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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 Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements. Internal Revenue Service DEC 21. and ending 2012 2012 DEC 31, For calendar year 2012 or tax year beginning A Employer identification number Name of foundation 90-0925621 HACET FOUNDATION INC. Room/suite Number and street (or P O box number if mail is not delivered to street address) B Telephone number 502-775-4212 10312 STERLING SPRINGS City or town, state, and ZIP code C If exemption application is pending, check here 40223 LOUISVILLE, X Initial return Initial return of a former public charity D 1 Foreign organizations, check here G Check all that apply: Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Name change Address change Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated under section 507(b)(1)(A), check here I Fair market value of all assets at end of year J Accounting method: X Cash Accrual If the foundation is in a 60-month termination Other (specify) (from Part II, col (c), line 16) under section 507(b)(1)(B), check here 2,000,000. (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements (b) Net investment (c) Adjusted net (a) Revenue and (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books ıncome ıncome 2,000,000 N/A Contributions, gifts, grants, etc., received if the foundation is not required to attach Sch. B. 2 Interest on savings and temporary cash investments ٠. 3 ž 4 Dividends and interest from securities 3500 5a Gross rents b Net rental income or (loss) STATE OF LEE 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications Gross sales less returns 10a and allowances b Less Cost of goods sold 540 c Gross profit or (loss) 23 11 Other income 2,000,000 0 Total. Add lines 1 through 11 0 13 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees b Accounting fees c Other professional fees Administrative 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses Operating 24 Total operating and administrative 0 expenses Add lines 13 through 23 0 0. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements 0 Add lines 24 and 25 27 Subtract line 26 from line 12: 2,000,000 a Excess of revenue over expenses and disbursements 0 b Net investment income (if negative, enter -0-) N/A C Adjusted net income (if negative, enter -0-)

		Balance Sheets Attached schedules and amounts in the description	Beginning of year	End c	of year
Р	art	Balance Sneets column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing		2,000,000.	
	L	•	-	2,000,000.	2,000,000:
	` 2	Savings and temporary cash investments			
	3	Accounts receivable -	1		
		Less: allowance for doubtful accounts]		
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts	1		
	_		 		
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons			<u> </u>
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts ▶	1		
Assets	8	Inventories for sale or use			
SS	9	Prepaid expenses and deferred charges			
•	10a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	c	Investments - corporate bonds			·
		Investments - land, buildings, and equipment, basis	-		-
	"		- ľ		
		Less accumulated depreciation			
	12	Investments - mortgage loans			
	13	Investments - other			
	14	Land, buildings, and equipment: basis ►	1200 1 272 2 3	国の対応の 行ったる	ST 48 13 20 30 30 30
		Less accumulated depreciation	1		-
	15	Other assets (describe >			
	13	Other assets (describe >			
				2 222 222	2 202 202
	16	Total assets (to be completed by all filers)	0.	2,000,000.	2,000,000.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
v	19	Deferred revenue			20736.03.3338
Liabilities	20	Loans from officers, directors, trustees, and other disqualified persons			
Ē		Mortgages and other notes payable			
Ë	21				
_	22	Other liabilities (describe)			
				•	\$``\.* ,
	23	Total liabilities (add lines 17 through 22)	0.	0.	Mar 11/1
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			` , .
es	24	Unrestricted			
Ĕ	25	Temporarily restricted			
ğ		• •			
8	26	Permanently restricted			
Net Assets or Fund Balance		Foundations that do not follow SFAS 117, check here	j		
<u> </u>		and complete lines 27 through 31.		_	
S	27	Capital stock, trust principal, or current funds	0.	0.	
Sel	28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
As	29	Retained earnings, accumulated income, endowment, or other funds	0.	2,000,000.	
<u>ة</u>	30	Total net assets or fund balances	0.	2,000,000.	
Z	-	Total not 2000to of fails balances			
	24	Total Cabillation and not accept found belonged	0.	2,000,000.	
_	31	Total liabilities and net assets/fund balances	<u> </u>	2,000,000.	<u> </u>
P	art	III Analysis of Changes in Net Assets or Fund E	Balances		
				· · ·	
1	Total	net assets or fund balances at beginning of year - Part II, column (a), line	30		
	(mus	t agree with end-of-year figure reported on prior year's return)		1	0.
2	Enter	amount from Part I, line 27a		2	2,000,000.
		r increases not included in line 2 (itemize)		3	0.
		ines 1, 2, and 3	· -	4	2,000,000.
				<u> </u>	2,000,000.
		eases not included in line 2 (itemize)	-h (h) 1 00	5	
6	rotal	net assets or fund balances at end of year (line 4 minus line 5) - Part II, c	olumn (b), line 30	6	2,000,000.
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7

7 Add lines 5 and 6

See the Part VI instructions

Enter qualifying distributions from Part XII, line 4

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.

