<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or				1
	distributed by the foundation in connection with the activities				l
	Did the foundation file Form 1120-POL for this year?		1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			İ	
	(1) On the foundation. $\triangleright$ \$ 0 . (2) On foundation managers. $\triangleright$ \$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers. ► \$ 0 .				
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		1		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3_		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?		4a		X
		I/A	4b	-	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
	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				ĺ
	remain in the governing instrument?		_6_	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?		7	X	
	If "Yes," complete Part II, col. (c), and Part XV				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	KY				'
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	<u> </u>
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)? 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		10	X	

X

3b

4a

N/A

N/A

Yes X No

2b

statement - see instructions.)

during the year?

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time

Form 4720, to determine if the foundation had excess business holdings in 2010)

had not been removed from jeopardy before the first day of the tax year beginning in 2010?

1 List all officers, directors, trustees, foundation managers and their	compensation.			
(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) Expense account, othe allowances
CHRISTINA LEE BROWN	DIRECTOR			
C/O ATLAS BROWN 333 E. MAIN STREET, S				I
LOUISVILLE, KY 40202	0.50	0.	0.	0
BROOKE BROWN BARZUN	DIRECTOR			
C/O ATLAS BROWN 333 E. MAIN STREET, S				I
LOUISVILLE, KY 40202	0.50	0.	0.	0
OWSLEY BROWN III	DIRECTOR			I
C/O ATLAS BROWN 333 E. MAIN STREET, S				I
LOUISVILLE, KY 40202	0.50	0.	0.	0
AUGUSTA BROWN HOLLAND	DIRECTOR			
C/O ATLAS BROWN 333 E. MAIN STREET, S				}
LOUISVILLE, KY 40202	0.50	0.	0.	0
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none,	enter "NONE."		
(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 account, othe allowances
NONE				

Total number of other employees paid over \$50,000

	110000111	210111	1102221212	
PHII	LANTHROPI	C FOU	NDATION,	INC.

Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued)	ntion Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter	r "NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
	_	
	_	
	<del></del>	
	$\dashv$	
T		▶ 0
Total number of others receiving over \$50,000 for professional services  Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis	tical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers prod	duced, etc.	Expenses
1 N/A		
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 N/A		
1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2		
M = 14 - 12 - 20 - 20 M = 20 M		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<u> </u>	0.

For	m 990-PF (2010) PHILANTHROPIC FOUNDATION, INC.	27-4	<u>4432220</u>	Page 8
P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	ee instructions.)	
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		0.
b	Average of monthly cash balances	1b		0.
C	Fair market value of all other assets	1c	1,732	<u>,772.</u>
d	Total (add lines 1a, b, and c)	1d	1,732	,772.
	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation) 1e 0.			
2	Acquisition indebtedness applicable to line 1 assets	2		0.
3	Subtract line 2 from line 1d	3	1,732	,772.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	25	,992.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,706	
6	Minimum investment return. Enter 5% of line 5	6	85	,339.
_	Distributable Amount ( ) (Center 4042()/2) and ()/E) projets appropriate foundations of	nd certain		
P	foreign organizations check here and do not complete this part.)			
1	Minimum investment return from Part X, line 6	1	85	,339.
	Tax on investment income for 2010 from Part VI, line 5			•
 b	Income tax for 2010. (This does not include the tax from Part VI.)	1		
C	Add lines 2a and 2b	2c	1	,541.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3		,798.
4	Recoveries of amounts treated as qualifying distributions	4		0.
5	Add lines 3 and 4	5	83	,798.
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, line 1	7	83	,798.
		<del></del>		<i>, ,</i> , , , , ,
<u>P</u>	art XII Qualifying Distributions (see instructions)			
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:			•
а	, , , , , , , , , , , , , , , , , , , ,	1a		0.
b	Program-related investments - total from Part IX-B	1b		0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2		
3	Amounts set aside for specific charitable projects that satisfy the:			
а	Suitability test (prior IRS approval required)	3a		
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 Part XIII, line 4	4		0.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment			_
	income. Enter 1% of Part I, line 27b	5		0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6		0.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation (4940(e) reduction of tax in those years.	qualifies for t	he section	

