294913130451FD 9
EXTENSION ATTACHED 9

EXTENDED TO NOVEMBER 15, 2019

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

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/Form990PF for instructions and the latest information.

Form **990-PF** Department of the Treasury Internal Revenue Service

For calendar year 2018 or tax year beginning		, and ending		
Name of foundation			A Employer identification	number
BRYANT FOUNDATION, INC.			20-1593639	<u> </u>
Number and street (or P O box number if mail is not delivered to street a	address)	Room/suite	B Telephone number	··
920 FREDERICA STREET			(270) 926-	1103
City or town, state or province, country, and ZIP or foreign p $OWENSBORO$, KY 42301	ostal code		C If exemption application is p	pending, check here
G Check all that apply: Initial return	Initial return of a fo	ormer public charity	D 1. Foreign organization	s, check here
Final return	Amended return		2	
Address change	Name change		Foreign organizations me check here and attach co	omputation
H Check type of organization: X Section 501(c)(3) ex Section 4947(a)(1) nonexempt charitable trust	cempt private foundation Other taxable private founda	ation 04	E If private foundation sta under section 507(b)(1	
I Fair market value of all assets at end of year (from Part II, col. (c), line 16)	ng method: X Cash ther (specify)	Accrual	F If the foundation is in a	
\$ 820,334. (Part I, column		s.)	under section 507(b)(1)(B), Check here
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not	(a) Revenue and	(b) Net investment	(c) Adjusted net	(d) Disbursements
(The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	expenses per books	income	income	for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received		1 1 1 Har	N/A	-
2 Check X if the foundation is not required to attach Sch. B				
3 Interest on savings and temporary cash investments				-
4 Dividends and interest from securities	12,490.	12,490.		STATEMENT 1
5a Gross rents	14,900.	14,900.		STATEMENT 2
b Net rental income or (loss) 8,880.	004			STATEMENT 3
6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	994.			
b Gross sales price for all assets on line 6a 115,592. 7 Capital gain net income (from Part IV, line 2)	f thus	994.	·	and the designation
8 Net short-term capital gain		774.		
9 Income modifications				
Gross sales less returns 10a and allowances	,	1		
b Less Cost of goods sold				
c Gross profit or (loss)				
11 Other income			<u></u>	
12 Total. Add lines 1 through 11	28,384.	28,384.		
13 Compensation of officers, directors, trustees, etc	0.	0.		0,
14 Other employee salaries and wages		·		
15 Pension plans, employee benefits \$16a Legal fees STMT 4	1,000.	1.000-		0.
S b Accounting foce STMT 5	2,955.	22.19651-	VED	0.
c Other professional fees	2,555.	- MEUC		1
ଆ ଓ ପର୍ଶାଣ ମଧ୍ୟରେ । ବ୍ର 17 Interest		8	2010	
in 18 Taxes STMT 6	903.	May Nay 60.	2019	0.
19 Depreciation and depletion	1,675.	ш 1,675.		
c Other professional fees 17 Interest 18 Taxes STMT 6 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses STMT 7 24 Total operating and administrative expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid		OGDE	N. UT	
21 Travel, conferences, and meetings				
22 Printing and publications	4 345	4 245	-	ļ
23 Other expenses STMT 7	4,345.	4,345.		0.
24 Total operating and administrative expenses. Add lines 13 through 23	10,878.	10,161.		_
25 Contributions, gifts, grants paid	45,420.	10,101.		45,420.
76 Total expenses and disbursements.				13,120
Add lines 24 and 25	56,298.	10,161.		45,420.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	-27,914.			
b Net investment income (if negative, enter -0-)		18,223.		-
c Adjusted net income (if negative, enter -0-)			N/A	
823501 12-11-18 LHA For Paperwork Reduction Act Notice	e, see instructions.			990-PF (2018
				0
			\ 6.)