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	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), o	r 4948	- see	: instru	ıctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.		i			
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕒 🔛 and enter 1%				_0.	
	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).	i				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2				0.
3	Add lines 1 and 2	3	<u> </u>			0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	5				0.
6	Credits/Payments:					
а	2012 estimated tax payments and 2011 overpayment credited to 2012 6a					
b	Exempt foreign organizations - tax withheld at source				•	
C	: Tax paid with application for extension of time to file (Form 8868)		,			* J. B.A.
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 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	T			
11	Enter the amount of line 10 to be: Credited to 2013 estimated tax	<u>11</u>				
Pa	art VII-A Statements Regarding Activities					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or interve	ne in		٠,	Yes	No
	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		X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials public	shed or			35 7 2	
	distributed by the foundation in connection with the activities			1 3.5	30.35	***
C	: Did the foundation file Form 1120-POL for this year?			1c		X
d	I Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year;					
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$					
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation					
	managers. ► \$ 0 .			623		
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.	7.
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation	n, or		14 m		23.
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	1	A\I	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.			; 1		
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 si	ate law				
	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)			.		1
	KY					1
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	L.
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 2012 or the taxable year beginning in 2012 (see instructions for Part XIV)? If "Yes," complete Part XIV			9		<u>x</u>
<u>10</u>	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses			10		Х
			r.	orm agn	DE	20121

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Pa	rt 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)			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?	13	Х	
	Website address ► N/A			
14	The books are in care of ► THE FOUNDATION Telephone no. ► 502-	-775-4	212	
	Located at ▶ 10312 STERLING SPRINGS, LOUISVILLE, KY ZIP+4 ▶	40223		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			· 🔲
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2012, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1. If "Yes," enter the name of the foreign	1 to	to the se	History.
	country	1 7 A	**************************************	384
Pa	rt 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):	بنيز.	3.7	3*
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	o \ \ \ \ \ \ \] · ` ` ·	
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	3.5	1	Ci.
	a disqualified person?	0 2		*
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	၀ ြန္တာ	A ST	**
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	0		
	(5) Transfer any income or assets to a disqualified person (or make any of either available	***		386
	for the benefit or use of a disqualified person)?	o 🗀 🖫	100	
	(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	N. Villa		
	termination of government service, if terminating within 90 days.)	0		1.7
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)?	A 1b		
	Organizations relying on a current notice regarding disaster assistance check here		***	
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	3,5	177,35	7
	before the first day of the tax year beginning in 2012?	1c		Х
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	: To		
	defined in section 4942(j)(3) or 4942(j)(5)):	7336	St. 35	100 S
а	At the end of tax year 2012, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning	- 32		33
	before 2012? Yes X N	lo (%)	3	
	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	٠, ا	i	i
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach		į	
	statement - see instructions.)	<u>2b</u>		
c	: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		·	
	>	;	<u>ا</u> ا	· .
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	'		·
	during the year?	io -	ŀ	
t	o If "Yes," did it have excess business holdings in 2012 as a result of (1) any purchase by the foundation or disqualified persons after	•	ļ	
	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	.	1	1
	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,		1	
	Form 4720, to determine if the foundation had excess business holdings in 2012.) N/A	A 3b]	L.
48	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	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 2012?	4b		X
		Form 99 0)-PF	(2012)

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Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be i	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es X No	1
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indir		,	
any voter registration drive?			es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	7	Ye	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or l			
the prevention of cruelty to children or animals?		Ye	es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ler the exceptions described	ın Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru	ctions)?		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	ere		▶ □	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr	om the tax because it mainta	ined	ĺ	4 1230
expenditure responsibility for the grant?	N	1/A □ Y€	es 🔲 No 📗	· · ·
If "Yes," attach the statement required by Regulations section 53 4945	5-5(d)		·	No. 10 (1982)
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on		•	
a personal benefit contract?	•		es X No	34
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b X
If "Yes" to 6b, file Form 8870.			Γ.	জনু কুম্বাহন চ
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	☐ Ye	es X No	AND SECTION OF THE PROPERTY OF
b if "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b
Lefe and Alexand Office and Discontinuo Toronto		nagers, Highly		· · · · · · · · · · · · · · · · · · ·
Part VIII Paid Employees, and Contractors				
List all officers, directors, trustees, foundation managers and their	compensation.		·	
() News and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	enter -0-)	and deterred compensation	allowances
SEE STATEMENT 1		0.	0.	0.
				1
		ı		
				