Part XIII	Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2009	(c) 2009	(d) 2010
1 Distributable amount for 2010 from Part XI,				22 722
line 7				83,798.
2 Undistributed income, if any, as of the end of 2010			•	
a Enter amount for 2009 only			0.	
b Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2010:				***************************************
<b>a</b> From 2005				
<b>b</b> From 2006				
c From 2007				
<b>d</b> From 2008				
e From 2009				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2010 from				
Part XII, line 4: ►\$ 0.				
a Applied to 2009, but not more than line 2a			0.	
<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.			
d Applied to 2010 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2010	0.			0.
(If an amount appears in column (d), the same amount must be shown in column (a) )				
6 Enter the net total of each column as indicated below:	•			
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
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 the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2009. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2010. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2011				83,798.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.		•	
8 Excess distributions carryover from 2005				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2011.			,	
Subtract lines 7 and 8 from line 6a	0.			
O Analysis of line 9:				
a Excess from 2006				
<b>b</b> Excess from 2007				
c Excess from 2008				
d Excess from 2009				
e Excess from 2010				
				Form <b>990-PF</b> (2010)

Form 990-PF (2010) PHILANT	HROPIC FOUN	DATION, INC	. •	27-44	32220 Page 10
Part XIV Private Operating F				N/A	
1 a If the foundation has received a ruling of	r determination letter that	t it is a private operating			
foundation, and the ruling is effective fo	r 2010, enter the date of t	the ruling	<b>▶</b> <u> </u>		
<b>b</b> Check box to indicate whether the found	dation is a private operatir	ng foundation described i		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		l
income from Part I or the minimum	(a) 2010	(b) 2009	(c) 2008	(d) 2007	(e) Total
investment return from Part X for					
each year listed					
<b>b</b> 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					<u>.</u>
d Amounts included in line 2c not					I
used directly for active conduct of	İ				
exempt activities					<u> </u>
e Qualifying distributions made directly					
for active conduct of exempt activities.					1
Subtract line 2d from line 2c					Í
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>b</b> "Endowment" alternative test - enter					
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed					I
c "Support" alternative test - enter:			<del></del>		
(1) Total support other than gross					
investment income (interest,					I
dividends, rents, payments on					I
securities loans (section					I
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt					
organizations as provided in					I
section 4942(j)(3)(B)(iii)					<del></del>
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income  Part XV   Supplementary Info	rmation (Comple	to this part only	if the foundation	had \$5,000 or mo	re in accete
at any time during t	• •		ii tile loulitation	iliau \$5,000 oi ilic	ne ili assets
	<del>-</del>	inoti dottorio.	<del></del>		
<ol> <li>Information Regarding Foundation</li> <li>List any managers of the foundation who</li> </ol>		than 2% of the total cont	ributions received by the	foundation before the clos	ce of any tay
year (but only if they have contributed in			indutions received by the	ioditidation before the clos	oc or any tax
NONE					
b List any managers of the foundation wh	o own 10% or more of th	e ctock of a corporation (	or an equally large ports	on of the ownership of a pa	artnerehin or
other entity) of which the foundation ha			or all equally large portion	on or the ownership or a pa	it the ship of
NONE	Ū				
2 Information Regarding Contribut	ion Grant Gift Loan	Scholarchin etc. Pr	ograme:		
Check here ► X if the foundation of			-	not account uncollected requi	acts for funds If
the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	·		<del></del>		
a the name, address, and telephone fidili	Doi of the person to what	applications should be	addi 0000U,		
b The form in which applications should be	e submitted and informat	tion and materials they sh	only include.		
The form at which applications should t	o oublinated and intermat	aon and materials mey st	ioaia moiduo.		
c Any submission deadlines:					
c , any departmental department.					
d Any restrictions or limitations on award	s, such as by geographica	al areas, charitable fields.	kinds of institutions, or o	other factors:	
-		•	•		

