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Form 990-PF

Return of Private Foundation

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

OMB No 1545-0052

2013

Department of the Treasury Internal Revenue Service Do not enter Social Security numbers on this form as it may be made public.

Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

Open to Public Inspection

| Fo | r calen | dar year 2013 or tax year beginning | , and | , and ending | | | | | |
|-----------------------------------|-----------|---|-----------------------|--------------|---|---|---|--|--|
| | me of fou | | | | A Employer | ridentification number | | | |
| MA | CKIN | FOUNDATION, INC | | | | | | | |
| Nu | mber and | street (or PO box number if mail is not delivered to street address) | | Room/suite | | 35-2069109 | | | |
| 54 | 5 SOU | TH THIRD STREET | | 310 | B Telephone | number (see instruction | is) | | |
| | y or town | | ZIP cod | | | | | | |
| LO | UISVIL | <u>LE KY</u> | 40202 |) | ļ | (502) 569-200 | 7 | | |
| For | eign cou | ntry name Foreign province/state/county | Foreign | postal code | C If exemption application is pending, check here ► | | | | |
| _ | | | | | 4 | | . — | | |
| G | Check | | of a former pub | lic charity | D 1. Foreig | n organizations, check h | ere ▶ ∐ | | |
| | | Final return Amended return | | | | n organizations meeting | | | |
| | | Address change Name change | | | _ | here and attach comput | _ | | |
| Н | | type of organization X Section 501(c)(3) exempt private type of organization | | | | foundation status was te)7(b)(1)(A), check here | minated under | | |
| Ш | Sectio | | ble private fou | indation | _ | | _ | | |
| ı | | arket value of all assets at J Accounting method | X Cash |] Accrual | F If the four | ndation is in a 60-month | termination | | |
| | | year (from Part II, col. (c), | | | under sec | tion 507(b)(1)(B), check | here ▶ 📗 | | |
| | | 6) ▶ \$ (Part I, column (d) must be | e on cash basis |) | | r | | | |
| Р | art l | Analysis of Revenue and Expenses (The total of | (a) Revenue ar | nd /b) N | et investment | (c) Adjusted net | (d) Disbursements for charitable | | |
| | | amounts in columns (b), (c), and (d) may not necessarily | expenses per books | . '67 ' | income | income | purposes | | |
| _ | | equal the amounts in column (a) (see instructions)) | | | | ļ | (cash basis only) | | |
| | 1 | Contributions, gifts, grants, etc., received (attach schedule) | 103, | 000 | | | | | |
| | 2 | Check ► ☐ If the foundation is not required to attach Sch. B | | | ~ | | | | |
| | 3 | Interest on savings and temporary cash investments | 110 | 28 | 28 | | 1 7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| | 4 | Dividends and interest from securities | 118, | 916 | 118,916 | | | | |
| | 5a | Gross rents | | | | | · | | |
| | b | Net rental income or (loss) | 200 | 200 | | | 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| ne | 6a | Net gain or (loss) from sale of assets not on line 10 | 268, | 298) | | | 22 91 E | | |
| Revenue | _b | Gross sales price for all assets on line 6a | | | 268 208 | | | | |
| Š | 7 | Capital gain net income (from Part IV, line 2) Net short-term capital gain | | | 268,298 | | 5 | | |
| 8 | 8 9 | Income modifications | | | <u> </u> | | 7.6 | | |
| | 10a | Gross sales less returns and allowances | | | | 7 7 3 | | | |
| | Ъ | Less Cost of goods sold | | | | | | | |
| | C | Gross profit or (loss) (attach-schedule) | | , B | | | | | |
| | 11 | Other income (attach schedule) | ···· | | | | 6.6 | | |
| | 12 | Total. Add lines 1 through 11 1 0 2014 | 490, | 242 | 387,242 | 0 | 2 4 4 7 1 | | |
| | 13 | Compensation of officers directors trustees, etc. | | | | | <u> </u> | | |
| es | 14 | Other employee salaries and wages, UT | | | | | | | |
| nse | 15 | Pension plans, employee benefits | - | | | | | | |
| ğ | 16a | Legal fees (attach schedule) | | | | | | | |
| ш | b | Accounting fees (attach schedule) | | | | | | | |
| Ve V | С | Other professional fees (attach schedule) | | | | | | | |
| ati | 17 | Interest | | | | | | | |
| stı | 18 | Taxes (attach schedule) (see instructions) | | | | ļ | | | |
| Ξ | 19 | Depreciation (attach schedule) and depletion | | | | | 1 _ 2 0 0 | | |
| Operating and Administrative Expe | 20 | Occupancy | | | · | | | | |
| Ĭ | 21 | Travel, conferences, and meetings | | | | | | | |
| nd | 22 | Printing and publications | | 474 | 74 474 | 74 474 | | | |
| e B | 23 | Other expenses (attach schedule) | 71, | 4/1 | 71,471 | 71,471 | | | |
| ğ | 24 | Total operating and administrative expenses. | 74 | 471 | 74 474 | 74 474 | _ | | |
| rat | | Add lines 13 through 23 | | 471 500 | 71,471 | 71,471 | 0 367,500 | | |
| þ | 25 | Contributions, gifts, grants paid | | 500 Le | | 74 474 | | | |
| <u>o</u> | 26 | Total expenses and disbursements. Add lines 24 and 25 | 438 | 971 | 71,471 | 71,471 | 367,500 | | |
| | 27 | Subtract line 26 from line 12 | | | | ₩°, | <u> </u> | | |
| | a | Excess of revenue over expenses and disbursements | 51, | 2/1 | 315,771 | <u> </u> | | | |
| | b | Net investment income (if negative, enter -0-) Adjusted net income (if negative, enter -0-) | | | 315,771 | 0 | | | |
| | ı C | Aurusted Het Hicome (II Hedalive, eliter -0-) | 20.0 | 11: " 104" | | ı U | I | | |

For Paperwork Reduction Act Notice, see instructions.