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."	(d) Contabutage to	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) hamo and address of outsit omproyee paid more than \$400,000	devoted to position	(C) componibution	and deferred compensation	allowances
NONE				
	<u> </u>			
	· · · · · · · · · · · · · · · · · · ·			
	-			
		<u> </u>		
	· · · · · · · · · · · · · · · · · · ·	<u></u>		<u> </u>
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) Co	mpensation
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	F	
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expens	es ———
1 <u>N/A</u>	ļ	
2		
2		
3		
	į	
4		
	İ	
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.	Amoun	nt
1N/A		
2	İ	
	1	
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign for	ındations, se	e instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
	Average monthly fair market value of securities	1a	0.
	Average of monthly cash balances	1b	166,667.
	Fair market value of all other assets	1c	
	Total (add lines 1a, b, and c)	1d	166,667.
	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	166,667.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	2,500.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	164,167.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	247.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	247.
	Tax on investment income for 2012 from Part VI, line 5		
	Income tax for 2012. (This does not include the tax from Part VI.)]	
C	Add lines 2a and 2b	2c	0.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	247.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	247.
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	247.
P	art XII Qualifying Distributions (see instructions)	T. T.	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		^
	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1 <u>a</u>	<u>0.</u>
b	Program-related investments - total from Part IX-B	1b	<u> </u>
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:	1 1	
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	<u> </u>
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 th	e section

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Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2011	(c) 2011	(d) 2012
1 Distributable amount for 2012 from Part XI, line 7				
2 Undistributed income, if any, as of the end of 2012				247.
a Enter amount for 2011 only			0.	
b Total for prior years:				
3 Excess distributions carryover, if any, to 2012:		0.		
a From 2007				
b From 2008				,
c From 2009	,		, , ,	
d From 2010	· .		, ,	,
e From 2011			*	
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2012 from	, , ,			
Part XII, line 4: ►\$ 0 •				
a Applied to 2011, but not more than line 2a			0.	, v
b Applied to undistributed income of prior				· /
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus		1, 19, 11, 1	3423.4.0	2,3 (2,70)
(Election required - see instructions)	0.		The state of the s	
d Applied to 2012 distributable amount		, , , , , , , , , , , , , , , , , , , ,	Mr. Carrier Sangara	0.
e Remaining amount distributed out of corpus	0.	Α,	Stational Land	. Per
5 Excess distributions carryover applied to 2012	0.	and the state of contract	A CONTRACTOR OF THE PARTY OF TH	0.
(If an amount appears in column (d), the same amount must be shown in column (a))		AND THE PROPERTY OF THE PARTY O		
6 Enter the net total of each column as indicated below:				4
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract	,		of a less holder & the action as a con-	WAR TO THE
line 4b from line 2b		0.	2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	
c Enter the amount of prior years'	1 11 11 11 11			S S .=2.
undistributed income for which a notice of			A CANADA LA CARACTER CONT.	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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			. 157,	;
amount - see instructions		0.	·	
e Undistributed income for 2011. Subtract line				,
4a from line 2a. Taxable amount - see instr.	 		0.	
f Undistributed income for 2012. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2013			• • •	247.
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 2007	_			
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2013	_			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2008				
b Excess from 2009				
c Excess from 2010				
d Excess from 2011				
e Excess from 2012	L ,			

90-0925621

Page 10

Form 990-PF (2012)

HACET FOUNDATION INC.

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation status of recipient Purpose of grant or contribution Amount Name and address (home or business) a Paid during the year NONE Total **▶** 3a b Approved for future payment NONE Total

Page 11

D . 3/3/1 A		Income-Producing	A -4::4:
Dart IVI-A	Analycic At	Income-Producing	ACTIVITIES
raitavina	Alialysis of	miconne-i roducing	WOLLAND OF

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ided by section 512, 513, or 514	(e)
·	(a) Business	(b) Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code		code	7 41700111	
a	<u> </u>	<u> </u>			
b			 		
c			-	<u> </u>	
d					
e					
f			ļ		
g Fees and contracts from government agencies			-		
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			ļ		
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate.					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property		ļ	ļ		· · · · · · · · · · · · · · · · · · ·
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			<u> </u>		
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a			1		
b			<u> </u>		
c			<u> </u>	<u></u>	
d			ļ	<u> </u>	
e					
12 Subtotal. Add columns (b), (d), and (e)	<u> </u>	0.	L		0.
13 Total. Add line 12, columns (b), (d), and (e)				13	0.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	o the Acc	omplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which incor			contri	buted importantly to the accor	nplishment of
the foundation's exempt purposes (other than t	by providing fu	ands for such purposes).			
					
