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

2011

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

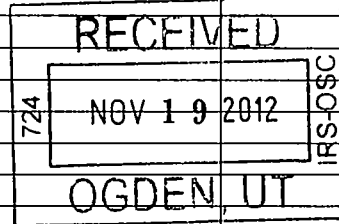
For calendar year 2011 or tax year beginning

, and ending

Name of foundation <b>THE STEEL FOUNDATION INC</b>		A Employer identification number <b>56-2468607</b>
Number and street (or P.O. box number if mail is not delivered to street address) <b>15415 SHELBYVILLE ROAD</b>		B Telephone number <b>502-245-2110</b>
City or town, state, and ZIP code <b>LOUISVILLE, KY 40245</b>		C If exemption application is pending, check here <input type="checkbox"/>
G Check all that apply: <input type="checkbox"/> Initial return <input type="checkbox"/> Final return <input type="checkbox"/> Address change <input type="checkbox"/> Initial return of a former public charity <input type="checkbox"/> Amended return <input type="checkbox"/> Name change		D 1. Foreign organizations, check here <input type="checkbox"/> 2. Foreign organizations meeting the 85% test, check here and attach computation <input type="checkbox"/>
H Check type of organization: <input checked="" type="checkbox"/> Section 501(c)(3) exempt private foundation <input type="checkbox"/> Section 4947(a)(1) nonexempt charitable trust <input type="checkbox"/> Other taxable private foundation		E If private foundation status was terminated under section 507(b)(1)(A), check here <input type="checkbox"/>
I Fair market value of all assets at end of year (from Part II, col (c), line 16) \$ <b>869,036.</b>	J Accounting method: <input checked="" type="checkbox"/> Cash <input type="checkbox"/> Accrual <input type="checkbox"/> Other (specify) _____	F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here <input checked="" type="checkbox"/>

Part I Analysis of Revenue and Expenses (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	(d) Disbursements for charitable purposes (cash basis only)	
Revenue	1 Contributions, gifts, grants, etc., received	142,101.		N/A		
	2 Check <input type="checkbox"/> if the foundation is not required to attach Sch. B					
	3 Interest on savings and temporary cash investments					
	4 Dividends and interest from securities	17,222.	17,222.		STATEMENT 1	
	5a Gross rents					
	b Net rental income or (loss)					
	6a Net gain or (loss) from sale of assets not on line 10	22,870.				
	b Gross sales price for all assets on line 6a	82,054.				
	7 Capital gain net income (from Part IV, line 2)		22,870.			
	8 Net short-term capital gain					
	9 Income modifications			5,000.		
	10a Gross sales less returns and allowances					
b Less Cost of goods sold						
c Gross profit or (loss)						
11 Other income	81,812.	0.		STATEMENT 2		
12 Total. Add lines 1 through 11	264,005.	40,092.	5,000.			
Operating and Administrative Expenses	13 Compensation of officers, directors, trustees, etc	0.	0.		0.	
	14 Other employee salaries and wages					
	15 Pension plans, employee benefits					
	16a Legal fees					
	b Accounting fees	STMT 3	2,300.	0.		2,300.
	c Other professional fees	STMT 4	1,500.	0.		1,500.
	17 Interest					
	18 Taxes	STMT 5	108.	108.		0.
	19 Depreciation and depletion					
	20 Occupancy					
	21 Travel, conferences, and meetings					
	22 Printing and publications					
	23 Other expenses	STMT 6	31,954.	0.		870.
	24 Total operating and administrative expenses. Add lines 13 through 23		35,862.	108.		4,670.
	25 Contributions, gifts, grants paid		170,071.			170,071.
26 Total expenses and disbursements. Add lines 24 and 25		205,933.	108.		174,741.	
27 Subtract line 26 from line 12:		58,072.				
28 Excess of revenue over expenses and disbursements			39,984.			
29 Net investment income (if negative, enter -0-)						
30 Adjusted net income (if negative, enter -0-)				5,000.		

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Part II Balance Sheets		Attached schedules and amounts in the description column should be for end-of-year amounts only		Beginning of year	End of year	
				(a) Book Value	(b) Book Value	(c) Fair Market Value
Assets	1	Cash - non-interest-bearing				
	2	Savings and temporary cash investments		245,644.	162,702.	162,702.
	3	Accounts receivable ▶				
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable				
	6	Receivables due from officers, directors, trustees, and other disqualified persons				
	7	Other notes and loans receivable ▶				
		Less: allowance for doubtful accounts ▶				
	8	Inventories for sale or use				
	9	Prepaid expenses and deferred charges				
	10a	Investments - U.S. and state government obligations				
	b	Investments - corporate stock STMT 8		517,015.	582,135.	624,913.
	c	Investments - corporate bonds				
11	Investments - land, buildings, and equipment basis ▶					
	Less: accumulated depreciation ▶					
12	Investments - mortgage loans					
13	Investments - other STMT 9		0.	80,894.	81,421.	
14	Land, buildings, and equipment: basis ▶					
	Less: accumulated depreciation ▶					
15	Other assets (describe ▶)					
16	Total assets (to be completed by all filers)		762,659.	825,731.	869,036.	
Liabilities	17	Accounts payable and accrued expenses				
	18	Grants payable				
	19	Deferred revenue				
	20	Loans from officers, directors, trustees, and other disqualified persons				
	21	Mortgages and other notes payable				
	22	Other liabilities (describe ▶)				
	23	Total liabilities (add lines 17 through 22)		0.	0.	
Net Assets or Fund Balances	Foundations that follow SFAS 117, check here ▶ <input type="checkbox"/>					
	and complete lines 24 through 26 and lines 30 and 31.					
	24	Unrestricted				
	25	Temporarily restricted				
	26	Permanently restricted				
	Foundations that do not follow SFAS 117, check here ▶ <input checked="" type="checkbox"/>					
	and complete lines 27 through 31.					
	27	Capital stock, trust principal, or current funds		0.	0.	
	28	Paid-in or capital surplus, or land, bldg., and equipment fund		0.	0.	
	29	Retained earnings, accumulated income, endowment, or other funds		762,659.	825,731.	
30	Total net assets or fund balances		762,659.	825,731.		
31	Total liabilities and net assets/fund balances		762,659.	825,731.		

## Part III Analysis of Changes in Net Assets or Fund Balances

1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return)	1	762,659.
2	Enter amount from Part I, line 27a	2	58,072.
3	Other increases not included in line 2 (itemize) ▶ SEE STATEMENT 7	3	5,000.
4	Add lines 1, 2, and 3	4	825,731.
5	Decreases not included in line 2 (itemize) ▶	5	0.
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	825,731.