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| Pa | art II | | ules and amounts in the description column | Beginning of year | End o | f year |
|----------------------|--------|--|--|-------------------------|----------------|---|
| | | Should be for en | id-of-year amounts only (See instructions) | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| | 1 | Cash—non-interest-bearing | | | | |
| | 2 | Savings and temporary cash inve | estments | 6,025,718 | 6,076,989 | · - · · · · · · · · · · · · · · · · · · |
| | 3 | Accounts receivable | • | | | |
| | | | ounts ► | | | |
| | 4 | Pledges receivable | | | | <u></u> |
| | | Less allowance for doubtful acco | ounts | | | |
| | 5 | Grants receivable | | | | |
| | 6 | Receivables due from officers, de | The state of the s | | | |
| | | disqualified persons (attach sche | , , | | | |
| | 7 | Other notes and loans receivable (attack | ch schedule) | | | |
| | | Less: allowance for doubtful accounts | • | | | |
| ets. | 8 | Inventories for sale or use | | | | |
| Assets | 9 | Prepaid expenses and deferred of | charges | | | |
| Ä | 10a | Investments—U S. and state government | ent obligations (attach schedule) | | | |
| | b | Investments—corporate stock (a | ttach schedule) | | | _ |
| | С | Investments—corporate bonds (a | attach schedule) | | | |
| | 11 | Investments—land, buildings, and equi | pment basis ► | | | |
| | | Less accumulated depreciation (attach | schedule) > | | | |
| | 12 | Investments—mortgage loans | | | | |
| | 13 | Investments—other (attach sche | dule) | | | |
| | 14 | Land, buildings, and equipment basis | > | | | |
| | | Less. accumulated depreciation (attach | schedule) | | | |
| | 15 | Other assets (describe |) | | | |
| | 16 | Total assets (to be completed by | y all filers—see the | | | |
| | | instructions Also, see page 1, ite | em I) | 6,025,718 | 6,076,989 | 0 |
| | 17 | Accounts payable and accrued e | expenses | | | |
| S | 18 | Grants payable | | | | |
| itie | 19 | Deferred revenue . | | | | |
| Liabilities | 20 | Loans from officers, directors, truste | es, and other disqualified persons | | | |
| ia. | 21 | Mortgages and other notes paya | ble (attach schedule) | | | |
| _ | 22 | Other liabilities (describe |) | | | |
| | 23 | Total liabilities (add lines 17 thro | ough 22) | 0 | 0 | 812° |
| S | | Foundations that follow SFAS | | | | |
| 2 | | and complete lines 24 through | 26 and lines 30 and 31. | | | |
| alances | 24 | Unrestricted | | 6,025,718 | 6,076,989 | |
| | 25 | Temporarily restricted | | | | |
| פַ | 26 | Permanently restricted | _ | | | , |
| Net Assets or Fund B | | Foundations that do not follow and complete lines 27 through | | | | |
| ō | 27 | Capital stock, trust principal, or c | urrent funds | | | 1 |
| ets | 28 | Paid-in or capital surplus, or land | l, bldg , and equipment fund | | | 4 . |
| SS | 29 | Retained earnings, accumulated inc | ome, endowment, or other funds | | | , |
| ΙÀ | 30 | Total net assets or fund balanc | es (see instructions) | 6,025,718 | 6,076,989 | |
| Ne | 31 | Total liabilities and net assets/ | fund balances (see | | | |
| | | instructions) | | 6,025,718 | 6,076,989 | |
| Pa | rt III | Analysis of Changes in N | et Assets or Fund Balances | | | |
| 1 | Total | net assets or fund balances at beg | ginning of year—Part II, column (a), | , line 30 (must agree w | rith | |
| | | f-year figure reported on prior yea | ır's return) | | 1 | 6,025,718 |
| 2 | | amount from Part I, line 27a | | | 2 | 51,271 |
| 3 | | increases not included in line 2 (i | temize) | | 3 | <u> </u> |
| 4 | | nes 1, 2, and 3 | | | 4 | 6,076,989 |
| 5 | | eases not included in line 2 (itemiz | | | 5 | |
| 6 | Total | net assets or fund balances at end | d of year (line 4 minus line 5)—Part | II, column (b), line 30 | 6 | 6,076,989 |
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| | | ne kind(s) of property sold (e.g., real estate buse, or common stock, 200 shs MLC Co.) | | (b) How acquired P—Purchase D—Donation | | ate acquired o , day, yr) | (d) Date sold (mo , day, yr) | |
|---------------|---|---|--------------------------------------|--|--|---|---|--|
| 1a | | | | | ļ | | | |
| b | | | | | | | | |
| <u> </u> | | | | | - | | | |
| <u>d</u> | | | | | | | | |
| е_ | (e) Gross sales price | (f) Depreciation allowed (or allowable) | t or other basis pense of sale | | (h) Gain or (loss) (e) plus (f) minus (g) | | | |
| a | | | | | | | | |
| <u>b</u> | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| <u>c</u> | | | | . | | | | |
| e e | | 1 | | | | | | |
| | Complete only for assets sh | nowing gain in column (h) and owned | I by the foundat | on on 12/31/69 | · · · · · · | (I) Cours (Co | l (h) gain minus | |
| | (i) F M V as of 12/31/69 (j) Adjusted basis (k) Excess of col (i) over col (j), if any | | | | col (k) but no | l (h) gain minus t less than -0-) or rom col (h)) | | |
| а | | | | | ļ | | | |
| b | | | | | | | | |
| <u>c</u> | | | | | | | | |
| <u>d</u> | | | | | | | | |
| <u>е</u> 2 | Capital gain net income or | | also enter in F | | | | 000.000 | |
| 3 | | or (loss) as defined in sections 1 |), enter -0- in F (222(5) and (6) | | 2 | | 268,298 | |
| • | | line 8, column (c) (see instruction | | | | | | |
| | Part I, line 8 | , 2, 22.2 (c) (C== | (| } | 3 | | 0 | |
| Was 1 | tion 4940(d)(2) applies, leav the foundation liable for the s," the foundation does not d | section 4942 tax on the distributa qualify under section 4940(e) Do | ble amount of not complete | any year in the bas | е репо | d? | ☐ Yes 🗓 No | |
| 1 | Enter the appropriate amo | unt in each column for each year | , see the instru | ictions before maki | ng any | entries | | |
| Cal | (a) Base period years endar year (or tax year beginning in | (b) Adjusted qualifying distributions | s Net valu | (c) ie of noncharitable-use a | | | (d) tribution ratio divided by col (c)) | |
| | 2012 | | 2,101 | | 9,699 | | 0 042345 | |
| | 2011 | | 0,969 | | 4,174 | | | |
| | 2010 | | 9,962 | | 8,974 | | 0 084445 0 0202 <u>6</u> 9 | |
| | 2009 2008 | | 6,000 4,331 | | 6,392 3,222 | | 0 106269 | |
| | 2000 | | 4,551] | | 0,222 | | 0 100200 | |
| 2 | Total of line 1, column (d) | | | | | 2 | 0 397473 | |
| 3 | | for the 5-year base period—divide | the total on li | ne 2 by 5, or by the | , [| | <u> </u> | |
| | • | lation has been in existence if les | | | - | 3 | 0 079495 | |
| 4 | Enter the net value of non | charitable-use assets for 2013 fro | om Part X, line | 5 | | 4 | 6,928,005 | |
| 5 | Multiply line 4 by line 3 | | | | - | 5 | 550,742 | |
| 6 | Enter 1% of net investmen | nt income (1% of Part I, line 27b) | | | - | 6 | 3,158 | |
| 7 | Add lines 5 and 6 | | | | | 7 | 553,900 | |
| 8 | Enter qualifying distributio | ns from Part XII. line 4 | | | | 8 | 367,500 | |
| • | | ter than line 7, check the box in F | art VI, line 1b, | and complete that | part us | | | |