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation status of recipient Purpose of grant or contribution show any relationship to Amount any foundation manager or substantial contributor Name and address (home or business) a Paid during the year NONE 0. Total ➤ 3a b Approved for future payment NONE 0. **▶** 3b Total 023611 12-07-10 Form **990-PF** (2010)

	<u>.</u>	
Part XVI-A	Analysis of Income-Producing	Activities

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income		uded by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
	Code				
å			<del> </del>		
b			-		· <u>-</u>
C	<b>_</b>		_		
d			<u> </u>	· · · · · ·	
e			ļ		
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			<del> </del>		
				·	
5 Net rental income or (loss) from real estate:			<del> </del>		
a Debt-financed property			<u> </u>		
b Not debt-financed property			<b>├</b>		
6 Net rental income or (loss) from personal		1			
property			<u> </u>		
7 Other investment income			14	78,080.	
8 Gain or (loss) from sales of assets other					
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
b			<del> </del>		
<u> </u>					
d					
e		0	<del>                                     </del>	70 000	
12 Subtotal. Add columns (b), (d), and (e)		0.		78,080.	0.
13 Total. Add line 12, columns (b), (d), and (e)				13	78,080.
(See worksheet in line 13 instructions to verify calculations.)				<del></del>	
Part XVI-B Relationship of Activities	to the Acc	omplishment of Ex	cemp	t Purposes	
Line No. Explain below how each activity for which inco	me is reported	ın column (e) of Part XVI-A	contri	buted importantly to the accor	nolishment of
the foundation's exempt purposes (other than				<b>,</b>	
				<del></del>	
		····			
	<del></del>				
				<del> </del>	
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023621					Form <b>990-PF</b> (2010)

PHILANTHROPIC FOUNDATION, INC.