**Part IV Capital Gains and Losses for Tax on Investment Income**

(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.)		(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
<b>1a 1000 ISHARES TRUST RUSSELL 2000 INDEX FUND</b>			<b>02/08/10</b>	<b>03/09/11</b>
<b>b ASTON FUNDS LT CAP GAIN DIST.</b>				
<b>c</b>				
<b>d</b>				
<b>e</b>				

(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale	(h) Gain or (loss) (e) plus (f) minus (g)
<b>a 82,038.</b>		<b>59,184.</b>	<b>22,854.</b>
<b>b 16.</b>			<b>16.</b>
<b>c</b>			
<b>d</b>			
<b>e</b>			

Complete only for assets showing gain in column (h) and owned by the foundation on 12/31/69			(l) Gains (Col. (h) gain minus col. (k), but not less than -0-) or Losses (from col. (h))
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	
<b>a</b>			<b>22,854.</b>
<b>b</b>			<b>16.</b>
<b>c</b>			
<b>d</b>			
<b>e</b>			

<b>2 Capital gain net income or (net capital loss)</b> { If gain, also enter in Part I, line 7 If (loss), enter -0- in Part I, line 7 }		<b>2</b>	<b>22,870.</b>
<b>3 Net short-term capital gain or (loss) as defined in sections 1222(5) and (6):</b> If gain, also enter in Part I, line 8, column (c). If (loss), enter -0- in Part I, line 8		<b>3</b>	<b>N/A</b>

**Part V Qualification Under Section 4940(e) for Reduced Tax on Net Investment Income**

(For optional use by domestic private foundations subject to the section 4940(a) tax on net investment income.)

If section 4940(d)(2) applies, leave this part blank.

Was the foundation liable for the section 4942 tax on the distributable amount of any year in the base period?

☐ Yes ☒ No

If "Yes," the foundation does not qualify under section 4940(e). Do not complete this part.

**1** Enter the appropriate amount in each column for each year; see instructions before making any entries.

(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets	(d) Distribution ratio (col. (b) divided by col. (c))
2010	105,649.	761,928.	.138660
2009	100,627.	653,226.	.154046
2008	79,343.	496,514.	.159800
2007	65,250.	336,806.	.193732
2006	39,608.	189,654.	.208843

<b>2 Total of line 1, column (d)</b>	<b>2</b>	<b>.855081</b>
<b>3 Average distribution ratio for the 5-year base period - divide the total on line 2 by 5, or by the number of years the foundation has been in existence if less than 5 years</b>	<b>3</b>	<b>.171016</b>
<b>4 Enter the net value of noncharitable-use assets for 2011 from Part X, line 5</b>	<b>4</b>	<b>862,862.</b>
<b>5 Multiply line 4 by line 3</b>	<b>5</b>	<b>147,563.</b>
<b>6 Enter 1% of net investment income (1% of Part I, line 27b)</b>	<b>6</b>	<b>400.</b>
<b>7 Add lines 5 and 6</b>	<b>7</b>	<b>147,963.</b>
<b>8 Enter qualifying distributions from Part XII, line 4</b>	<b>8</b>	<b>174,741.</b>

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

**Part VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see instructions)**

1a Exempt operating foundations described in section 4940(d)(2), check here <input type="checkbox"/> and enter "N/A" on line 1. Date of ruling or determination letter: _____ (attach copy of letter if necessary-see instructions)		1	0.
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here <input checked="" type="checkbox"/> and enter 1% of Part I, line 27b			
c All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).		2	0.
2 Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		3	0.
3 Add lines 1 and 2		4	0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		5	0.
5 Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-			
6 Credits/Payments:			
a 2011 estimated tax payments and 2010 overpayment credited to 2011	6a		
b Exempt foreign organizations - tax withheld at source	6b		
c Tax paid with application for extension of time to file (Form 8868)	6c		
d Backup withholding erroneously withheld	6d		
7 Total credits and payments. Add lines 6a through 6d	7		0.
8 Enter any penalty for underpayment of estimated tax. Check here <input type="checkbox"/> if Form 2220 is attached	8		
9 Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	9		0.
10 Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	10		
11 Enter the amount of line 10 to be: Credited to 2012 estimated tax <input type="checkbox"/> Refunded <input type="checkbox"/>	11		

**Part VII-A Statements Regarding Activities**

	Yes	No
1a During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?		X
1b Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or distributed by the foundation in connection with the activities		X
1c Did the foundation file Form 1120-POL for this year?		X
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year: (1) On the foundation. <input type="checkbox"/> \$ 0. (2) On foundation managers. <input type="checkbox"/> \$ 0.		
e Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation managers. <input type="checkbox"/> \$ 0.		
2 Has the foundation engaged in any activities that have not previously been reported to the IRS? If "Yes," attach a detailed description of the activities		X
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		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year?		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year? If "Yes," attach the statement required by General Instruction T		X
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?	X	
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	X	
8a Enter the states to which the foundation reports or with which it is registered (see instructions) <input type="checkbox"/> 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	X	
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 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete Part XIV		X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		X

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**Part VII-A** Statements Regarding Activities (continued)

11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges? If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application? Website address ► <u>N/A</u>	13	X	
14	The books are in care of ► <u>PAT FLANAGAN</u> Telephone no. ► <u>502-245-2110</u> Located at ► <u>15415 SHELBYVILLE ROAD, LOUISVILLE, KY</u> ZIP+4 ► <u>40245</u>			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here and enter the amount of tax-exempt interest received or accrued during the year ► <u>15</u> N/A			
16	At any time during calendar year 2011, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country? See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign country ►	16	Yes	No X

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required

File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.

		Yes	No
1a	During the year did the foundation (either directly or indirectly):		
(1)	Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(2)	Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(3)	Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No		
(4)	Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(5)	Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
(6)	Agree to pay money or property to a government official? (Exception - Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.) <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? Organizations relying on a current notice regarding disaster assistance check here ► <input type="checkbox"/>	1b	X
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2011?	1c	X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):		
a	At the end of tax year 2011, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2011? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No If "Yes," list the years ► _____		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach statement - see instructions.) N/A	2b	
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here. ► _____		
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No		
b	If "Yes," did it have excess business holdings in 2011 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 2011.) N/A	3b	
4a	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 charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2011?	4b	X

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**Part VII-B Statements Regarding Activities for Which Form 4720 May Be Required** (continued)

5a During the year did the foundation pay or incur any amount to:

- (1) Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))? ☐ Yes ☒ No
- (2) Influence the outcome of any specific public election (see section 4955); or to carry on, directly or indirectly, any voter registration drive? ☐ Yes ☒ No
- (3) Provide a grant to an individual for travel, study, or other similar purposes? ☐ Yes ☒ No
- (4) Provide a grant to an organization other than a charitable, etc., organization described in section 509(a)(1), (2), or (3), or section 4940(d)(2)? ☐ Yes ☒ No
- (5) Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals? ☐ Yes ☒ No

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 instructions)?