| Part | Excise Tax Based on Investment Income (Section 4940(a), 4940 | (D), 4940 | e), or 4946—see | ınst | ructio | ns) | | | |
|--------|---|--------------|--------------------------------------|----------|----------|------------------|-------|----|--|
| 1a | Exempt operating foundations described in section 4940(d)(2), check here Date of ruling or determination letter. (attach copy of letter if ne | | "N/A" on line 1 see instructions) | | | | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part | | • | } | 1 | (| 3,315 | | |
| | here ▶ ☐ and enter 1% of Part I, line 27b | | | | il It | | | | |
| С | All other domestic foundations enter 2% of line 27b Exempt foreign organ | nızatıons | enter 4% of | J | | | | | |
| | Part I, line 12, col (b) | | | | | | | | |
| 2 | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundation | ns only Ot | hers enter -0-) | | 2 | | 0 | | |
| 3 | Add lines 1 and 2 | 3 | | 3,315 | | | | | |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundation | • | • | | 4 | | | | |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or | 5 | - | 3,315 | | | | | |
| 6 | Credits/Payments | | | | | | | | |
| a | 2013 estimated tax payments and 2012 overpayment credited to 2013 | 6a 6b | 5,875 | | | | | | |
| b | Exempt foreign organizations—tax withheld at source Tax paid with application for extension of time to file (Form 8868) | 6c | 3,500 | | | | | | |
| c d | Tax paid with application for extension of time to file (Form 8868) Backup withholding erroneously withheld | 6d | 3,500 | | | | | | |
| 7 | Total credits and payments Add lines 6a through 6d | [ou] | | | 7 | (| 375 | | |
| 8 | <u> </u> | ıf Form 2 | 220 is attached | | 8 | | ,,070 | | |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount ov | | 220 is attached | • | 9 | | 0 | | |
| 10 | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the all | | erpaid | • | 10 | | 3,060 | | |
| 11 | Enter the amount of line 10 to be. Credited to 2014 estimated tax ▶ | 3,060 | Refunded | ▶ | 11 | | 0 | | |
| Part \ | /II-A Statements Regarding Activities | • | | | | | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, | state, or I | ocal legislation or | dıd ı | t | | Yes | No | |
| | participate or intervene in any political campaign? | | | | | 1a | | X | |
| b | Did it spend more than \$100 during the year (either directly or indirectly) to | for politica | al purposes (see | | | | | | |
| | Instructions for the definition)? | | | | | 1b | | Х | |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the acti | | copies of any ma | teria | Is | | | | |
| | published or distributed by the foundation in connection with the activities | 3 | | | | . | | | |
| C | Did the foundation file Form 1120-POL for this year? | | | | | 1c | , -1 | Х | |
| d | Enter the amount (if any) of tax on political expenditures (section 4955) in | | | | | | ; | | |
| _ | (1) On the foundation > \$ (2) On foundation may be seen that the foundation may the seen that the foundation may be se | | | | | | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for | or politica | rexpenditure tax ii | проз | seu | | 1 | ! | |
| 2 | on foundation managers \$ Has the foundation engaged in any activities that have not previously been selected. | an renorte | d to the IRS2 | | | 2 | | | |
| 2 | If "Yes," attach a detailed description of the activities | reporte | a to the into | | | | | | |
| 3 | Has the foundation made any changes, not previously reported to the IRS | S. in its ac | overnina instrumer | nt. ar | ticles | 4 | | | |
| • | of incorporation, or bylaws, or other similar instruments? If "Yes," attach a | - | - | | | 3 | | X | |
| 4a | Did the foundation have unrelated business gross income of \$1,000 or m | | | Ū | | 4a | | X | |
| b | If "Yes," has it filed a tax return on Form 990-T for this year? | | | | | 4b | N/A | | |
| 5 | Was there a liquidation, termination, dissolution, or substantial contraction | n during t | he year? | | | 5 | | Х | |
| | If "Yes," attach the statement required by General Instruction T | | | | | | | | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through | 4945) sa | tisfied either | | | | , , | : | |
| | By language in the governing instrument, or | | | | | | | | |
| | • By state legislation that effectively amends the governing instrument so | that no n | nandatory directio | ns th | at | | | | |
| | conflict with the state law remain in the governing instrument? | | | | | 6 | | | |
| 7 | Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," of | | | XV | • | 7 | Х | | |
| 8a | Enter the states to which the foundation reports or with which it is register | red (see i | nstructions) | • | | | į | | |
| | KY | 000 5 | T to the Attended | | | | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of For | | | ene | ıaı | 8b | Х | | |
| ^ | (or designate) of each state as required by General Instruction G? If "No, | | | 2614 | 3) | OD . | Ŷ | | |
| 9 | Is the foundation claiming status as a private operating foundation within or 4942(j)(5) for calendar year 2013 or the taxable year beginning in 2013 | | | | | | | | |
| | "Yes," complete Part XIV | . (355 IIIS | a doubles for Fail / | VI V) ' | | 9 | | x | |
| 10 | and the second s | | | | | | | | |
| | names and addresses | .00, 0110 | | | | 10 | | Х | |
| | | | | _ | | Form 99 (| | | |

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MACKIN FOUNDATION, INC

| 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? | 13 | X | | | | | | |
| | Website address ► N/A | | | | | | | | |
| 14 | The books are in care of ► CRAIG L MACKIN Telephone no ► (502) 56 | 9-2007 | (| | | | | | |
| | Located at ► 545 SOUTH THIRD STREET, SUITE 310 LOUISVILLE KY ZIP+4 ► 40202 | | | | | | | | |
| 15 | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 —Check here | | l | ▶ ∟ | | | | | |
| 40 | and enter the amount of tax-exempt interest received or accrued during the year 15 | · I | Yes | No | | | | | |
| 16 | At any time during calendar year 2013, did the foundation have an interest in or a signature or other authority | 16 | res | X | | | | | |
| | 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 ▶ | | | | | | | | |
| Part | VII-B Statements Regarding Activities for Which Form 4720 May Be Required | | | <u></u> | | | | | |
| ı uı | 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) | | | | | | | | |
| ıa | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? | | | | | | | | |
| | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a | | | i | | | | | |
| | disqualified person? | | | | | | | | |
| | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? | . (| | | | | | | |
| | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? | | | | | | | | |
| | (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)? | | ÷ | | | | | | |
| | (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) | | | | | | | | |
| 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 | 1b | N/A | | | | | | |
| С | 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 2013? | 1c | | Х | | | | | |
| 2 | Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private | | | - | | | | | |
| | operating foundation defined in section 4942(j)(3) or 4942(j)(5)) | | | | | | | | |
| а | At the end of tax year 2013, did the foundation have any undistributed income (lines 6d and | | | d | | | | | |
| | 6e, Part XIII) for tax year(s) beginning before 2013? | | | | | | | | |
| | If "Yes," list the years 20 , 20 , 20 , 20 | | | | | | | | |
| 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 | 2 h | N/A | | | | | | |
| | all years listed, answer "No" and attach statement—see instructions) | 2b | IN/A | | | | | | |
| С | If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here | | | ļ | | | | | |
| 3a | ▶ 20, 20, 20 Did the foundation hold more than a 2% direct or indirect interest in any business enterprise | ' | | į. | | | | | |
| Ja | at any time during the year? | | | ! | | | | | |
| b | If "Yes," did it have excess business holdings in 2013 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 | | | lı . | | | | | |
| | 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 2013) . | 3b | N/A | | | | | | |
| 4a | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? | 4a | | Х | | | | | |
| 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 2013? | 4b | | Х | | | | | |