	· · · · · · · · · · · · · · · · · · ·				
				· · · · · · · · · · · · · · · · · · ·	
					<u> </u>
					
					
					
222621					C OOO DE (0040)

Part XVII	Information Re Exempt Organ		nsfers To a	and Transactions a	and Relation	ships With Non	charitable)
4 Did the e		·····	- 6 45 - 6-11					Yes No
				ig with any other organizati		3011 50 1(0) 01		162 140
				27, relating to political organ	ilizations?			
	s from the reporting found	ation to a nonchant	able exempt of	gamzanon or.				
(1) Cast							1a(1)	X
(2) Other							1a(2)	X
	nsactions:	. 						,,
	s of assets to a noncharita						1b(1)	X
, ,	hases of assets from a no	•	organization				1b(2)	X
	al of facilities, equipment,						1b(3)	X
	nbursement arrangements	ı					1b(4)	X
	is or loan guarantees						1b(5)	X
• •	ormance of services or me	•	ū				1b(6)	X
	of facilities, equipment, ma			•			1c	X
				dule. Column (b) should al				ets,
				ed less than fair market vali	ue in any transactio	in or sharing arrangem	ent, show in	
	d) the value of the goods,			- avamat araanization	(4) -			
(a) Line no	(b) Amount involved	(c) Name o		e exempt organization	(0) Description	on of transfers, transactions	, and sharing arr	angements
			N/A					
							· · · · · · · · · · · · · · · · · · ·	
	· · · · · · · · · · · · · · · · · · ·							•
		 						
		 						
								
		 						
-	· · · · · · · · · · · · · · · · · · ·	 						
		-		····	-			
		 						
						 		
								
		ļ				·		
		<u></u>			_L			
2a is the fou	indation directly or indirec	tly affiliated with, or	related to, one	or more tax-exempt organ	izations described			
	1 501(c) of the Code (other		c)(3)) or in sect	tion 527?			Yes	X No
b If Yes, c	omplete the following sch							
	(a) Name of org	janization		(b) Type of organization		(c) Description of rela	lionship	
••	N/A				<u> </u>			
					ļ			
					<u> </u>	-		
				ig accompanying schedules and n taxpayer) is based on all inform			May the IRS d	
Sign		Applete Decia and of p	Comer ma	. 4 6 -	SEC!	TREAS	return with the shown below	e preparer (see instr.)?
Here		10 mer	<u> </u>	11/7/13	PREST	DENT	X Yes	☐ No
	nature of officer or trustee			Date	Title			
	Print/Type preparer's na	ame	Preparer's s	ignature	Date	Check if P	TIN	
			12. (1)		اماليانا	self- employed		
Paid	FAITH CRUM	(P	roun	Λ	1114113		P00744	911
Preparer	Firm's name ► DEA	N DORTON	APTEN,	FORD)PLLC	(() / /	Firm's EIN ► 27	-38582	52
Use Only							·	
	Firm's address ► 20	0 SOUTH I	FIFTH S	TREET, SUITE	201SOUT	н		
	LOLO	UISVILLE	<u>KY 40</u>	202		Phone no. 50	<u>2-589-</u>	6050
							Form 990	PF (2012)

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, Form 990-EZ, or Form 990-PF.

OMB No 1545-0047

Employer identification number

2012

HACET FOUNDATION INC. 90-0925621 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 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 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) (2012)

Name of organization

Employer identification number

HACET FOUNDATION INC.

90-0925621

Part I	Contributors (see instructions) Use duplicate copies of Part I if addition	nal space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	ARA AND SONYA HACET 10312 STERLINGS SPRINGS ROAD LOUISVILLE, KY 40223	\$2,000,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total 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) Total 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) Total 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) Total 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) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash Complete Part II if there is a noncash contribution)

Name of organization

Employer identification number

HACET FOUNDATION INC.