20-1593639

Part	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End of	year
ı aıt	column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	Cash - non-interest-bearing	9,403.	53,794.	53,794.
2	Savings and temporary cash investments			
	Accounts receivable ►		·	
	Less allowance for doubtful accounts			
4	Pledges receivable			
	Less: allowance for doubtful accounts			
5	Grants receivable			
6	Receivables due from officers, directors, trustees, and other			
	disqualified persons			
7	Other notes and loans receivable		1	a ngari
	Less: allowance for doubtful accounts	<u> </u>		
8 <u>اي</u>	Inventories for sale or use			
Assets	Prepaid expenses and deferred charges			
۲ 10:	a investments - U.S. and state government obligations			
	b Investments - corporate stock STMT 8	625,842.	554,961.	536,540.
- -	c Investments - corporate bonds			
11	Investments - land, buildings, and equipment basis Less accumulated depreciation 101,550. 89,670.			
	Less accumulated depreciation \blacktriangleright 89,670.	13,554.	11,880.	230,000.
12	Investments - mortgage loans			
13	Investments - other			
14	Land, buildings, and equipment: basis		-	
	Less accumulated depreciation			
15	·			
16	Total assets (to be completed by all filers - see the			
\bot	instructions. Also, see page 1, item I)	648,799.	620,635.	820,334.
- 1	· · · · · · · · · · · · · · · · · · ·			
18	Grants payable			
ဖ္မ 19	Deferred revenue			
Liabilities 21 22 22				<u> </u>
음 21 	· · · · · · · · · · · · · · · · · · ·	0.	750.	
- 22	Other liabilities (describe ► <u>SECURITY DEPOSIT</u>)	U •	/50.	··
00	Total lightilities (add lines 17 through 99)	0.	750.	
+23	Total liabilities (add lines 17 through 22)	<u> </u>	7.50.	<u> </u>
	Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31.			
g 24	Unrestricted			
ပ	F	+		
E 26	· · · ·			
	Foundations that do not follow SFAS 117, check here			
בו	and complete lines 27 through 31.			
27	Capital stock, trust principal, or current funds	0.	0.	
28	Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
SS 29	Retained earnings, accumulated income, endowment, or other funds	648,799.	619,885.	
a 30	Total net assets or fund balances	648,799.	619,885.	
آ ا	<u> </u>		,	
31	Total liabilities and net assets/fund balances	648,799.	620,635.	
Part	III Analysis of Changes in Net Assets or Fund Bal	ances		
	. III			
Tota	al net assets or fund balances at beginning of year - Part II, column (a), line 30	0		
(mu	ist agree with end-of-year figure reported on prior year's return)		1	648,799.
Ente	er amount from Part I, line 27a		2	-27,914.
	er increases not included in line 2 (itemize)		3	0.
	l lines 1, 2, and 3		4	620,885.
	reases not included in line 2 (itemize) CONSOLIDATION O		ENTITY 5	1,000.
Tota	al net assets or fund balances at end of year (line 4 minus line 5) - Part II, coli	umn (b), line 30	6	619,885.
				Form 990-PF (2018)

Capital Gains and Los	sses for tax on investment income				
	d describe the kind(s) of property solo rick warehouse; or common stock, 20		(b) How acquired P - Purchase	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
	(SEE ATTACHED)		D - Donation		
1a MONEY CONCEPTS b MONEY CONCEPTS	(SEE ATTACHED)		P		VARIOUS
	CORE EQUITY FUNI	O CLACC C	P		VARIOUS 12/12/18
d INVESCO ENERGY		CLASS C	P		03/14/18
	EQUITY INCOME FU	INID CLACC C	P		03/14/18
	BOND FUND CLASS O				$\frac{03/14/18}{12/12/18}$
	L BANCORP - CASH				04/02/18
h CAPITAL GAINS		IN DIEU	P	VARIOUS	04/02/16
	DIVIDENDS		-		
1					
1		 			
<u>k</u>					
1				<u> </u>	
<u>m</u>	· · ·	 			-
<u>n</u>					
(e) Gross sales price	(f) Depreciation allowed	(g) Cost or other basis	(h)	Gain or (loss)	
(e) dross sales price	(or allowable)	plus expense of sale	(e) p	lus (f) minus (g)	
a 13,347.		13,363.			-16.
b 35,080.		43,340.			-8,260.
c 11,748.		11,641.			107.
d 6,341.		12,639.			-6,298.
e 5,634.		12,747.			-7,113.
f 19,510.		20,868.			-1,358.
g 1.					1.
h 23,931.					23,931.
1					<u></u>
k					
1					
m					
n					
0					
Complete only for assets showing	ng gain in column (h) and owned by t	the foundation on 12/31/69		ses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (ı) over col. (ı), ıf any	Gains (excess of but n	of col. (h) gain over not less than "-0-")	COI. (K),
a				·	-16.
b					-8,260.
С					107.
d					-6,298.
е					-7,113.
f					-1,358.
g					1.
h					23,931.
1					
k					
<u> </u>					
m				-	
n					
0					
	. If gove also subs-	un Part I line 7			
2 Capital gain net income or (net ca	apital loss) { If gain, also enter if (loss), enter "-0)-" in Part I, line 7	2		994.
3 Net short-term capital gain or (los		d (6):	}		
If gain, also enter in Part I, line 8, If (loss), enter "-0-" in Part I, line 8		<i>]</i>	3	N/A	