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| Part | VII-B Statements Regarding Activities | for W | hich Form | 4720 N | /lay Be Re | quire | d (contin | ued) | | | |
|-------|---|------------------|--|------------|--------------------------------------|--------------|--|---------------------------------------|---------------------------------------|--|--|
| 5a | During the year did the foundation pay or incur any (1) Carry on propaganda, or otherwise attempt to it | amour | nt to | | | | ☐ Yes | X No | | | |
| | (2) Influence the outcome of any specific public ele directly or indirectly, any voter registration drive | | see section 49 | 955), or | to carry on | , | ☐ Yes | ⊠ No | | | |
| | (3) Provide a grant to an individual for travel, study | or oth | er sımılar pur | ooses? | | | Yes Yes | X No | | | |
| | (4) Provide a grant to an organization other than a section 509(a)(1), (2), or (3), or section 4940(d) | | | | n described | ın | Yes | X No | | | |
| | (5) Provide for any purpose other than religious, che purposes, or for the prevention of cruelty to chil | | | terary, c | or education | al | Yes | X No | | | |
| b | If any answer is "Yes" to 5a(1)–(5), did any of the ti Regulations section 53 4945 or in a current notice in | | | | | | | nı b | 5b N/A | | |
| С | Organizations relying on a current notice regarding If the answer is "Yes" to question 5a(4), does the for because it maintained expenditure responsibility for | undatio | on claim exen | | | | ☐ Yes | ► □ No | | | |
| 60 | If "Yes," attach the statement required by Regulation Did the foundation, during the year, receive any fur | ns sec | tıon 53 4945- | | oov promilin | ne | | | i g p c. d ! | | |
| 6a | on a personal benefit contract? | ius, uire | ectly of indire | cily, to p | pay premiur | ☐ Yes | X No | 9 1 | | | |
| b | Did the foundation, during the year, pay premiums, If "Yes" to 6b, file Form 8870 | efit con | tract? | | 6b X | | | | | | |
| 7a | At any time during the tax year, was the foundation a pa | | Yes | X No | | | | | | | |
| b | | | | | | | | | | | |
| Par | Information About Officers, Directors and Contractors |)15, II | usiees, ro | unuau | OII Wanag | jeis, r | ilgiliy F | alu Ell | ipioyees, | | |
| 1 | List all officers, directors, trustees, foundation r | nanage | ers and their | compe | ensation (se | e inst | ructions) | | | | |
| | (a) Name and address | (b) Title hou | e, and average rs per week led to position | (c) Co | mpensation not paid, iter -0-) | (d) emplo | Contribution byee benefit erred compe | (e) Expense account, other allowances | | | |
| See A | ttached Statement | | | | | | | | | | |
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| | | | 00 | | 0 | | | | | | |
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| | | | 00 | | 0 | | | | | | |
| 2 | Compensation of five highest-paid employees (| other t | han those in | cluded | on line 1— | | | | | | |
| | (a) Name and address of each employee paid more than \$50,000 | | (b) Title, and a hours per w devoted to po | reek | (c) Compen | | (d) Contrib employee plans and compen | benefit deferred | (e) Expense account, other allowances | | |
| ION | | | | | | | | | | | |
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| · | | | | | | | | | | | |
| otal | number of other employees paid over \$50,000 | | L | | | | | | | | |

| Fortal number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc 1 N/A 2 | | Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid El and Contractors <i>(continued)</i> | mployees, |
|---|------------------------|--|--------------------------|
| (a) Name and address of each person paid more than \$50,000 (b) Type of service (c) Compensation NONE (c) Type of service | 3 Five high | nest-paid independent contractors for professional services (see instructions). If none, enter "NO | NE." |
| Fotal number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc 1 N/A 2 | | | (c) Compensation |
| Part IX-B 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 beneficianes served, conferences convened, research papers produced, etc 1 N/A 2 | NONE | | |
| Part IX-B 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 beneficianes served, conferences convened, research papers produced, etc 1 N/A 2 | | | |
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| List the foundation's four largest direct chantable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc 1 N/A 2 | Fotal number of | others receiving over \$50,000 for professional services | <u> </u> |
| List the foundation's four largest direct chantable activities during the tax year Include relevant statistical information such as the number of organizations and other beneficianes served, conferences convened, research papers produced, etc 1 N/A 2 | Part IX-A | Summary of Direct Charitable Activities | |
| Part IX-B Summary of Program-Related Investments (see instructions) Describe two largest program-related investments made by the foundation during the tax year on lines 1 and 2 All other program-related investments See instructions All other program-related investments See instructions Total. Add lines 1 through 3 | T dit IX-A | | |
| 2 3 4 Part IX-B Summary of Program-Related Investments (see Instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions Total. Add lines 1 through 3 | | | Expenses |
| Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions Total. Add lines 1 through 3 | 1 N/A | | |
| Part IX-B Summary of Program-Related Investments (see instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions Total. Add lines 1 through 3 | | | |
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| Part IX-B Summary of Program-Related Investments (see Instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount N/A All other program-related investments See instructions Total, Add lines 1 through 3 | 2 | | |
| Part IX-B Summary of Program-Related Investments (see Instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount N/A All other program-related investments See instructions Total, Add lines 1 through 3 | | | |
| Part IX-B Summary of Program-Related Investments (see Instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount N/A All other program-related investments See instructions Total, Add lines 1 through 3 | | | |
| Part IX-B Summary of Program-Related Investments (see Instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions Total. Add lines 1 through 3 | 3 | | |
| Part IX-B Summary of Program-Related Investments (see Instructions) Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 Amount All other program-related investments See instructions Total. Add lines 1 through 3 | | | |
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| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 N/A 2 | 4 | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 N/A 2 | | | |
| Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2 1 N/A 2 | | | <u> </u> |
| 1 N/A 2 All other program-related investments See instructions 3 Fotal. Add lines 1 through 3 | | | |
| All other program-related investments See instructions 3 Fotal. Add lines 1 through 3 | | largest program-related investments made by the foundation during the tax year on lines 1 and 2 | Amount |
| All other program-related investments See instructions 3 Fotal. Add lines 1 through 3 | 1 <u>N/A</u> | | |
| All other program-related investments. See instructions 3 | | | |
| All other program-related investments. See instructions 3 | | | |
| Total. Add lines 1 through 3 | 2 | | |
| Total. Add lines 1 through 3 | | | |
| Total. Add lines 1 through 3 | All other program | related investments. See instructions | |
| Total. Add lines 1 through 3 ▶ | | riciated investments. Occ instructions | |
| Total. Add lines i tillough s | ა | | |
| Total. Add lines i tillough s | | | |
| Total. Add lines i tillough s | Total Add lance | 1 through 2 | |
| | Total. Add lines | T tillough 3 | Form 990-PF (2013 |