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1 Did the arganization describe ye indirectly engage any of the following with any other organization described in section 501(c)(3) organizations) or in section 527, relising to policid organizations?  1 Transfers from the reporting foundation to a noscharitable exempt organization of.  (1) Gash (2) Other assets  14(1) X  14(1) X  18(2) Other assets  18(1) Sales of seasts to a noncharitable exempt organization (2) Pruchases of assets from a noncharitable exempt organization (3) Rental of Gaudies, expinents or other assets (4) Rembur sement arrangements (5) Loans or from guarantees (6) Performance of services or membership or fundamental solicitations (6) Performance of services or membership or fundamental solicitations (6) Performance of services or membership or fundamental solicitations (6) Performance of services or membership or fundamental solicitations (6) Performance of services or membership or fundamental solicitations (6) Performance of services or membership or fundamental solicitations (6) Performance of services or membership or fundamental solicitations (6) Performance of services or membership or fundamental solicitations (6) Performance of services or membership or fundamental solicitations (7) A solicitation or services greatly the proprinting foundation in the foundation or services greatly the proprinting foundation in the foundation received less than fair market value in any transaction or sharing arrangement, show in column (g) the value of the goods, of the assets, or services received.  (a) Lives (b) Amount involved (c) Name of inordiantibility exempt organization (d) coccupient or fundamental proprinting foundation or sharing arrangement, show in the best of my knowledge and board, it is thus, correct, and proprinting foundation or greatly assets or any topic organization or fundamental proprinting for the state of the goods, it is thus, correct, and the proprinting foundation or greatly in blancation or distribution or distribution or fundamental proprinting foundation or greatly in	Par	t XVII	Information Re Exempt Organ	•	sters 10 a	and Iransactions	and Relation	isnips with No	ncharitable	•	
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c. Sharing of facilities, equipment, mailing lists, other assets, or paid employees  d. If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the far market value of the goods, other assets, or services given by the reporting foundation. If the foundation enceived less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received.  (d) here is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organization.  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?  b. If "Yes," complete the following schedule.  (a) Name of organization  (b) Type of organization  (c) Description of relationship  N/A  Library penalties of graphy, i declare that I have examined that return, including accompanying achieutus and statements, and to the best of my knowledge and belief, it is true, correct, and compiled Societies that I have examined that return, including accompanying achieutus and statements, and to the best of my knowledge and belief, it is true, correct, and compiled Societies that I have examined that return, including accompanying achieutus and statements, and to the best of my knowledge and belief, it is true, correct, and compiled Societies that I have examined that return, including accompanying achieutus and statements, and to the best of my knowledge and belief, it is true, correct, and compiled Societies that I have examined that return, including accompanying achieutus and statements, and to the best of my knowledge and belief, it is true, correct, and compiled Societies that I have examined that return, including accompanying achieutus and statements, and to the best of my knowledge and belief, it is true, correct, and compiled Societies that I have examined that return including accompa			-	amharchin ar fiindrais	eina salieitatie	one					
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(a) Inne no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements N/A  2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)/3)) or in section 527?  b If Yes, complete the following schedule.  (a) Name of organization (b) Type of organization (c) Description of relationship N/A    Under penalties of person, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and completely Oscilaration of preparer (piles than taxapayer of followsy) is based on all information of which preparer has any knowledge and belief, it is true, correct, and completely Oscilaration of preparer (piles than taxapayer of followsy) is based on all information of which preparer has any knowledge and belief, it is true, correct, and completely Oscilaration of preparer (piles than taxapayer of followsy) is based on all information of which preparer has any knowledge and belief, it is true, correct, and completely Oscilaration of preparer (piles than taxapayer of followsy) is based on all information of which preparer has any knowledge and belief, it is true, correct, and completely Oscilaration of preparer (piles than a preparer (piles than any knowledge and belief, it is true, correct, and the preparer is signature.  Printflype preparer's name.  Preparer's signature.  Date   Date   Print							,	, ,	,		
2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) of the Code (other than section 501(c)(3)) or in section 527?		·					(d) Descrip	tion of transfers, transaction	ons, and sharing ar	rangeme	nts
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   X No   b   If "Yes," complete the following schedule.    (a) Name of organization   (b) Type of organization   (c) Description of relationship					N/A						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   X No   b   If "Yes," complete the following schedule.    (a) Name of organization   (b) Type of organization   (c) Description of relationship											