RartilVI Capital Gains a					_		TTACH			<u> </u>
	(a) List and describe the kind(s) of property sold (for example, real estate, 2-story brick warehouse; or common stock, 200 shs. MLC Co.)			ΙP	How ac - Purc - Dona	cquired hase ation	(c) Date a	acquired ay, yr.)	(d) Date sold (mo., day, yr.)	
1a										
b										
<u>c</u>					_					
<u>d</u>					_					
_e	40 D		4.20		Щ		L			
(e) Gross sales price		ciation allowed allowable)		st or other basis expense of sale					ain or (loss) (f) minus (
a b										
C										
d 115,592.				114,59	8.					994
Complete only for assets showing	gain in colum	n (h) and owned by th	he foundation	-	Ť		(1)	Gains (C	ol. (h) gaın	
(i) FMV as of 12/31/69		usted basis 12/31/69		cess of col. (i) col (j), if any				(k), but n	ot less than (from col. (1 -0-) or
a										
b				_						
<u>c</u>				·" · · · · · ·	_					
d e					\dashv			· · · · · · ·		994
2 Capital gain net income or (net cap	nital loss)	If gain, also enter			}	2				994
Net short-term capital gain or (loss	•			,			· · · · · ·			
If gain, also enter in Part I, line 8, of If (loss), enter -0- in Part I, line 8	•		- (-/-		}	3			N/A	
Part₁V Qualification Ur	nder Secti	on 4940(e) for l	Reduced	Tax on Net	nve	stm	ent Inco	me		
f section 4940(d)(2) applies, leave thing Was the foundation liable for the section f "Yes," the foundation doesn't qualify Enter the appropriate amount in each	on 4942 tax or under section	4940(e). Do not com	plete this part.	·						Yes X No
			Structions ben	ore making any en				1		(d)
(a) Base period years Calendar year (or tax year beginnin	g in) A	(b) Ijusted qualifying dist		Net value of no	(c) nchai	ritable-				(d) ution ratio ided by col. (c))
2017			7,431.	-			4,605	•		.054859
2016			0,575. 8,945.				1,685	•		.04820
2015 2014			8,025.	<u> </u>			2,759 3,203			.063338
2013			5,247.	!			3,348			.057033
2 Total of line 1, column (d)								2		.270197
Average distribution ratio for the 5 the foundation has been in existent			n line 2 by 5.0), or by the numbe	er of y	ears/		3		.054039
		•	_							
Enter the net value of noncharitable	e-use assets fo	r 2018 from Part X, li	ne 5					4		864,369
Multiply line 4 by line 3								5		46,710
Enter 1% of net investment income	e (1% of Part I,	line 27b)						6		182
' Add lines 5 and 6								7	·-··	46,892
Enter qualifying distributions from	Part XII, line 4							8		45,420
If line 8 is equal to or greater than See the Part VI instructions.	line 7, check ti	ne box in Part VI, line	1b, and comp	lete that part using	g a 1º	% tax r	ate.			
323521 12-11-18					_				F	orm 990-PF (201

20-1593639

Page 3

Form 990-PF (2018) BRYANT FOUNDATION, INC.