| Part | | n foundat | ions, |
|--------|---|-------------|---|
| | see 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 | 7,032,258 |
| a b | Average of monthly cash balances | 1b | 1,250 |
| C | Fair market value of all other assets (see instructions) | 1c | 1,200 |
| d | Total (add lines 1a, b, and c) | 1d | 7,033,508 |
| e | Reduction claimed for blockage or other factors reported on lines 1a and | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| • | 1c (attach detailed explanation) | : | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | |
| 3 | Subtract line 2 from line 1d | 3 | 7,033,508 |
| 4 | Cash deemed held for charitable activities Enter 1 ½ % of line 3 (for greater amount, see | | |
| | instructions) | 4 | 105,503 |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4 | 5 | 6,928,005 |
| 6 | Minimum investment return. Enter 5% of line 5 | 6 | 346,400 |
| Part | 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 | 346,400 |
| 2a | Tax on investment income for 2013 from Part VI, line 5 2a 2a 6,315 | 5 | |
| b | Income tax for 2013 (This does not include the tax from Part VI) | | |
| C | Add lines 2a and 2b | 2c | 6,315 |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 340,085 |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | |
| 5 | Add lines 3 and 4 | 5 | 340,085 |
| 6 | Deduction from distributable amount (see instructions) | 6 | |
| 7 | Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, | | |
| | line 1 | 7 | 340,085 |
| Part | XII Qualifying Distributions (see instructions) | | |
| 1 | Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes | | |
| а | Expenses, contributions, gifts, etc —total from Part I, column (d), line 26 | 1a | 367,500 |
| b | Program-related investments—total from Part IX-B | 1b | |
| 2 | Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc , purposes | 2 | |
| 3 | Amounts set aside for specific charitable projects that satisfy the | | |
| а | Suitability test (prior IRS approval required) | 3a | |
| b | Cash distribution test (attach the required schedule) | 3b | |
| 4 | Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 367,500 |
| 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 (see instructions) | 5 | |
| 6 | Adjusted qualifying distributions. Subtract line 5 from line 4 | 6 | 367,500 |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whe | ther the fo | undation |
| | qualifies for the section 4940(e) reduction of tax in those years | | |

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Form **990-PF** (2013)

Part XIII Undistributed Income (see instructions) (a) (b) (c) Years prior to 2012 2012 2013 Corpus Distributable amount for 2013 from Part XI, 340,085 line 7 Undistributed income, if any, as of the end of 2013 2 a Enter amount for 2012 only **b** Total for prior years 20 , 20_ Excess distributions carryover, if any, to 2013 3 299,922 a From 2008 **b** From 2009 c From 2010 227,089 552,322 **d** From 2011 e From 2012 f Total of lines 3a through e 1,079,333 Qualifying distributions for 2013 from Part XII, line 4 ▶ \$ 367,500 a Applied to 2012, but not more than line 2a **b** Applied to undistributed income of prior years (Election required—see instructions) c Treated as distributions out of corpus (Election required—see instructions) 340.085 d Applied to 2013 distributable amount e Remaining amount distributed out of corpus 27,415 Excess distributions carryover applied to 2013 (If an amount appears in column (d), the same amount must be shown in column (a)) 6 Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 1,106,748 **b** Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed d Subtract line 6c from line 6b Taxable amount-see instructions e Undistributed income for 2012 Subtract line 4a from line 2a Taxable amount-see instructions f Undistributed income for 2013 Subtract lines 4d and 5 from line 1. This amount must be distributed in 2014 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see instructions) Excess distributions carryover from 2008 not 299,922 applied on line 5 or line 7 (see instructions) Excess distributions carryover to 2014. Subtract lines 7 and 8 from line 6a 806,826 Analysis of line 9 10 a Excess from 2009 b Excess from 2010 227,089 552,322 c Excess from 2011 d Excess from 2012 Excess from 2013

| Part: | XIV Private Operating Foundat | i ons (see instru | ictions and Part ` | VII-A, question 9 | _ | N/A |
|-------------|--|--------------------------|-------------------------|---------------------------------------|---|---|
| 1a | If the foundation has received a ruling of | r determination le | tter that it is a priva | | | |
| | foundation, and the ruling is effective fo Check box to indicate whether the foun- | | | on described in sec | tion | 1/2) 01 |
| b 2a | Enter the lesser of the adjusted net | | T T TOURISH TOURISM | | tion 4942(j |)(3) or 4942(J)(5) |
| 20 | income from Part I or the minimum | Tax year | /b) 2012 | Prior 3 years (c) 2011 | (d) 2010 | (e) Total |
| | investment return from Part X for | (a) 2013 | (b) 2012 | (6) 2011 | (d) 2010 | |
| L | each year listed | | | | · · · · · · · · · · · · · · · · · · · | 0 |
| | 85% of line 2a | | | - - | | |
| С | Qualifying distributions from Part XII, line 4 for each year listed | | | | <u> </u> | 0 |
| d | Amounts included in line 2c not used directly for active conduct of exempt activities | | | | | 0 |
| е | Qualifying distributions made directly | | | | | |
| | for active conduct of exempt activities Subtract line 2d from line 2c | | | | | 0 |
| 3 | Complete 3a, b, or c for the | | | | | |
| | alternative test relied upon | | | | | |
| а | "Assets" alternative test-enter | | | | | |
| | (1) Value of all assets | | | | | 0 |
| | (2) Value of assets qualifying under | | | | | |
| | section 4942(j)(3)(B)(i) | | | | | 0 |
| b | "Endowment" alternative test—enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed | | | | | _0 |
| С | "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) | | | | | 0 |
| | (2) Support from general public | | | | | |
| | and 5 or more exempt organizations as provided in | | | | | |
| | section 4942(j)(3)(B)(III) | | | | | 0 |
| | (3) Largest amount of support from | | | | | |
| | an exempt organization | | <u> </u> | <u></u> | | 0 |
| | (4) Gross investment income | <u> </u> | <u> </u> | | | 0 |
| Part | | | | ne foundation ha | ad \$5,000 or mo | re in assets at |
| | any time during the year— | · | 18.) | | | |
| 1 | Information Regarding Foundation M | | J | 41 4-4-1414 | and the second | foundation |
| а | List any managers of the foundation who before the close of any tax year (but on | o nave contribute | a more than 2% of | the total contribution | ons received by the | loundation |
| | before the close of any tax year (but on | ly if they have cor | illibuted more than | ι φυ,υυυ <i>) (</i> σσε sec | 11011 307 (d)(2)) | |
| <u>None</u> | | 400/ | £41 | | | of the |
| þ | List any managers of the foundation wh | | | | | on or the |
| | ownership of a partnership or other ent | ty) of which the ic | unualion nas a To | % or greater interes | ol . | |
| None | Information Depending Contribution | Crant Cift Loan | Cabalarahin ata | Drograma: | | |
| 2 | Information Regarding Contribution, Check here ► 🗓 if the foundation or | | • | - | zations and does n | nt accent |
| | unsolicited requests for funds. If the fou | indation makes or | fts. grants. etc. (se | e instructions) to in | dividuals or organiz | zations |
| | under other conditions, complete items | | (| · · · · · · · · · · · · · · · · · · · | ŭ | |
| | The name, address, and telephone num | | lress of the person | to whom application | ns should be addr | essed |
| а | The name, address, and telephone non | inder of e-mail add | incos of the person | to whom application | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | 3000 |
| Found | dation Address | | | | | |
| | The form in which applications should be | e submitted and i | nformation and ma | iterials they should | ınclude | · - · · · · · · · · · · · · · · · · · · |
| J | The form in which applications should t | .o odbiiii.co unu i | | uroj oriodia | | |
| С | Any submission deadlines | | | | | |
| | | | | | | |
| d | Any restrictions or limitations on awards factors | s, such as by geog | graphical areas, ch | arıtable fields, kınd | s of institutions, or | other |
| | 140(013 | | | | | |