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   X No   b   If "Yes," complete the following schedule.    (a) Name of organization   (b) Type of organization   (c) Description of relationship											
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   X No   b   If "Yes," complete the following schedule.    (a) Name of organization   (b) Type of organization   (c) Description of relationship											
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   X No   b   If "Yes," complete the following schedule.    (a) Name of organization   (b) Type of organization   (c) Description of relationship					<u></u>						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   X No   b   If "Yes," complete the following schedule.    (a) Name of organization   (b) Type of organization   (c) Description of relationship											
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   X No   b   If "Yes," complete the following schedule.    (a) Name of organization   (b) Type of organization   (c) Description of relationship											
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   X No   b   If "Yes," complete the following schedule.    (a) Name of organization   (b) Type of organization   (c) Description of relationship											
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   X No   b   If "Yes," complete the following schedule.    (a) Name of organization   (b) Type of organization   (c) Description of relationship											
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   X No   b   If "Yes," complete the following schedule.    (a) Name of organization   (b) Type of organization   (c) Description of relationship		_				_					
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   X No   b   If "Yes," complete the following schedule.    (a) Name of organization   (b) Type of organization   (c) Description of relationship											
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   X No   b   If "Yes," complete the following schedule.    (a) Name of organization   (b) Type of organization   (c) Description of relationship					<del></del>						
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   X No   b   If "Yes," complete the following schedule.    (a) Name of organization   (b) Type of organization   (c) Description of relationship			· · ·								
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   X No   b   If "Yes," complete the following schedule.    (a) Name of organization   (b) Type of organization   (c) Description of relationship			1.4								
In section 501(c) of the Code (other than section 501(c)(3)) or in section 527?    Yes   X No   b   If "Yes," complete the following schedule.    (a) Name of organization   (b) Type of organization   (c) Description of relationship											
Signature of officer or trustee   Date   Date   Title	2a	ls the fou	dation directly or indirec	tly affiliated with, or r	elated to, one	or more tax-exempt organ	nizations described	I			
(c) Description of relationship  N/A  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge    Variable		ın section	501(c) of the Code (other	er than section 501(c)	(3)) or in sec	tion 527?			Yes	X	No
N/A  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of prepare (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge    O   15   2012	_b	If "Yes," co				<del></del>					
Sign Here  Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete Declaration of preparer (other than taxpayer or fiduciary) is based on all information of which preparer has any knowledge    10   15   20 2				ganization		(b) Type of organization	ļ	(c) Description of re	elationship		
Sign Here    Signature of officer or trustee   Date   Title			N/A				ļ				
Sign Here    Signature of officer or trustee   Date   Title							<del> </del>				
Sign Here    Signature of officer or trustee   Date   Title							<u> </u>				
Sign Here    Signature of officer or trustee   Date   Title								<del> </del>	·		
Signature of officer or trustee   Date   Title		Unde	r penalties of perjury, I declar	re that I have examined th	ns return, includ	I ding accompanying schedules a	nd statements, and to	the best of my knowledg	e and belief, it is tri	ле, согте	ct,
Paid Preparer Use Only    Check   If   Self-employed   Signature   Date   Check   If   Self-employed   Self-employed   Signature   Date   Check   If   Self-employed   Self-e	Sic	and o	complete Declaration of prepare	arer (other than taxpayer	or fiduciary) is b	ased on all information of which	n preparer has any kno	owledge			
Paid Preparer  WILLIAM A EVERSOLE  Firm's name ▶ DEMING MALONE LIVESAY & OSTROFF PSC  Firm's address ▶ 9300 SHELBYVILLE RD STE 1100  LOUISVILLE, KY 40222-5187  Pate Check for self-employed  Self-employed  Firm's EIN ▶  Phone no. (502)426-9660			1	SHE	~~	$\bigcirc$   $1015$	5/2012 N				
Paid Preparer Use Only Firm's address ▶ 9300 SHELBYVILLE RD STE 1100 LOUISVILLE, KY 40222-5187    Self- employed			Signature of officer or tr	ustee		Date		Title			
Preparer Use Only    Firm's address   9300 SHELBYVILLE RD STE 1100   LOUISVILLE, KY 40222-5187   Phone no. (502)426-9660			Print/Type preparer's n	ame	Preparer's s	signature	Date	Check ıf	PTIN		
Preparer Use Only Firm's name ▶ DEMING MALONE LIVESAY & OSTROFF PSC Firm's address ▶ 9300 SHELBYVILLE RD STE 1100 LOUISVILLE, KY 40222-5187 Phone no. (502)426-9660	_				7,		1,11	self- employed			
Use Only   Firm's address ▶ 9300 SHELBYVILLE RD STE 1100   Phone no. (502)426-9660							10/11/12	<u></u>	<u></u>		
Firm's address ► 9300 SHELBYVILLE RD STE 1100  LOUISVILLE, KY 40222-5187 Phone no. (502)426-9660		-	Firm's name DEM	IING MALON	E LIVE	ESAY & OSTRO	FF PSC	Firm's EIN			
LOUISVILLE, KY 40222-5187 Phone no. (502)426-9660	US	Only	Eurmin address 5 0.3	000 01177 517	*****	DD 0mm 1100					
								Dhone no /	502\42 <i>6</i>	_06	60
			ا ا	OTO ATTITE '	VI 40	1222-3101		FRIORE NO.			