N/A

5b

Organizations relying on a current notice regarding disaster assistance check here

▶ ☐

c If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?

N/A

☐ Yes ☐ No

If "Yes," attach the statement required by Regulations section 53.4945-5(d).

6a Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?

☐ Yes ☒ No

b Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?

6b

X

If "Yes" to 6b, file Form 8870.

7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?

☐ Yes ☒ No

b If "Yes," did the foundation receive any proceeds or have any net income attributable to the transaction?

N/A

7b

**Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors**

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, other allowances
STUART RAY 15415 SHELBYVILLE ROAD LOUISVILLE, KY 40245	DIRECTOR/PRESIDENT 1.00	0.	0.	0.
BRADFORD RAY 15415 SHELBYVILLE ROAD LOUISVILLE, KY 40245	DIRECTOR/TREASURER 1.00	0.	0.	0.
PAT FLANAGAN 15415 SHELBYVILLE ROAD LOUISVILLE, KY 40245	DIRECTOR/SECRETARY 1.00	0.	0.	0.

2 Compensation of five highest-paid employees (other than those included 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, other allowances
NONE				

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

▶ 0

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**Part VIII****Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors** (continued)**3** Five highest-paid independent contractors for professional services. If none, enter "NONE."

(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		

Total number of others receiving over \$50,000 for professional services

0

**Part IX-A** Summary of Direct Charitable Activities

List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, 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	
2	
All other program-related investments. See instructions.	
3	
<b>Total.</b> Add lines 1 through 3	0.

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**Part X** Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations, see instructions.)

1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a Average monthly fair market value of securities	1a	661,384.
b Average of monthly cash balances	1b	214,618.
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	1d	876,002.
e 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	876,002.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	13,140.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	862,862.
6 Minimum investment return. Enter 5% of line 5	6	43,143.

**Part XI** Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ☐ and do not complete this part.)

1 Minimum investment return from Part X, line 6	1	43,143.
2a Tax on investment income for 2011 from Part VI, line 5	2a	
b Income tax for 2011. (This does not include the tax from Part VI.)	2b	
c Add lines 2a and 2b	2c	0.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	43,143.
4 Recoveries of amounts treated as qualifying distributions	4	5,000.
5 Add lines 3 and 4	5	48,143.
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	48,143.

**Part XII** Qualifying Distributions (see instructions)

1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etc. - total from Part I, column (d), line 26	1a	174,741.
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:		
a 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	174,741.
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	400.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	174,341.

**Note.** The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section 4940(e) reduction of tax in those years.

Form 990-PF (2011)

**Part XIII** Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
<b>1</b> Distributable amount for 2011 from Part XI, line 7				<b>48,143.</b>
<b>2</b> Undistributed income, if any, as of the end of 2011				
<b>a</b> Enter amount for 2010 only			<b>0.</b>	
<b>b</b> Total for prior years:		<b>0.</b>		
<b>3</b> Excess distributions carryover, if any, to 2011:				
<b>a</b> From 2006	<b>30,166.</b>			
<b>b</b> From 2007	<b>48,551.</b>			
<b>c</b> From 2008	<b>54,517.</b>			
<b>d</b> From 2009	<b>67,966.</b>			
<b>e</b> From 2010	<b>66,553.</b>			
<b>f</b> Total of lines 3a through e	<b>267,753.</b>			
<b>4</b> Qualifying distributions for 2011 from Part XII, line 4: ► \$ <b>174,741.</b>				
<b>a</b> Applied to 2010, but not more than line 2a			<b>0.</b>	
<b>b</b> Applied to undistributed income of prior years (Election required - see instructions)		<b>0.</b>		
<b>c</b> Treated as distributions out of corpus (Election required - see instructions)	<b>0.</b>			
<b>d</b> Applied to 2011 distributable amount				<b>48,143.</b>
<b>e</b> Remaining amount distributed out of corpus	<b>126,598.</b>			
<b>5</b> Excess distributions carryover applied to 2011 (If an amount appears in column (d), the same amount must be shown in column (a).)	<b>0.</b>			<b>0.</b>
<b>6</b> Enter the net total of each column as indicated below:				
<b>a</b> Corpus: Add lines 3f, 4c, and 4e. Subtract line 5	<b>394,351.</b>			
<b>b</b> Prior years' undistributed income. Subtract line 4b from line 2b		<b>0.</b>		
<b>c</b> 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		<b>0.</b>		
<b>d</b> Subtract line 6c from line 6b. Taxable amount - see instructions		<b>0.</b>		
<b>e</b> Undistributed income for 2010. Subtract line 4a from line 2a. Taxable amount - see instr.			<b>0.</b>	
<b>f</b> Undistributed income for 2011. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2012				<b>0.</b>
<b>7</b> Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3)	<b>0.</b>			
<b>8</b> Excess distributions carryover from 2006 not applied on line 5 or line 7	<b>30,166.</b>			
<b>9</b> Excess distributions carryover to 2012. Subtract lines 7 and 8 from line 6a	<b>364,185.</b>			
<b>10</b> Analysis of line 9:				
<b>a</b> Excess from 2007	<b>48,551.</b>			
<b>b</b> Excess from 2008	<b>54,517.</b>			
<b>c</b> Excess from 2009	<b>67,966.</b>			
<b>d</b> Excess from 2010	<b>66,553.</b>			
<b>e</b> Excess from 2011	<b>126,598.</b>			

**Part XIV Private Operating Foundations** (see instructions and Part VII-A, question 9)

N/A

**1** a If the foundation has received a ruling or determination letter that it is a private operating foundation, and the ruling is effective for 2011, enter the date of the ruling ▶

b Check box to indicate whether the foundation is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

**2** a Enter the lesser of the adjusted net income from Part I or the minimum investment return from Part X for each year listed

Tax year	Prior 3 years			(e) Total
(a) 2011	(b) 2010	(c) 2009	(d) 2008	
b 85% of line 2a				
c Qualifying distributions from Part XII, line 4 for each year listed				
d Amounts included in line 2c not used directly for active conduct of exempt activities				
e Qualifying distributions made directly for active conduct of exempt activities. Subtract line 2d from line 2c				
<b>3</b> Complete 3a, b, or c for the alternative test relied upon:				
a "Assets" alternative test - enter:				
(1) Value of all assets				
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)				
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed				
c "Support" alternative test - enter:				
(1) Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties)				
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(iii)				
(3) Largest amount of support from an exempt organization				
(4) Gross investment income				

**Part XV Supplementary Information** (Complete this part only if the foundation had \$5,000 or more in assets at any time during the year-see instructions.)**1 Information Regarding Foundation Managers:**

- a List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000). (See section 507(d)(2).)