Part XV Supplementary Information (continued)

| 3 Grants and Contributions Paid During the Year or Approved for Future Payment | | | | | | | | | | |
|--|--|----------------------|----------------------------------|----------|--|--|--|--|--|--|
| Recipient | If recipient is an individual, show any relationship to any foundation manager | Foundation status of | Purpose of grant or contribution | Amount | | | | | | |
| Name and address (home or business) | or substantial contributor | recipient | Contribution | <u> </u> | | | | | | |
| a Paid during the year | | | | | | | | | | |
| University of Texas at Austin | | | Scholarship | 5,000 | | | | | | |
| 110 Inner Campus Drive | | | | | | | | | | |
| Austin, TX 78712 | | | | | | | | | | |
| Butler University | | | Scholarship | 5,000 | | | | | | |
| 4600 Sunset Ave | | | | | | | | | | |
| Indianapolis, IN 46208 | | | | | | | | | | |
| Nativity Academy | | | Donation | 10,000 | | | | | | |
| 529 E Liberty | | | | | | | | | | |
| Louisville, KY 40202 | | | | | | | | | | |
| Bellarmine University | | | Donation | 200,000 | | | | | | |
| 2001 Newburg Rd | | | | | | | | | | |
| Louisville, KY 40205 | | | | | | | | | | |
| Kids Center for Pediatric Therapy | | | Donation | 7,500 | | | | | | |
| 982 Eastern Parkway | | | | | | | | | | |
| Louisville, KY 40217 | | | | 5 000 | | | | | | |
| University of lowa | | | Scholarship | 5,000 | | | | | | |
| 925 Stadium Drive | | | | | | | | | | |
| Iowa City, IA 52242 | | | D | 100,000 | | | | | | |
| Childrens Hospital Foundation | j | | Donation | 100,000 | | | | | | |
| 234 East Gray Street | | | | | | | | | | |
| Louisville, KY 40202 | 1 | | Donation | 25,000 | | | | | | |
| Presentation Academy | | | Donation | 25,000 | | | | | | |
| 461 S 4th Street | | | | | | | | | | |
| Louisville, KY 40203 Kosair Charities | | | Donation | 10,000 | | | | | | |
| 982 Eastern Parkway | | | | 10,000 | | | | | | |
| Louisville, KY 40217 | | | | | | | | | | |
| Louisvine, RT 40217 | | | | } | | | | | | |
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| | | <u> </u> | | | | | | | | |
| Total | 1 | | <u> </u> | 367,500 | | | | | | |
| b Approved for future payment | | | | | | | | | | |
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| | | L | <u> </u> | | | | | | | |
| Total | | | > 3b | 0 | | | | | | |

| | rt XVI-A Analysis of Income- | Floudeling Activities | | | | |
|--------|--|---------------------------------------|--------------------|-----------------------|---|---------------------------------------|
| Ente | er gross amounts unless otherwise indi | | usiness income | Excluded by sect | ion 512, 513, or 514 | (e) Related or exempt |
| 1 | Program service revenue | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See instructions) |
| | a | | | | | |
| | b | | | | | |
| | c | | | | | <u> </u> |
| | d | | | ļ <u></u> | | |
| | e | | | | | |
| | f | | ļ | | | |
| _ | g Fees and contracts from governm | nent agencies | | ļ | | |
| 2 | • | | | <u> </u> | | |
| 3 | Interest on savings and temporary cash in Dividends and interest from securities | | | 14 | | |
| 4 5 | Net rental income or (loss) from real e | | | 14 | | |
| J | a Debt-financed property | estate | | J | | l <u></u> |
| | b Not debt-financed property | | - | | | |
| 6 | Net rental income or (loss) from person | onal property | | · | | |
| 7 | | , , , , , , , , , , , , , , , , , , , | | | | |
| 8 | Gain or (loss) from sales of assets other | than inventory | | | | |
| 9 | Net income or (loss) from special eve | | | | | |
| 10 | Gross profit or (loss) from sales of inv | | | | | |
| 11 | Other revenue a | | | | | |
| | b | | | <u> </u> | | |
| | c | · | | | | |
| | d | | | | | |
| 12 | e Subtotal Add columns (b), (d), and (e) | | 0 | | 0 | 0 |
| | Total. Add line 12, columns (b), (d), and (e) | | <u> </u> | <u> </u> | 13 | 0 |
| | | | | | | |
| | e worksneet in line 13 instructions to ve | | | | | |
| Pa | e worksheet in line 13 instructions to ve int XVI-B Relationship of Activ | | ent of Exemp | t Purposes | | |
| Lin | rt XVI-B Relationship of Activities No. Explain below how each activities | vities to the Accomplishm | column (e) of Part | XVI-A contributed | importantly to the | |
| Lin | rt XVI-B Relationship of Activities No. Explain below how each activities | vities to the Accomplishm | column (e) of Part | XVI-A contributed | importantly to the ses) (See instruction | ons) |
| Lin | rt XVI-B Relationship of Activities No. Explain below how each activities | vities to the Accomplishm | column (e) of Part | XVI-A contributed | importantly to the ses) (See instruction | ons) |
| Lin | rt XVI-B Relationship of Activities No. Explain below how each activities | vities to the Accomplishm | column (e) of Part | XVI-A contributed | importantly to the es) (See instruction | ons) |
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| Lin | rt XVI-B Relationship of Activities No. Explain below how each activities | vities to the Accomplishm | column (e) of Part | XVI-A contributed | importantly to the ses) (See instruction | ons) |
| Lin | rt XVI-B Relationship of Activities No. Explain below how each activities | vities to the Accomplishm | column (e) of Part | XVI-A contributed | importantly to the ses) (See instruction | ons) |