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

Department of the Treasury Internal Revenue Service

Name of the organization

## Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2010

**Employer identification number** 

THE AUGUSTA BROWN HOLLAND PHILANTHROPIC FOUNDATION, INC. 27-4432220 Organization type (check one): Filers of: Section: 501(c)( Form 990 or 990-EZ ) (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 foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** Tor an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III. For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000 If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively ▶ \$ religious, charitable, etc., contributions of \$5,000 or more during the year Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2010)

023451 12-23-10

Name of organization THE AUGUSTA BROWN HOLLAND PHILANTHROPIC FOUNDATION, INC. Employer identification number

27-4432220

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	SARA S. BROWN  ASHBOURNE  HARRODS CREEK, KY 40027	\$ 9,805,149.	Person X Payroll
(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 Occash Complete Part II if there is a noncash contribution Part II if there is a noncash contribution Payroll P

Name of organization

THE AUGUSTA BROWN HOLLAND PHILANTHROPIC FOUNDATION, INC.

Employer identification number

27-4432220

Part II	Noncash	<b>Property</b>	(see instructions)
---------	---------	-----------------	--------------------

(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1 NO LL	HER ASSETS - 650.796183 CLASS B N-VOTING UNITS OF DRIFTWOOD HOLDING, C		
		\$ 9,805,149.	09/27/11
(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	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
_			
		\$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from	(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
453 12-23-10			90, 990-EZ, or 990-PF) (2

Name of org	ganizățion		Employer identification number							
	UGUSTA BROWN HOLLAND									
	NTHROPIC FOUNDATION, IN	C.	27-4432220							
Part III	Exclusively religious, charitable, etc., in	idividual contributions to section e columns (a) through (e) and the fo ous, charitable, etc., contributions o	501(c)(7), (8), or (10) organizations aggregating ollowing line entry. For organizations completing of							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
-		(e) Transfer of gift								
_	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee							
(a) Na										
(a) No. from Part I	(b) Purpose of gift	(d) Description of how gift is held								
	(e) Transfer of gift									
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee							
(a) No.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
Part I										
		(e) Transfer of gift								
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held							
Part I		.,								
		(e) Transfer of gift								
	Transferee's name, address, ar	nd ZIP + 4	Relationship of transferor to transferee							
	44.44									

Schedule K-1 (Form 1065) 

SCHEDULE K-1	PORTFOLIO	DEDUCTIONS	
	SUBJECT TO THE 2% 1	LOOR BOX 13, CODE K	
ŗ		TRUCTIONS	TUOMA
1		<del></del>	896.
F F			44. 49.
ı			989.
= £ 		REASES)	
DESCRIPTION		AMOUNT	TOTALS
		699. 16,057. 4,623. 56,701.	
			78,080.
		<989.> <24.>	
			<1,013.>
			77,067.
		42.	
			42.
			77,109.

					1
FORM 990-PF	OTH	ER INCOME		STATEMENT	1
		(A)	(B)	(C)	
1					
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D]					
  F(					
H(					
T(					
FORM 990-PF	OTH	ER EXPENSES		STATEMENT	3
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POI DEI					; _
DE: POI DEI HOI					).
POI DEI					; _
POI DEI HOI TO	OWNER	TANIECOMENIC		CMA MEMERIM	).  -  -  -
POI DEI HOI	OTHER	INVESTMENTS		STATEMENT	).
POI DEI HOI TO FORM 990-PF	OTHER	VALUATION		FAIR MARKE	).  -  -  -  -  -
POI DEI HOI TO FORM 990-PF DESCRIPTION	OTHER	VALUATION METHOD	BOOK VALUE		).  -  -  -  -  -
POI DEI HOI TO		VALUATION	BOOK VALUE 9,882,216.	FAIR MARKE	). - ). = - 4