90-0925621

art II	Noncash Property (see instructions) Use duplicate copies of P	art II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			- -
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		<u> </u>	
3453 12-21		\$	990, 990-EZ, or 990-PF) (

ET F	year Complete columns (a) through (e) and t	he following line entry. For organizations	90-0925621), (8), or (10) organizations that total more than \$1,000 tompleting Part III, enter			
	the total of exclusively religious, charitable, et Use duplicate copies of Part III if addition	c., contributions of \$1,000 or less for the	e year. (Enter this information once) \$			
o.	Use duplicate copies of Part III if addition	ai space is needed.				
o. n	(b) Purpose of gift (c) Use of gift		(d) Description of how gift is held			
''						
- -						
		(e) Transfer of gift				
<u> </u>	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
o.	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
n 1	(b) Ful pose of gift	(c) ose or girt	(a) Description of now gift is neither			
- -						
		(a) Transfer of gift				
	(e) Transfer of gift					
_	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
o. 1	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_ _						
_						
		(e) Transfer of gift				
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
-						
o. n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_						
- -						
-	(e) Transfer of gift					
_						
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			

	T OF OFFICERS, D FOUNDATION MANA	STATEMENT 1		
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	
ARA HACET 10312 STERLING SPRINGS RD LOUISVILLE, KY 40223	PRESIDENT 0.00	0.	0.	0.
SONYA HACET 10312 STERLING SPRINGS RD LOUISVILLE, KY 40223	VICE PRESIDENT 0.00	0.	0.	0.
SARA THOMAS 4305 HILL TOP ROAD LOUISVILLE, KY 40207	SECRETARY/TREA	SURER 0.	0.	0.
NICOLE WASKO 2428 KING ARTHUR BLVD LEWISVILLE, TX 75056	DIRECTOR 0.00	0.	0.	0.
DANIELLE HACET 111 WEST 57TH ST., STE 1101 NEW YORK, NY 10019	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE	5, PART VIII	0.	0.	0.

Form **8868**

(Rev January 2013)

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		. •	\mathbf{x}	
If you	are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II (on page 2 of	this form)			
	complete Part II unless you have already been granted a						
	nic filing (e-file). You can electronically file Form 8868 if y					oration	
	to file Form 990-T), or an additional (not automatic) 3-mo						
	to file any of the forms listed in Part I or Part II with the ex						
	al Benefit Contracts, which must be sent to the IRS in pap						
visit ww	w irs gov/efile and click on e-file for Chanties & Nonprofits						
Part							
A corpo	ration required to file Form 990-T and requesting an autor	matic 6-mo	onth extension - check this box and o	complete			
Part I or					>	· [_]	
	r corporations (including 1120-C filers), partnerships, REM come tax returns	IICs, and t	rusts must use Form 7004 to reques	t an exter	nsion of time		
Type or	Name of exempt organization or other filer, see instructions				r identification num	ber (EIN) or	
print					(2,)		
T.I	HACET FOUNDATION INC.				90-0925621		
File by the due date fo filing your	e for Number, street, and room or suite no. If a P O box, see instructions			Social se	ocial security number (SSN)		
return See Instruction		oreign add	ress, see instructions				
	LOUISVILLE, KY 40223	.					
Enter th	e Return code for the return that this application is for (file	e a separa	te application for each return)			0 4	
							
Applica	tion	Return	Application			Return	
ls For		Code	Is For			Code	
Form 99	0 or Form 990-EZ	01	Form 990-T (corporation)		07		
Form 99	0-BL	02	Form 1041-A		08		
Form 47	20 (individual)	03	Form 4720		09		
Form 99	0-PF	04	Form 5227		10		
Form 99	0-T (sec 401(a) or 408(a) trust)	05	Form 6069	6069			
Form 99	0-T (trust other than above)	06	Form 8870			12	
	THE FOUNDATION						
The b	books are in the care of 10312 STERLING	SPRI	NGS - LOUISVILLE, 1	KY 40	223		
Telep	phone No ► <u>502-775-4212</u>		FAX No 🕨				
	organization does not have an office or place of business			_	•	· 🔲	
If this	is for a Group Return, enter the organization's four digit (Group Exe	emption Number (GEN) II	f this is fo	r the whole group,	check this	
box 🚩					ers the extension is	s for	
1 Ir	equest an automatic 3-month (6 months for a corporation	reauired 1	to file Form 990-T) extension of time	until			
_	AUGUST 15, 2013 , to file the exemp	t organiza	tion return for the organization name	d above	The extension		
IS	for the organization's return for						
>	calendar year or						
>	X tax year beginning DEC 21, 2012	, an	d ending DEC 31, 2012				
2 If	the tax year entered in line 1 is for less than 12 months, cl	heck reas	on. X Initial return F	inal retur	'n		
L,	Change in accounting period						
					r···-		
						•	
	onrefundable credits. See instructions			3a	\$	0.	
	this application is for Form 990-PF, 990-T, 4720, or 6069,	-				_	
_	timated tax payments made. Include any prior year overp			3b	\$	0.	
	alance due. Subtract line 3b from line 3a. Include your pa	-	•			_	
	using EFTPS (Electronic Federal Tax Payment System).			3c	\$	0.	
	. If you are going to make an electronic fund withdrawal w			rm 8879-			
_HA	For Privacy Act and Paperwork Reduction Act Notice,	see instri	uctions.		Form 8868 (R	ev 1-2013)	