| Form 990 |)-PF (201 | 3) MACKIN | FOUNDATION, INC | | | | | | | 35-200 | פטו פּנ | Pag | e 13 |
|--------------|---------------------|----------------------------|---|------------------------------------|-----------------------|--------------------------|---|-----------------------------|-----------|---------------------------------------|--|---------------|------------|
| Part | (VII | Information Exempt Org | Regarding Transf janizations | ers To | and Transa | ction | s and Rel | ationship | s Witl | h Nonchar | itable | | |
| 1 | Did the | organization d | rectly or indirectly eng | gage in a | ny of the follo | wing w | vith any oth | er organıza | tion de | scribed | | Yes | No |
| | ın sect | on 501(c) of the | e Code (other than sec | ction 501 | l(c)(3) organiz | ations |) or in secti | on 527, rela | ating to | political | | | |
| | organiz | zations? | | | | | | | | | | | |
| а | Transfe | ers from the rep | orting foundation to a | nonchar | itable exempt | organ | ızatıon of | | | | | i. | |
| | (1) Ca | sh | | | | | | | | | 1a(1) | | _ <u>X</u> |
| | (2) Oth | er assets | | | | | | | | | 1a(2) | | Χ |
| | | ransactions | | | | | | | | | | | |
| | | | a noncharitable exemp | - | | | | | | | 1b(1) | <u> </u> | <u> X</u> |
| | | | ts from a noncharitabl | - | ot organization | ו | | | | | 1b(2) | | X |
| | | | equipment, or other a | ssets | | | | | | | 1b(3) | | X |
| | | mbursement ar | - | | | | | | | | 1b(4) | | <u> </u> |
| | | ans or loan guar | | | | 4 | | | | | 1b(5) | | <u> </u> |
| | | | rvices or membership | | - | | | | | | 1b(6) | | X |
| | | | quipment, mailing lists he above is "Yes," comp | | | | | ould always | chow th | ne fair market | | | |
| | | | er assets, or services giv | | | | | | | | | | |
| | value u value ir | anv transaction | or sharing arrangemen | t. show in | column (d) th | e value | of the good | s, other ass | ets. or s | ervices receiv | ed. | | |
| (a) Line | |) Amount involved | (c) Name of nonch | | | | · · · · · · · · · · · · · · · · · · · | | | sactions, and sha | | ngemen | ts |
| (a) Line | 10 (10 |) Amount involved | (c) Hame of Honoria | unable exe | onpt organization | - | (0) 5000. | | | | 3 | 3 | |
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| | describ | ped in section 5 | atly or indirectly affiliate 01(c) of the Code (oth following schedule | | | | | | nızatıor | ns | Yes | X N | 0 |
| | | (a) Name of organ | ization | | (b) Type of orga | nızatıon | | | (c) Des | cription of relation | onship | | |
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| | Under p | enalties of perjunt. I dec | lace that I have examined this retu on of preparat (other than taxpaye | ım, including : ar) is based oi | accompanying sched | dules and s buch næna | statements, and to erer has any know |) the best of my k ledge | nowledge | | | | |
| Sign Here | <u> </u> | like the | sols | | 8/14/2014 | | رن ^ب ر | siden | <u></u> | | RS discuss reparer sho uctions)? | | <u>~</u> |
| | | ture of officer or trus | | I Description | ∪ate | itte | | Date | | | PTIN | | |
| Paid | | Print/Type preparer: | s name | Prepare | r's signature | | | Date | | Check I if | ' ' ' ' | | |
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| Use (| Onlv⊦ | Firm's name | | | | | | | Firm's I | | | | |
| | | Firm's address | | | ** | | | | Phone | | om 99 | 0-PF | (2013 |

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury

Schedule of Contributors

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

Employer identification number Name of the organization 35-2069109 MACKIN FOUNDATION, INC. 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 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 X 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 its Form 990-PF, Part I, line 2, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Employer identification number Name of organization 35-2069109 MACKIN FOUNDATION, INC Contributors (see instructions) Use duplicate copies of Part I if additional space is needed Part I (b) (c) (d) (a) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Interlock Industries Inc Person 1 545 S 3rd Suite 310 **Payroll** Louisville KY 40202 Noncash 3,000 Foreign State or Province (Complete Part II for Foreign Country noncash contributions) (a) (b) (c) (d) Name, address, and ZIP + 4 **Total contributions** Type of contribution No. Person 2 Virginia Mackin 9000 Laughton Lane **Payroll** Noncash Louisville KY 40222 Foreign State or Province (Complete Part II for noncash contributions) Foreign Country (d) (a) (b) (c) **Total contributions** Type of contribution No. Name, address, and ZIP + 4 Person **Payroll** Noncash Foreign State or Province (Complete Part II for Foreign Country noncash contributions

| | Toleigh Country | | noneasi sommadions , |
|------------|---|----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | Foreign State or Province Foreign Country | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| · | Foreign State or Province Foreign Country | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Total contributions | (d) Type of contribution |
| | Foreign State or Province Foreign Country | \$ | Person Payroll Noncash (Complete Part II for noncash contributions) |
| | | Schedule | B (Form 990, 990-EZ, or 990-PF) (2013 |

Part I, Line 18 (990-PF) - Taxes

| | | 0 | 0 | 0 | 0 |
|---|---|--------------------------------------|-----------------------|------------------------|---|
| | Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
| 1 | Real estate tax not included in line 20 | | | | |
| 2 | Tax on investment income | | | | |
| 3 | Income tax | | | | |

Part I, Line 23 (990-PF) - Other Expenses

| · | | 71,471 | 71,471 | 71,471 0 | | |
|-------------|------------------|--------------------------------------|-----------------------|------------------------|---|--|
| Description | | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes | |
| 1 | Other Deductions | | | | | |
| 2 | TRUST FEES | 71,471 | 71,471 | 71,471 | | |

Part VIII, Line 1 (990-PF) - Compensation of Officers, Directors, Trustees and Foundation Managers

| L | | 10 | | | | | | | 1 | | > | |
|----|-------------------|---------|---|------------|-------|----------|-----------------|-----------|---------------------|--------------|-------------|--------------------|
| | Name | rneck A | Street | City | State | Zip Code | Foreign Country | Title | Avg HIS Per Week | Compensation | Benefits | Expense Account |
| - | KIMBERLY A MACKIN | | 545 SOUTH THIRD STREET, #310 LOUISVILLE | i | KY 4 | 40202 | | DIRECTOR | 000 | | | • |
| 2 | MICHAEL J MACKIN | | 545 SOUTH THIRD STREET, #310 LOUISVILLE | | Σ | 40202 | | DIRECTOR | 00 0 | | | |
| | JAY L MACKIN | | 545 SOUTH THIRD STREET, #310 LOUISVILLE | · | KY KY | 40202 | | PRESIDENT | 2 00 | | | |
| 4 | JEFFREY L MACKIN | | 545 SOUTH THIRD STREET, #310 | FONISNIFFE | KY 4 | 40202 | | DIRECTOR | 000 | | | |
| 'n | CRAIG L MACKIN | | 545 SOUTH THIRD STREET, #310 LOUISVILLE | | ΚΥ | 40202 | | Treasurer | 00 0 | | | |

8868 Form

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

OMB No 1545-1709

► File a separate application for each return.
Information about Form 8868 and its instructions is at www.irs.gov/form8868.