# 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

• If you	are filing for an Automatic 3-Month Extension, comple	te only Pa	art I and check this box			X
•	are filing for an Additional (Not Automatic) 3-Month Ex			form).		
-	complete Part II unless you have already been granted a				m 8868.	
Electror	nic filing (e-file). You can electronically file Form 8868 if y	you need a	a 3-month automatic extension of time t	o file (6	months for a corp	oration
required	to file Form 990-T), or an additional (not automatic) 3-mo	nth extens	sion of time. You can electronically file F	orm 88	368 to request an e	extension
of time t	o file any of the forms listed in Part I or Part II with the ex	ception of	Form 8870, Information Return for Tran	nsfers A	ssociated With Ce	ertain
<sup>o</sup> ersona	I Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details on ti	he elec	tronic filing of this	form,
visit www	w.irs gov/efile and click on e-file for Chanties & Nonprofits	i				
Part I	Automatic 3-Month Extension of Time	e. Only su	bmit original (no copies needed).			
4 corpoi	ation required to file Form 990-T and requesting an autor	natic 6-mc	onth extension - check this box and com	nplete		
⊃art I on	ly				🕨	• 🔲
	corporations (including 1120-C filers), partnerships, REM	IICs, and ti	rusts must use Form 7004 to request ar	n exten	sion of time	
o file ind	come tax returns.					
Гуре ог	Name of exempt organization			Empl	oyer identificatio	number
orint	THE AUGUSTA BROWN HOLLAND					
	PHILANTHROPIC FOUNDATION,	INC.		2	7-4432220	
le by the due date fo	Number, street, and room or suite no. If a P O. box, s	ee instruc	tions.			
ilıng your eturn See	C/O ATLAS BROWN 333 E MAIN	ST ST	re 400			
nstructions		oreign add	lress, see instructions			
	LOUISVILLE, KY 40202					
Enter the	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 4
		,				
Applicat	tion	Return	Application			Return
s For		Code	Is For			Code
orm 99	0	01	Form 990-T (corporation)			07
orm 99	0-BL	02	Form 1041-A			08
orm 99	0-EZ	01	Form 4720			09
orm 99	0-PF	04	Form 5227			10
Form 99	0-T (sec. 401(a) or 408(a) trust)	05	Form 6069			11
orm 99	0-T (trust other than above)	06	Form 8870			12
			ND - C/O ATLAS BROWN		3 EAST MA	IN
	oooks are in the care of  STREET SUITE 4	00 – 1	<u>LOUISVILLE, KY 40202</u>	2		
	hone No ► 502.271.2900		FAX No. >			
If the	organization does not have an office or place of business	s in the Ur	nited States, check this box		🕨	· 🗀
If this	is for a Group Return, enter the organization's four digit	Group Exe	emption Number (GEN) If th	is is fo	the whole group,	check this
oox 🕨	. If it is for part of the group, check this box		ich a list with the names and EINs of all		ers the extension i	s for.
1 In	equest an automatic 3-month (6 months for a corporation					
		t organiza	tion return for the organization named a	above.	The extension	
IS	for the organization's return for					
	calendar year or		22 224			
	X tax year beginning DEC 1, 2010	, an	id ending <u>NOV 30, 2011</u>		_ ·	
2 lf	the tax year entered in line 1 is for less than 12 months, o	check reas	on: Initial return Fina	al retur	n	
L	Change in accounting period					
				1		
	this application is for Form 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			0 000
	onrefundable credits. See instructions.			3a	\$	8,000.
	this application is for Form 990-PF, 990-T, 4720, or 6069,	-				^
	stimated tax payments made Include any prior year over			3b	\$	0.
	alance due. Subtract line 3b from line 3a. Include your pa	-		1		0 000
	using EFTPS (Electronic Federal Tax Payment System)			3c		<u>8,000.</u>
	I. If you are going to make an electronic fund withdrawal		orm 8868, see Form 8453-EO and Form	18879-		
LHA	For Paperwork Reduction Act Notice, see Instructions	5.			Form <b>8868</b> (F	rev. 1-2011)