NONE

- b List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest.

NONE

**2 Information Regarding Contribution, Grant, Gift, Loan, Scholarship, etc., Programs:**

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a The name, address, and telephone number of the person to whom applications should be addressed:

- b The form in which applications should be submitted and information and materials they should include:

- c Any submission deadlines:

- d Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other factors:

**Part XV** Supplementary Information (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
<b>a Paid during the year</b>				
21ST CENTURY PARKS INC 471 W. MAIN ST. STE. 202 LOUISVILLE, KY 40202	NONE	501(C)(3)	OPERATING FUND	10,000.
ABOVE THE RIM 23 ELIZABETH AVENUE NEWARK, NJ 07112	NONE	501(C)(3)	OPERATING FUND	250.
ALZHEIMER'S ASSOCIATION OF GREATER KENTUCKY & SOUTHERN INDIANA 225 NORTH MICHIGAN AVENUE CHICAGO, IL 60601	NONE	501(C)(3)	OPERATING FUND	500.
ALZHEIMER'S ASSOCIATION OF TENNESSEE 4825 TROUSDALE DRIVE SUITE 220 NASHVILLE, TN 37220	NONE	501(C)(3)	OPERATING FUND	500.
AMERICAN CANCER SOCIETY 30 SPEEN STREET FARMINGTON, MA 01701	NONE	501(C)(3)	OPERATING FUND	3,245.
<b>Total</b>	<b>SEE CONTINUATION SHEET(S)</b>			<b>170,071.</b>
<b>b Approved for future payment</b>				
NONE				
<b>Total</b>				<b>0.</b>

Form 990-PF (2011)



**Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations**

		Yes	No
<b>1</b>	Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?		
<b>a</b>	Transfers from the reporting foundation to a noncharitable exempt organization of:		
	(1) Cash	1a(1)	X
	(2) Other assets	1a(2)	X
<b>b</b>	Other transactions:		
	(1) Sales of assets to a noncharitable exempt organization	1b(1)	X
	(2) Purchases of assets from a noncharitable exempt organization	1b(2)	X
	(3) Rental of facilities, equipment, or other assets	1b(3)	X
	(4) Reimbursement arrangements	1b(4)	X
	(5) Loans or loan guarantees	1b(5)	X
	(6) Performance of services or membership or fundraising solicitations	1b(6)	X
<b>c</b>	Sharing of facilities, equipment, mailing lists, other assets, or paid employees	1c	X
<b>d</b>	If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received 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.		

[illegible]

**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?

☐ Yes ☒ No

**b If "Yes," complete the following schedule.**

(a) Name of organization	(b) Type of organization	(c) Description of relationship
N/A		

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) is based on all information of which preparer has any knowledge.				May the IRS discuss this return with the preparer shown below (see instr.)? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No
	Signature of officer or trustee <i>Michelle Harper</i>		Date <i>11/15/12</i>	Title <i>Secretary</i>	
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN
	CHRISTINE N KOENIG	<i>Christine N Koenig</i>	<i>11.13.12</i>		P01022180
	Firm's name ▶ DEMING MALONE LIVESAY & OSTROFF PSC				Firm's EIN ▶ 61-1064249
	Firm's address ▶ 9300 SHELBYVILLE RD STE 1100 LOUISVILLE, KY 40222-5187				Phone no. (502) 426-9660

Form **990-PF** (2011)

**Part XV Supplementary Information****3. Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
AMERICAN HEART ASSOCIATION 240 WHITTINGTON PARKWAY LOUISVILLE, KY 40222	NONE	501(C)(3)	OPERATING FUND	1,500.
AMERICAN RED CROSS 510 E CHESTNUT STREET LOUISVILLE, KY 40202	NONE	501(C)(3)	OPERATING FUND	25,165.
BIG BROTHERS AND BIG SISTERS 113 COURT STREET OTTAWA, OH 45875	NONE	501(C)(3)	OPERATING FUND	2,000.
BOYS & GIRLS CLUB OF PORTER COUNTY 354 WEST JEFFERSON ST. VALPARAISO, IN 46383	NONE	501(C)(3)	OPERATING FUND	1,000.
BOYS & GIRLS CLUB OF CENTRAL MISSISSIPPI 1450 W. CAPITOL STREET JACKSON, MS 32903	NONE	501(C)(3)	OPERATING FUND	500.
BOY SCOUTS OF AMERICA 1325 WEST WALNUT HILL LANE IRVING, TX 75038-3008	NONE	501(C)(3)	OPERATING FUND	500.
CEDAR LAKE LODGE INC 3301 JERICO ROAD LA GRANGE, KY 40222	NONE	501(C)(3)	OPERATING FUND	2,000.
CLEVELAND SCHOLARSHIP PROGRAM INC 200 PUBLIC SQ #3820 CLEVELAND, OH 44114	NONE	501(C)(3)	OPERATING FUND	1,000.
CONSORTIUM OF AFRICAN AMERICAN ORGANIZATIONS 1761 E 30TH STREET, STE 114 CLEVELAND, OH 44114-4407	NONE	501(C)(3)	OPERATING FUND	1,500.
CRUSADE FOR CHILDREN 520 W. CHESTNUT ST. LOUISVILLE, KY 40202	NONE	501(C)(3)	OPERATING FUND	7,000.
<b>Total from continuation sheets</b>				<b>155,576.</b>

**Part XV, Supplementary Information****3. Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
CYSTIC FIBROSIS NORTHERN OHIO CHAPTER 5410 TRANSPORTATION BLVD #5 CLEVELAND, OH 44125	NONE	501(C)(3)	OPERATING FUND	1,000.
DARE TO CARE INC 5708 PRESTON HIGHWAY LOUISVILLE, KY 40219	NONE	501(C)(3)	OPERATING FUND	751.
DORMAN CENTER PO BOX 1323 SHELBYVILLE, KY 40066	NONE	501(C)(3)	OPERATING FUND	2,000.
FAMILIES FOR EFFECTIVE AUTISM TREATMENT PO BOX 5214 LOUISVILLE, KY 40255	NONE	501(C)(3)	OPERATING FUND	2,250.
FAMILY SCHOLAR HOUSE 118 WEST BRECKINRIDGE STREET LOUISVILLE, KY 40203	NONE	501(C)(3)	OPERATING FUND	2,000.
FRIENDS OF MICHAEL INC SPINAL CORD 1705 EAGLE CREEK DRIVE LOUISVILLE, KY 40222	NONE	501(C)(3)	OPERATING FUND	1,000.
FRIENDS OF PUTNAM COUNTY HOMECARE & HOSPICE 139 COURT ST OTTAWA, OH 45875	NONE	501(C)(3)	OPERATING FUND	1,000.
GIRL SCOUTS OF EASTERN SOUTH CAROLINA 7951 DORCHESTER RD NORTH CHARLESTON, SC 29418	NONE	501(C)(3)	OPERATING FUND	250.
GREATER LOUISVILLE SPORTS COMMISSION INC 401 W MAIN ST #220 LOUISVILLE, KY 40202	NONE	501(C)(3)	OPERATING FUND	1,500.
GUARDIANCARE SERVICES INC. 215 W. BRECKENRIDGE STREET LOUISVILLE, KY 40203	NONE	501(C)(3)	OPERATING FUND	1,500.
<b>Total from continuation sheets</b>				