	990-PF (2018) BRYANT FOUNDATION, INC.		20-1593		Pag	e 4	
	art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 494	iu(e), or 494	18 - see II	nstructi	ons)	 ,	
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.) [- 1	
	Date of ruling or determination letter: (attach copy of letter if necessary-see instruction	s) _					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here and enter 1%	P L	1		364	<u>. • </u>	
	of Part I, line 27b		'	•		ł	
	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col.	(b). ノ <u>.</u>					
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	F	2			<u>.</u>	
3	Add lines 1 and 2		3		364		
	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)	Ļ	4		0		
	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	<u> </u>	5		364	•	
	Credits/Payments:		İ			}	
	2018 estimated tax payments and 2017 overpayment credited to 2018 6a	1,000.				1	
	Exempt foreign organizations - tax withheld at source	0.				1	
	Tax paid with application for extension of time to file (Form 8868)	0.					
	Backup withholding erroneously withheld	0.					
	Total credits and payments. Add lines 6a through 6d	-	7		<u>,000</u>		
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached		8		0	<u>.</u>	
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<u> </u>	9				
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		10		636		
	Enter the amount of line 10 to be: Credited to 2019 estimated tax Int VII-A Statements Regarding Activities	Refunded ►	11			•	
		 	- · · · · · · · · · · · · · · · · · · ·	777	′es N	_	
ıa	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participal	te or intervene ii	1	<u> </u>	X		
	any political campaign? Did it appead more than \$100 during the year (atther directly or indirectly) for political purposes? See the instruction	an for the definit		1a	X		
D	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instruction		1011	1b		<u>-</u>	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials publish	lea or					
•	distributed by the foundation in connection with the activities. Did the foundation file Form 1120-POL for this year?			1c	_		
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			"		<u> </u>	
·	(1) On the foundation. \$ 0. (2) On foundation managers. \$ \$	0.					
۵	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foi					-	
٠	managers. > \$ 0.	Sindation					
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.						
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of in	corporation, or					
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes			3	X	<u> </u>	
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?			4a	Х		
b	olf "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		_	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			5	Х	<u> </u>	
	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	t with the state I	aw		_ _		
	remain in the governing instrument?				X _		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and	l Part XV		7	X _		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions.						
	KY						
þ	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or des	ignate)		-	<u></u>		
	of each state as required by General Instruction G? If "No," attach explanation			8b :	X _		
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 494	2(j)(5) for calend	dar	-	_ -	1つ)
	year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes," complete Part XIV			9	X		_
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and at	ddresses		10	X	(

Page 5

Form 990-PF (2018)

Form 990-PF (2018) BRYANT FOUNDATION, INC.			20-15936	30 D	
Part VII-B Statements Regarding Activities for Which F	orm 4720 May Be R	equired (contin		39 Pa	age 6
5a During the year, did the foundation pay or incur any amount to:		- quality	ued)	Yes	No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e))?		es X No		
(2) Influence the outcome of any specific public election (see section 4955), or	r to carry on, directly or indire	ectly,			
any voter registration drive?		Ye	es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes'	?	Ye	es X No		
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section				
4945(d)(4)(A)? See instructions		Ye	es 🗶 No		
(5) Provide for any purpose other than religious, charitable, scientific, literary, the prevention of cruelty to children or animals?	or educational purposes, or f		es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i	n Regulations	_		
section 53.4945 or in a current notice regarding disaster assistance? See instru	ictions		N/A	5b	
Organizations relying on a current notice regarding disaster assistance, check h	iere		▶□		- 1
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fr					- 1
expenditure responsibility for the grant?	Ŋ	I/A Ye	es L No		- 1
If "Yes," attach the statement required by Regulations section 53.4945-5(d).					
6a Did the foundation, during the year, receive any funds, directly or indirectly, to p	pay premiums on				- 1
a personal benefit contract?		Ye	es X No _	-	,
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?		 	6b	<u>X</u>
If "Yes" to 6b, file Form 8870.		<u> </u>	[2]		
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Ye	es X No		!
b If "Yes," did the foundation receive any proceeds or have any net income attribu			N/A	7b	
8 Is the foundation subject to the section 4960 tax on payment(s) of more than \$	1,000,000 in remuneration or		es X No		
excess parachute payment(s) during the year? Part VIII Information About Officers, Directors, Truste	es Foundation Mar		S A NO		
Paid Employees, and Contractors	os, i canaation mai	lagers, riigriiy			
1 List all officers, directors, trustees, and foundation managers and the	neir compensation.				
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Exper account, o	nse other
(a) Name and address	to position	enter -0-)	compensation	allowand	ces
			_		
SEE STATEMENT 10		0.	0.		0.
Compensation of five highest-paid employees (other than those incl.)	uded on line 1). If none.	enter "NONE."			
Compensation of five highest-paid employees (other than those incl	uded on line 1). If none,	enter "NONE."	(d) Contributions to	(e) Experi	nse
Compensation of five highest-paid employees (other than those incl (a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	enter "NONE."	employee benefit plans and deferred	(e) Exper	ther
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average		employee benefit plans	(e) Experi	ther
	(b) Title, and average hours per week		employee benefit plans and deferred	(e) Exper	ther
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		employee benefit plans and deferred	(e) Exper	ther
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		employee benefit plans and deferred	(e) Exper	ther
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		employee benefit plans and deferred	(e) Exper	ther
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		employee benefit plans and deferred	(e) Exper	ther
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		employee benefit plans and deferred	(e) Exper	ther
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		employee benefit plans and deferred	(e) Exper	ther
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		employee benefit plans and deferred	(e) Exper	ther
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week		employee benefit plans and deferred	(e) Exper	ther