023841

Form 8868 (Rev. 1-2011)				Page 2
If you are filing for an Additional (Not Automatic) 3-Month I	Extension,	complete only Part II and check this	box	<b>X</b>
Note. Only complete Part II if you have already been granted ar	n automatic	3-month extension on a previously fil	ed Form 8868.	
• If you are filing for an Automatic 3-Month Extension, comp	lete only Pa	art I (on page 1).		
Part II Additional (Not Automatic) 3-Month	Extensio	n of Time. Only file the original (no	copies needed).	
Name of exempt organization			Employer identification	n number
Type or THE AUGUSTA BROWN HOLLAND				
PHILANTHROPIC FOUNDATION, INC.			27-4432220	
File by the extended Number, street, and room or suite no. If a P.O. box,	see instruc	tions.		
due date for C/O ATLAS BROWN 333 E MAIN	ST ST	E 400		
return See City, town or post office, state, and ZIP code. For a	foreign add	dress, see instructions.		
instructions LOUISVILLE, KY 40202	_			
Enter the Return code for the return that this application is for (	file a separa	tte application for each return)		0 4
Application	Return	Application		Return
Is For	Code	Is For		Code
Form 990	01			
Form 990-BL	02	Form 1041-A		08
Form 990-EZ	01	Form 4720		09
Form 990-PF	04	Form 5227		10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069		11
Form 990-T (trust other than above)	06	Form 8870		12
STOP! Do not complete Part II if you were not already grante	ed an autor	· · · · · · · · · · · · · · · · · · ·	ously filed Form 8868.	
		ND - C/O ATLAS BROW		IN
• The books are in the care of ► STREET SUITE 400 - LOUISVILLE, KY 40202				
Telephone No. ► 502.271.2900		FAX No. ▶	· <del>-</del> · · · · · · · · · · · · · · · · · · ·	
If the organization does not have an office or place of business.	ess in the Ur	-		. 🗀
If this is for a Group Return, enter the organization's four digital states.				check this
box . If it is for part of the group, check this box	_			
4 I request an additional 3-month extension of time until		BER 15, 2012.	an money of the extendent	<u> </u>
5 For calendar year , or other tax year beginning DEC 1, 2010 , and ending NOV 30, 2011 .				
6 If the tax year entered in line 5 is for less than 12 months,			Final return	
Change in accounting period	01100111000			
7 State in detail why you need the extension				
ADDITIONAL TIME IS NECESSARY TO GATHER INFORMATION TO FILE A COMPLETE				
AND ACCURATE RETURN				
1210				
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720	), or 6069, e	enter the tentative tax, less any		
nonrefundable credits. See instructions  8a \$				8,000.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated				<del></del>
tax payments made. Include any prior year overpayment				
previously with Form 8868.	anowou do c	a croak and any amount paid	8b \$	8,000.
c Balance due. Subtract line 8b from line 8a Include your p	navment wit	th this form if required by using	- OD	0,000.
EFTPS (Electronic Federal Tax Payment System). See ins	-	artins form, ir required, by using	8c \$	0.
		nd Verification		
Under penalties of perjury, I declare that I have examined this form, inclu			the heet of my knowledge and	haliaf
it is true, correct, and complete, and that have examined this form, men	form.	parlying schedules and statements, and to	the best of my knowledge and	Deliei,
Signature Title		1	Date ► 6/25/13	١.
Signature 110c	<u> </u>	·	Date () How one (	201 1 2011)
Deming Malone Livesay & Ostroff 9300 Shelbyville Rd., Suite 1100		·	FUIII 8808 (F	1ev 1-2011)
1D #64 4064040   Lautautta Ma 40000 6487				
ID #61-1064249 (Louisville, Ky. 40222-5187			MAILED_	
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