**Part XV** Supplementary Information**3. Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
HAVEN HELP AGAINST VIOLENT ENCOUNTERS PO BOX 431045 PONTIAC, MI 48343-1045	NONE	501(C)(3)	OPERATING FUND	500.
HOPE FOR GALLATIN COUNTY 200 WASHINGTON STREET WARSAW, KY 41098	NONE	501(C)(3)	OPERATING FUND	1,000.
HOSPICE OF DECATUR COUNTY 1201 N LINCOLN ST, STE A GREENSBURG, IN 47240	NONE	501(C)(3)	OPERATING FUND	1,000.
HUNTSVILLE HOSPITAL FOUNDATION MELISSA GEORGE FUND 101 SIVLEY RD SW HUNTSVILLE, AL 35801	NONE	501(C)(3)	OPERATING FUND	1,000.
HURSTBOURNE CHRISTIAN CHURCH 601 NOTTINGHAM PKWY LOUISVILLE, KY 40222	NONE	501(C)(3)	OPERATING FUND	2,500.
JARRET'S JOY CART 15015 BIRCHAM RD LOUISVILLE, KY 40245	NONE	501(C)(3)	OPERATING FUND	1,500.
JCC COMMUNITY CENTER OF LOUISVILLE 3600 DUTCHMANS LANE LOUISVILLE, KY 40205	NONE	501(C)(3)	OPERATING FUND	250.
JUNIOR ACHIEVEMENT 1401 MUHAMMAD ALI BOULEVARD LOUISVILLE, KY 40203	NONE	501(C)(3)	OPERATING FUND	3,000.
JUVENILE DIABETES RESEARCH FOUNDATION 133 EVERGREEN RD, STE 101 LOUISVILLE, KY 40243	NONE	501(C)(3)	OPERATING FUND	2,000.
KENTUCKY HUMANE SOCIETY 4600 SHELBYVILLE ROAD LOUISVILLE, KY 40207	NONE	501(C)(3)	OPERATING FUND	1,000.
Total from continuation sheets				

**Part XV. Supplementary Information****3. Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
KIDS CENTER (CEREBRAL PALSY) 948 EASTERN PARKWAY LOUISVILLE, KY 40217	NONE	501(C)(3)	OPERATING FUND	2,250.
KOSAIR CHILDREN'S HOSPITAL PO BOX 32353 LOUISVILLE, KY 40232	NONE	501(C)(3)	OPERATING FUND	3,000.
LEUKEMIA & LYMPHOMIA SOCIETY 301 E MAIN ST STE 100 LOUISVILLE, KY 40202	NONE	501(C)(3)	OPERATING FUND	1,500.
LIBERTY TEMPLE 1628 WEST MARKET STREET LOUISVILLE, KY 40203	NONE	501(C)(3)	OPERATING FUND	1,000.
MARCH OF DIMES 4802 SHERBURN LANE ST. MATTHEWS, KY 40207	NONE	501(C)(3)	OPERATING FUND	250.
MASONIC HOUSE LODGE #182 9810 COCKRELL ROAD MANASSAS, VA 20110	NONE	501(C)(3)	OPERATING FUND	160.
MICHAEL QUINLAN BRAIN TUMOR FOUNDATION 4012 DUPONT CIRCLE SUITE 411 LOUISVILLE, KY 40207-4818	NONE	501(C)(3)	OPERATING FUND	2,500.
MIRACLE LEAGUE BASEBALL OF PLYMOUTH 357 THEODORE STREET PLYMOUTH, MI 48170	NONE	501(C)(3)	OPERATING FUND	250.
NEW DIRECTIONS HOUSING CORP 1000 E LIBERTY ST LOUISVILLE, KY 40204	NONE	501(C)(3)	OPERATING FUND	1,000.
NORTON HEALTHCARE FOUNDATION, INC. 224 E. BROADWAY 5TH FLOOR LOUISVILLE, KY 40202	NONE	501(C)(3)	OPERATING FUND	1,000.
<b>Total from continuation sheets</b>				

**Part XV. Supplementary Information****3. Grants and Contributions Paid During the Year (Continuation)**

Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
OSTEOGENESIS IMPERFECTA FOUNDATION 804 W. DIAMOND AVE STE 210 GAITHERSBURG, MD 20878	NONE	501(C)(3)	OPERATING FUND	500.
PANCREATIC CANCER ACTION NETWORK 1500 ROSECRANS AVE SUITE 200 MANHATTAN BEACH, CA 90266	NONE	501(C)(3)	OPERATING FUND	500.
PROJECT GRADUATION BALLARD HIGH SCHOOL 6000 BROWNSBORO ROAD LOUISVILLE, KY 40222	NONE	501(C)(3)	OPERATING FUND	500.
SALVATION ARMY 512 WEST KENTUCKY STREET LOUISVILLE, KY 40203	NONE	501(C)(3)	OPERATING FUND	3,000.
SAMPSON CRISIS CENTER, INC 309 E MAIN ST CLINTON, NC 28328	NONE	501(C)(3)	OPERATING FUND	1,000.
SERVING CHRIST OUTREACH CENTER 115 E. BROADWAY FIARVIEW, OK 73737	NONE	501(C)(3)	OPERATING FUND	5,000.
SUPPORTING HEROES 218 SAGE ROAD LOUISVILLE, KY 40207	NONE	501(C)(3)	OPERATING FUND	60,000.
THE ACADEMY AT SAINT ANDREWS 2233 WOODBOURNE AVE LOUISVILLE, KY 40205	NONE	501(C)(3)	OPERATING FUND	500.
THE CHURCH OF THE HOLY CROSS INDIANAPOLIS, INC 125 NORTH ORIENTAL STREET INDIANAPOLIS, IN 46202	NONE	501(C)(3)	OPERATING FUND	1,000.
THE V FOUNDATION 106 TOWERVIEW COURT CARY, NC 25713	NONE	501(C)(3)	OPERATING FUND	1,000.
<b>Total from continuation sheets</b>				