Form 8868 (Rev. 1-2013)					Page 2
If you are filing for an Additional (Not Automatic) 3-Month Ex	tension, d	complete only Part II and check this	box	. •	
Note. Only complete Part II if you have already been granted an a	automatic	3-month extension on a previously fi	led Form	8868.	
flyou are filing for an Automatic 3-Month Extension, complete	te only Pa	irt I (on page 1).			
Part Additional (Not Automatic) 3-Month E	xtensio	n of Time. Only file the origin	al (no c	opies needed).	
				ng number, see ins	tructions
Type or Name of exempt organization or other filer, see instru	ctions			r identification numb	
print		1			
File by the HACET FOUNDATION INC.	HACET FOUNDATION INC.			90-0925621	
due date for Number, street, and room or suite no. If a P.O. box su	Number, street, and room or suite no. If a P.O. box, see instructions.			scurity number (SSN)
filing your return Soe 10312 STERLING SPRINGS	tt la a a a a a a				•
City, town or post office, state, and ZIP code. For a fo	oreign add	ress, see instructions.			
LOUISVILLE, KY 40223					
		· · · · · · · · · · · · · · · · · · ·			
Enter the Return code for the return that this application is for (file	a senara	te application for each return)			0 4
and the field to be for the folder that the application is for the	, а зорага	to application for agent totally	,		نسان.
Application	Return	Application			Return
is For	Code	Is For			Code
Form 990 or Form 990-EZ	01				8 83
Form 990-BL	02	Form 1041-A			08
Form 4720 (individual)	03	Form 4720			09
Form 990-PF	04	Form 5227			
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069			10
Form 990-T (trust other than above)	06	Form 8870			12
STOP! Do not complete Part II if you were not already granted			iousty file	ed Form 8868.	
THE FOUNDATION					
• The books are in the care of ▶ 10312 STERLING	SPRI	NGS - LOUISVILLE. I	KY 40	223	
Telephone No. ► 502-775-4212		FAX No. ▶			
If the organization does not have an office or place of business	in the ile				
If this is for a Group Return, enter the organization's four digit (heck this
box ►		ch a list with the names and EINs of			
		BER 15, 2013.	CAI THIOTHC	TOTO THE CATOLICIES IN	
5 For calendar year 2012, or other tax year beginning	10122	, and ending			
	hack reas			raturn	··············
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					
TAXPAYER NEEDS ADDITIONAL TIME TO FILE A COMPLETE AND ACCURATE TAX					
RETURN.					
ALI OAR •				·	
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, o	- 6060 A	ntar the tentative tax less any			
	or 6069, e	inter the teritative tax, less any	8a	\$	0.
nonrefundable credits. See instructions.		refusedable prodite and estimated	18.00	*	
b If this application is for Form 990-PF, 990-T, 4720, or 6069,					
tax payments made. Include any prior year overpayment elli	owed as a	CLEOU BUO BUÀ BUIONNI DEIG	8b		0.
previously with Form 8868.		h this faces if constrain by spine	- 65	\$	<u>·</u>
c Balance due. Subtract line 8b from line 8a. Include your pa	-	n this form, if required, by using	8c	\$	0.
EFTPS (Electronic Federal Tax Payment System). See instru		t he completed for Part II o		1.3	
		st be completed for Part II o		of my knowledge and he	hinf
Under penalties of perjury, I declare that I have examined this form, including it is true, correct, and complete, and that I am authorized to prepare this form.	ing accomp	ranying schedules and statements, and to	THE DEST O	n my knowledge and be	ugi,
\sim \sim \sim \sim \sim \sim \sim \sim \sim \sim			Date	· 9/12/1	3
Signature \(\frac{1}{2}\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\) \(\frac{1}2\)	- L FA		שמופ	Form 8868 (Re	v 1.2012\
				LOUIS GOOD (DE	4 1.5010)