| If you a | re filing for an Automatic 3-Month Extensio re filing for an Additional (Not Automatic) 3 Implete Part II unless you have already bee | -Month Ex | tension, complete only Part II (on | | | ▶ □ |
|--|--|--|--|---|-------------------------------------|-------------------------------|
| a corporate 8868 to re- Return for | c filing (e-file). You can electronically file Form required to file Form 990-T), or an addition quest an extension of time to file any of the form Transfers Associated With Certain Personal Es). For more details on the electronic filing of | nal (not aut irms listed Benefit Cor this form, v | tomatic) 3-month extension of time in Part I or Part II with the exception ntracts, which must be sent to the IR visit www.irs.gov/efile and click on e- | You can electro of Form 8870, S in paper form file for Charities | nically fil Informati at (see | e Form Ion |
| Part I | Automatic 3-Month Extension of T | | | | | |
| Part I only | ion required to file Form 990-T and requesting orporations (including 1120-C filers), partnersi | | | · | | of |
| | income tax returns | • | | • | | |
| | | ·-·- | | identifying nu | | |
| Type or | Name of exempt organization or other filer, see | e instruction | s | Employer identific | cation numl | ber (EIN) or |
| print | MACKIN FOUNDATION, INC | h | | 35-2069109 | | (CCN) |
| File by the due date for | Number, street, and room or suite no. If a PO | box, see in | structions | Social security | number | (22N) |
| filing your | 545 SOUTH THIRD STREET, Room 310 City, town or post office, state, and ZIP code F | or a foreign | address see instructions | | | |
| return See instructions | LOUISVILLE, KY 40202 | or a loreign | radiress, see instructions | | | |
| Enter the F | Return code for the return that this application | ıs for (file | a separate application for each retu | rn) | | 04 |
| Application Return Application F | | | | | | Return |
| Is For | | | | | | |
| Form 990 | or Form 990-EZ | 01 | Form 990-T (corporation) | | | 07 |
| Form 990 | Form 990-BL 02 Form 1041-A 08 | | | | | |
| | Form 4720 (individual) 03 Form 4720 (other than individual) 09 | | | | | |
| Form 990 | | 04 | Form 5227 | | | 10 |
| | -T (sec 401(a) or 408(a) trust) | 05 | Form 6069 | | | 11 |
| Form 990 | -T (trust other than above) | 06 | Form 8870 | | | 12 |
| Telepho If the or If this is for the who list with the I rec until | e names and EINs of all members the extension and extensio | of business four digit G If it is for p on is for orporation | Group Exemption Number (GEN) eart of the group, check this box | on of time | ▶ | f this is and attach a ension |
| ▶ [2 If the | tax year beginning e tax year entered in line 1 is for less than 12 | | , and ending | Final re | turn | |
| _ | Change in accounting period | | | | | |
| | is application is for Forms 990-BL, 990-PF, 99 | Ю-Т, 4720, | or 6069, enter the tentative tax, les | - | | |
| | refundable credits See instructions | | | | a \$ | |
| | is application is for Forms 990-PF, 990-T, 472 | | | _ | _ | |
| | mated tax payments made Include any prior | | | | b \$ | |
| | ance due. Subtract line 3b from line 3a Including PS (Electronic Federal Tax Payment System) | | • | - | ic \$ | 3,500 |
| | you are going to make an electronic funds withdra | | | | | |

payment instructions

| • If you | u are filing for an Additional (Not Automatic) | 3-Month Ex | tension, complete only Part II a | nd check this l | оох | | ▶ X | |
|---|--|----------------|--------------------------------------|---|----------|-------------------|--------------|--|
| | nly complete Part II if you have already been g | | | previously file | d Form | า 8868 | | |
| | u are filing for an Automatic 3-Month Extension | | | | | | | |
| Part II | Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed). Enter filer's identifying number, see inst | | | | | | | |
| | | | | | | | | |
| Type or | | e instruction | ns | Employer identific | ation nu | mber (EIN | l) or | |
| print | MACKIN FOUNDATION, INC | | | 35-2069109 | | | | |
| File by the | Number, street, and room or suite no If a PO | box, see in | structions | Social security | numbe | r (SSN) | | |
| due date for | 545 SOUTH THIRD STREET, Room 310 | Far a farage | address assumetrical | | | | | |
| filing your return See | City, town or post office, state, and ZIP code LOUISVILLE, KY 40202 | roi a loleigi | address, see instructions | | | | | |
| Enter th | e Return code for the return that this application | n is for (file | a separate application for each re | eturn) | | <u></u> | 04 | |
| | | | | | • | | -, | |
| Applica | ation | Return | Application | | | | Return | |
| Is For | | Code | is For | - · · · · · · · · · · · · · · · · · · · | | | Code | |
| | 90 or Form 990-EZ | 01 | F 4044 A | | | | 00 | |
| Form 9 | | 02 | Form 1041-A | .1\ | | | 08 | |
| Form 9 | 720 (individual) | 03 | Form 4720 (other than individual | <u></u> | | | 10 | |
| | | 05 | Form 5227 Form 6069 | | | | 11 | |
| Form 990-T (sec 401(a) or 408(a) trust) 05 Form 6069 Form 990-T (trust other than above) 06 Form 8870 | | | | | | 12 | | |
| | | | | | | | 1 | |
| STOPIC | STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868. | | | | | | | |
| • The I | books are in the care of PCRAIG L MACKI | <u>N</u> | | | | | | |
| | phone No ► (502) 569-2007 | - | Fax No ► | | | | <u></u> | |
| | organization does not have an office or place of | | | | | | ▶ ∐ | |
| If this | s is for a Group Return, enter the organization's | four digit G | Group Exemption Number (GEN) | | | — ^{If 1} | this is | |
| | whole group, check this box . ▶ | - | art of the group, check this box. | | | and | d attach a | |
| list with | the names and EINs of all members the extens | ion is for | | | | | | |
| 4 1. | request an additional 2 month extension of time | | 11/15/2014 | | | | | |
| 4 I request an additional 3-month extension of time until 11/15/2014 . 5 For calendar year 2013 , 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 Taxpayer is awaiting information from a third-party. Such information is necessary to complete the return. | | | | | | | | |
| 110 | scessary to complete the return | | | | · | | | |
| | | | | | | | | |
| 8a If | this application is for Forms 990-BL, 990-PF, 9 | 90-T, 4720. | or 6069, enter the tentative tax. In | ess any | T | | | |
| | onrefundable credits. See instructions | , , | , | • | 8a | \$ | 6,315 | |
| b If | this application is for Forms 990-PF, 990-T, 472 | 20, or 6069, | enter any refundable credits and | | | | | |
| | stimated tax payments made. Include any prior | | | | | | | |
| ar | mount paid previously with Form 8868 | | | | 8b | \$ | 9,375 | |
| c B | alance due. Subtract line 8b from line 8a Inclu | de your pay | ment with this form, if required, b | y using | | | | |
| EI | FTPS (Electronic Federal Tax Payment System |) See instri | uctions | | 8c | \$ | 0 | |
| | Signature and Veri | fication m | nust be completed for Part I | l only. | | | | |
| Under ne | nalties of perjury, I declare that I have examined this | s form, includ | fing accompanying schedules and st | atements, and t | o the b | est of m | v | |
| | pe and belief, it is true, correct, and complete, and the | | | | | | , , | |
| | | | \mathcal{M} | | | 6 | 1.1. | |
| Signature | · //////////// | Title ▶ / | Mage | D | ate 🕨 | 8/1 | 14/14 | |
| | () | | | | Form | 8868 | (Rev 1-2014) | |