### 3. Grants and Contributions Paid During the Year (Continuation)

**Total from continuation sheets**

**Schedule B**(Form 990, 990-EZ,  
or 990-PF)Department of the Treasury  
Internal Revenue Service**Schedule of Contributors**

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

OMB No 1545-0047

**2011**

Name of the organization

THE STEEL FOUNDATION INC

Employer identification number

56-2468607

Organization type (check one)

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

☒ 501(c)(3) exempt private foundation☐ 4947(a)(1) nonexempt charitable trust treated as a private foundation☐ 501(c)(3) taxable private foundationCheck 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**

- ☒ For 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, total 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 total 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 Part I, 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) (2011)

Name of organization

Employer identification number

THE STEEL FOUNDATION INC

56-2468607

**Part I Contributors** (see instructions) Use duplicate copies of Part I if additional space is needed

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	STEEL TECHNOLOGIES, INC 15415 SHELBYVILLE ROAD LOUISVILLE, KY 40245	\$ 77,677.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
2	STEEL TECHNOLOGIES, INC 15415 SHELBYVILLE ROAD LOUISVILLE, KY 40245	\$ 64,424.	Person <input type="checkbox"/> Payroll <input checked="" type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II if there is a noncash contribution)

Employer identification number

56-2468607

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<div></div> <div></div> <div></div> <div></div>	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<div></div> <div></div> <div></div> <div></div>	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<div></div> <div></div> <div></div> <div></div>	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<div></div> <div></div> <div></div> <div></div>	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<div></div> <div></div> <div></div> <div></div>	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<div></div> <div></div> <div></div> <div></div>	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<div></div> <div></div> <div></div> <div></div>	\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	<div></div> <div></div> <div></div> <div></div>	\$	

Employer identification number

56-2468607

## Part III

Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once) ▶ \$

Use duplicate copies of Part III if additional space is needed

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>	<div></div> <div></div> <div></div>

**(e) Transfer of gift**

**Transferee's name, address, and 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

**(e) Transfer of gift**

**Transferee's name, address, and 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

**(e) Transfer of gift**

**Transferee's name, address, and 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

**(e) Transfer of gift**

**Transferee's name, address, and ZIP + 4****Relationship of transferor to transferee**



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FORM 990-PF	DIVIDENDS AND INTEREST FROM SECURITIES	STATEMENT	1
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SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	COLUMN (A) AMOUNT
HILLIARD LYONS	17,222.	0.	17,222.
TOTAL TO FM 990-PF, PART I, LN 4	17,222.	0.	17,222.

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FORM 990-PF	OTHER INCOME	STATEMENT	2
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DESCRIPTION	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
GROSS INCOME FROM SPECIAL FUNDRAISING EVENTS	81,812.	0.	
TOTAL TO FORM 990-PF, PART I, LINE 11	81,812.	0.	

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FORM 990-PF	ACCOUNTING FEES	STATEMENT	3
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAX PREPARATION	2,300.	0.		2,300.
TO FORM 990-PF, PG 1, LN 16B	2,300.	0.		2,300.

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FORM 990-PF	OTHER PROFESSIONAL FEES	STATEMENT	4
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DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
STARFISH CONSULTING	1,500.	0.		1,500.
TO FORM 990-PF, PG 1, LN 16C	1,500.	0.		1,500.

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FORM 990-PF	TAXES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FOREIGN TAXES	108.	108.		0.	
TO FORM 990-PF, PG 1, LN 18	108.	108.		0.	

FORM 990-PF	OTHER EXPENSES			STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ADMINISTRATIVE EXPENSE	692.	0.		692.	
GOLF SCRAMBLE FUNDRAISING EXPENSES	31,084.	0.		0.	
BANK FEE	178.	0.		178.	
TO FORM 990-PF, PG 1, LN 23	31,954.	0.		870.	

FORM 990-PF	OTHER INCREASES IN NET ASSETS OR FUND BALANCES			STATEMENT	7
DESCRIPTION				AMOUNT	
INCOME MODIFICATION-VOID 2010 GRANT CHECK				5,000.	
TOTAL TO FORM 990-PF, PART III, LINE 3				5,000.	

FORM 990-PF	CORPORATE STOCK		STATEMENT	8
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE		
SEE ATTACHED	582,135.	624,913.		
TOTAL TO FORM 990-PF, PART II, LINE 10B	582,135.	624,913.		

FORM 990-PF	OTHER INVESTMENTS	STATEMENT	9
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DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
MUTUAL FUNDS - SEE ATTACHED	COST	80,894.	81,421.
TOTAL TO FORM 990-PF, PART II, LINE 13		80,894.	81,421.



# Priority Account Statement

P.O. Box 32760  
Louisville, KY 40232

December 1 - December 31, 2011 Page 4 of 12

## ASSET DETAILS

This section shows the cash equivalents and/or securities in your account. It reflects market values as of the close of business December 31, 2011

## CASH EQUIVALENTS

FEDERATED GOVERNMENT * CASH SER	Approximate Current Value	Anticipated Annualized Income	Current Yield Percent
	\$55,989.68	\$5.60	0.010%
<b>Total Cash Equivalents</b>	<b>\$55,989.68</b>	<b>\$5.60</b>	

## ASSETS HELD AT HILLIARD LYONS

STOCKS	Symbol/CUSIP	Quantity	Average Unit Cost	Cost	Approximate Current Price	Approximate Current Value	Unrealized Gain/(Loss)	Anticipated Annualized Income	Current Yield Percent
BB&T CORP	BBT	320	\$31.5087	\$10,082.79	\$25.1700	\$8,054.40	(\$2,028.39)	\$204.80	2.542%
BP PLC SPONSORED ADR	BP	308	\$50.8847	\$15,672.49	\$42.7400	\$13,163.92	(\$2,508.57)	\$517.44	3.930%
BRISTOL MYERS SQUIBB COMPANY	BMJ	550	\$26.5562	\$14,605.95	\$35.2400	\$19,382.00	\$4,776.05	\$748.00	3.859%
BROWN-FORMAN CORP CL B	BF/B	200	\$50.1650	\$10,033.00	\$80.5100	\$16,102.00	\$6,069.00	\$280.00	1.738%
CISCO SYSTEMS INC	CSCO	950	\$20.6515	\$19,619.00	\$18.0800	\$17,176.00	(\$2,443.00)	\$228.00	1.327%
CONOCOPHILLIPS	COP	170	\$57.4843	\$9,772.34	\$72.8700	\$12,387.90	\$2,615.56	\$448.80	3.622%
DIAGEO PLC NEW SPONSORED ADR	DEO	160	\$63.3087	\$10,129.40	\$87.4200	\$13,987.20	\$3,857.80	\$415.20	2.968%
DISNEY WALT COMPANY	DIS	290	\$35.3883	\$10,262.62	\$37.5000	\$10,875.00	\$612.38	\$174.00	1.600%
GENERAL ELECTRIC COMPANY	GE	630	\$15.9136	\$10,025.60	\$17.9100	\$11,283.30	\$1,257.70	\$428.40	3.796%
GLAXOSMITHKLINE PLC SPONSORED ADR	GSK	260	\$38.4269	\$9,991.00	\$45.6300	\$11,863.80	\$1,872.80	\$573.56	4.834%
HARTFORD FINANCIAL SERVICES GROUP INC	HIG	500	\$28.6471	\$14,323.55	\$16.2500	\$8,125.00	(\$6,198.55)	\$200.00	2.461%
INTEL CORP	INTC	460	\$21.2994	\$9,797.75	\$24.2500	\$11,155.00	\$1,357.25	\$386.40	3.463%
INTRNTL SPEEDWAY CORP CLASS A	ISCA	400	\$25.7275	\$10,291.00	\$25.3500	\$10,140.00	(\$151.00)	\$72.00	0.710%
ISHARES INC MCSI BRIC INDEX FUND	BKF	1,800	\$40.3504	\$72,630.86	\$36.2700	\$65,286.00	(\$7,344.86)	\$1,471.14	2.253%
ISHARES TRUST MSCI EAFE INDEX FUND	EFA	1,350	\$51.2376	\$69,170.85	\$49.5300	\$66,865.50	(\$2,305.35)	\$2,308.77	3.452%

J.J.B. Hilliard, W.L. Lyons, LLC  
Member New York Stock Exchange, FINRA and SIPC

Account Number  
25111067  
Account Owner  
THE STEEL FOUNDATION



P O Box 32760  
Louisville, KY 40232

# Priority Account Statement

December 1 - December 31, 2011 Page 5 of 12

## ASSET DETAILS Continued ASSETS HELD AT HILLIARD LYONS Continued

STOCKS	Symbol/CUSIP	Quantity	Average Unit Cost	Cost	Approximate Current Price	Approximate Current Value	Unrealized Gain/(Loss)	Anticipated Annualized Income	Current Yield Percent
ISHARES TR RUSSELL 2000 VALUE INDEX FD	IWN	900	\$62.1176	\$55,905.92	\$65.6400	\$59,076.00	\$3,170.08	\$1,231.11	2.083%
JOHNSON & JOHNSON	JNJ	160	\$62.8687	\$10,059.00	\$65.5800	\$10,492.80	\$433.80	\$364.80	3.476%
KIMBERLY CLARK CORP	KMB	170	\$59.5070	\$10,116.20	\$73.5600	\$12,505.20	\$2,389.00	\$476.00	3.806%
MEDTRONIC INC	MDT	240	\$40.9274	\$9,822.58	\$38.2500	\$9,180.00	(\$642.58)	\$232.80	2.535%
MICROSOFT CORP	MSFT	550	\$27.3854	\$15,061.98	\$25.9600	\$14,278.00	(\$783.98)	\$440.00	3.081%
NOVARTIS AG SPONSORED ADR	NVS	190	\$53.3005	\$10,127.10	\$57.1700	\$10,862.30	\$735.20	\$291.87	2.687%
PEPSICO INC	PEP	150	\$64.4332	\$9,664.99	\$66.3500	\$9,952.50	\$287.51	\$309.00	3.104%
PETROLEO BRASILEIRO SA PETROBRAS SPONSORED ADR	PBR	500	\$23.6860	\$11,843.00	\$24.8500	\$12,425.00	\$582.00	\$557.60	4.487%
Pfizer Inc	PFE	600	\$16.3830	\$9,829.80	\$21.6400	\$12,984.00	\$3,154.20	\$528.00	4.066%
PHILIP MORRIS INTERNATIONAL INC	PM	220	\$45.5781	\$10,027.20	\$78.4800	\$17,265.60	\$7,238.40	\$677.60	3.924%
PLUM CREEK TIMBER COMPANY INC	PCL	280	\$36.6807	\$10,270.60	\$36.5600	\$10,236.80	(\$33.80)	\$470.40	4.595%
PROCTER & GAMBLE COMPANY	PG	170	\$60.7943	\$10,335.04	\$66.7100	\$11,340.70	\$1,005.66	\$357.00	3.147%
REPUBLIC BANCORP INC KY CLASS A	RBCAA	630	\$15.8536	\$9,987.80	\$22.9000	\$14,427.00	\$4,439.20	\$388.08	2.689%
ROYAL DUTCH SHELL PLC SPONSORED ADR REPSTG A SHARES	RDSA	200	\$53.4811	\$10,696.22	\$73.0900	\$14,618.00	\$3,921.78	\$571.20	3.907%
S Y BANCORP INC	SYBT	780	\$20.4766	\$15,971.81	\$20.5300	\$16,013.40	\$41.59	\$561.60	3.507%
SPECTRA ENERGY CORP	SE	480	\$21.1529	\$10,153.40	\$30.7500	\$14,760.00	\$4,606.60	\$537.60	3.642%
3M COMPANY	MMM	130	\$78.9338	\$10,261.40	\$81.7300	\$10,624.90	\$363.50	\$286.00	2.691%
TIME WARNER INC NEW	TWX	470	\$32.3156	\$15,188.36	\$36.1400	\$16,985.80	\$1,797.44	\$441.80	2.601%
UNILEVER PLC SPONSORED ADR NEW	UL	370	\$27.1542	\$10,047.06	\$33.5200	\$12,402.40	\$2,355.34	\$458.94	3.700%
VISA INC CLASS A	V	140	\$74.2813	\$10,399.39	\$101.5300	\$14,214.20	\$3,814.81	\$123.20	0.866%
VODAFONE GROUP PLC NEW SPONSORED ADR	VOD	450	\$21.9711	\$9,887.00	\$28.0300	\$12,613.50	\$2,726.50	\$649.30	5.147%
ZEBRA TECH CORP CL A	ZBRA	330	\$30.5172	\$10,070.70	\$35.7800	\$11,807.40	\$1,736.70	N/A	
Total Stocks				\$582,134.75		\$624,912.52	\$42,777.77	\$18,410.41	

J.J.B. Hilliard, W.L. Lyons, LLC  
Member New York Stock Exchange, FINRA and SIPC

Account Number  
25111067  
Account Owner  
THE STEEL FOUNDATION



# Priority Account Statement

P.O. Box 32760  
Louisville, KY 40232

December 1 - December 31, 2011 Page 6 of 12

## ASSET DETAILS Continued ASSETS HELD AT HILLIARD LYONS Continued

MUTUAL FUNDS	Symbol/CUSIP	Quantity	Average Unit Cost	Cost	Approximate Current Price	Approximate Current Value	Unrealized Gain/(Loss)	Anticipated Annualized Income
ASTON FUNDS ASTON/RIVER RD INDPT VALUE FD CL N	ARVX	7,659 617	\$10 5610	\$80,893 94	\$10 6300	\$81,421.72	\$527 78	N/A
<b>Total Mutual Funds</b>				<b>\$80,893.94</b>		<b>\$81,421.72</b>	<b>\$527.78</b>	<b>\$0.00</b>
<b>Total Assets held at Hilliard Lyons</b>				<b>\$663,028.69</b>		<b>\$706,334.24</b>	<b>\$43,305.55</b>	<b>\$18,410.41</b>

\* Please note "Unrealized Gain/(Loss)" does not equal the total current value minus the total cost if any value or cost amounts are missing

	Cost	Approximate Current Value	Unrealized Gain/(Loss)	Anticipated Annualized Income
<b>Total Account Value</b>	<b>\$663,028.69</b>	<b>\$762,323.92</b>	<b>\$43,305.55</b>	<b>\$18,410.01</b>

## ACTIVITY SUMMARY

Activity	Year-to-Date	Current Period	Cash	Money Market	Margin
<b>Opening Balance - Cash Equivalents</b>	<b>\$112,043.24</b>	<b>\$53,125.64</b>	<b>\$117.60</b>	<b>\$53,008.04</b>	<b>\$0.00</b>
Buy and Sell Transactions					
Assets Bought	(\$205,221 13)	(\$1,124 71)	(\$4,106.35)	\$2,981.64	
Assets Sold/Redeemed	\$82,038 20				
Cash Deposits and Withdrawals					
Deposits Made to Your Account	\$50,000 00				
Withdrawals From Your Account					
Income and Distributions					
Dividends	\$17,221 56	\$3,989.26	\$3,989 26		
Interest					
Capital Gains Distributions	\$15 91	\$15.91	\$15 91		
Return of Principal					
Other Income and Distributions					
Margin Interest					
Margin Interest Charged					
Other	(\$108 10)	(\$16 42)	(\$16 42)		
<b>Closing Balance - Cash Equivalents</b>	<b>\$55,989.68</b>	<b>\$55,989.68</b>	<b>\$0.00</b>	<b>\$55,989.68</b>	<b>\$0.00</b>

J.J.B. Hilliard, W.L. Lyons, LLC  
Member New York Stock Exchange, FINRA and SIPC

Account Number  
25111067

Account Owner  
THE STEEL FOUNDATION

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

OMB No 1545-1709

► **File a separate application for each return.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box ☒
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

**Do not complete Part II unless** you have already been granted an automatic 3-month extension on a previously filed Form 8868.

**Electronic filing (e-file).** You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile) and click on **e-file for Charities & Nonprofits**.

## **Part I Automatic 3-Month Extension of Time.** Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only ☐

*All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.*

Type or print	Name of exempt organization or other filer, see instructions. <b>THE STEEL FOUNDATION INC</b>	Employer identification number (EIN) or <input checked="" type="checkbox"/> <b>56-2468607</b>
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P O box, see instructions. <b>15415 SHELBYVILLE ROAD</b>	Social security number (SSN) <input type="checkbox"/>
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. <b>LOUISVILLE, KY 40245</b>	

Enter the Return code for the return that this application is for (file a separate application for each return)

**0 4**

Application Is For	Return Code	Application Is For	Return Code
Form 990	01	Form 990-T (corporation)	07
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

**PAT FLANAGAN**

- The books are in the care of ► **15415 SHELBYVILLE ROAD - LOUISVILLE, KY 40245**

Telephone No. ► **502-245-2110**

FAX No. ►

- If the organization does not have an office or place of business in the United States, check this box ☐
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐ If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

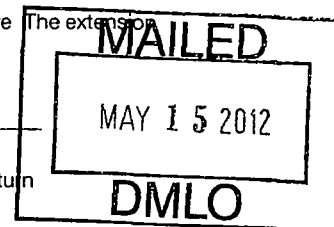
1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2012**, to file the exempt organization return for the organization named above

is for the organization's return for:

► ☒ calendar year **2011** or

► ☐ tax year beginning , and ending

- 2 If the tax year entered in line 1 is for less than 12 months, check reason: ☐ Initial return ☐ Final return ☐ Change in accounting period



3a If this application is for Form 990-BL, 990 PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

**Caution.** If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

LHA For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8868 (Rev. 1-2012)

- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box ☒ ...

**Note.** Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1)

**Part II Additional (Not Automatic) 3-Month Extension of Time.** Only file the original (no copies needed).

Type or print  File by the due date for filing your return. See instructions.	Enter filer's identifying number, see instructions	
	Name of exempt organization or other filer, see instructions	Employer identification number (EIN) or
	THE STEEL FOUNDATION INC	<input checked="" type="checkbox"/> 56-2468607
	Number, street, and room or suite no. If a P O box, see instructions	Social security number (SSN)
	15415 SHELBYVILLE ROAD	<input type="checkbox"/>
	City, town or post office, state, and ZIP code For a foreign address, see instructions.	
	LOUISVILLE, KY 40245	

Enter the Return code for the return that this application is for (file a separate application for each return)

**0 4**

Application Is For	Return Code	Application Is For	Return 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 granted an automatic 3-month extension on a previously filed Form 8868.**

**PAT FLANAGAN**

- The books are in the care of **15415 SHELBYVILLE ROAD - LOUISVILLE, KY 40245**

Telephone No. **502-245-2110**

FAX No.

- If the organization does not have an office or place of business in the United States, check this box ☐

- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box ☐. If it is for part of the group, check this box ☐ and attach a list with the names and EINs of all members the extension is for

4 I request an additional 3-month extension of time until **NOVEMBER 15, 2012**

5 For calendar year **2011**, or other tax year beginning , and ending

6 If the tax year entered in line 5 is for less than 12 months, check reason. ☐ Initial return ☐ Final return

☐ Change in accounting period

7 State in detail why you need the extension

**ADDITIONAL TIME IS NEEDED TO GATHER INFORMATION FOR THE TAX RETURN.**

8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	8a	\$	0.
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

**Signature and Verification must be completed for Part II only.**

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature **Christine M. Koenig** Title **CPA**

Date **8.14.12**

Doming Malone Livesay & Ostroff 9300 Shelbyville Rd., Suite 1100

Form 8868 (Rev. 1-2012)

ID #61-1064249 Louisville, Ky. 40222-5187