Form 990-PF (2018) BRYANT FOUNDATION, INC.	20-15	93639 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Paid Employees, and Contractors (continued)	on Managers, Highly	
3 Five highest-paid independent contractors for professional services. If none, enter "I	NONE."	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
]	
	<u> </u>	
,]	
	1	
	<u> </u>	
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		▶ 0
		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistic number of organizations and other beneficiaries served, conferences convened, research papers produc		Expenses
1 N/A	90,000	
1 41/44		
2		
3		
		·
4		
		
Part IX-B Summary of Program-Related Investments		<u>-</u>
Describe the two largest program-related investments made by the foundation during the tax year on lin	es 1 and 2	Amount
1 N/A	to Fana 2.	Amount
1 1/14		
2		
All other program-related investments. See instructions.		
3		
	^	
Table Add has 4 August 0		0.
Total. Add lines 1 through 3		<u></u>

0 . Form **990-PF** (2018)

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ΙŖ	art}X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, see	instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
а	Average monthly fair market value of securities	1a	620,924.
	Average of monthly cash balances	1b	26,608.
	Fair market value of all other assets	1c	230,000.
d	Total (add lines 1a, b, and c)	1d	877,532.
	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	877,532.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	13,163.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	864,369.
6	Minimum investment return. Enter 5% of line 5	6	43,218.
ĮΡ	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations a	nd certain	
_	foreign organizations, check here and do not complete this part.)		
1	Minimum investment return from Part X, line 6	1	43,218.
2a	Tax on investment income for 2018 from Part VI, line 5	_ 	
þ	Income tax for 2018. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	364.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	42,854.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	42,854.
6	Deduction from distributable amount (see instructions)	6	0.
<u>7</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	42,854.
ĮP.	art: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	45,420. 0.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	45,420.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
	income. Enter 1% of Part I, line 27b	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	45,420.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation	qualifies for the	section

Form **990-PF** (2018)

4940(e) reduction of tax in those years.

Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 from Part XI,	56,625	10010 prior to 2011	2011	
line 7	-			42,854.
2 Undistributed income, if any, as of the end of 2018				i
a Enter amount for 2017 only			15,197.	
ь Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2018:	1	0.		1 1
a From 2013	,			•
b From 2014				
c From 2015				
d From 2016				
e From 2017	0.			
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2018 from Part XII, line 4: ▶\$ 45,420.				
· · · · · · · · · · · · · · · · · · ·			15,197.	
a Applied to 2017, but not more than line 2a			13,137.	
b Applied to undistributed income of prior		0.		
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				,
(Election required - see instructions)	0,			20 222
d Applied to 2018 distributable amount				30,223.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below;		N	' · '	· • • • • • • • • • • • • • • • • • • •
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			ļ,
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		,
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2017. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2018. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2019				12,631.
7 Amounts treated as distributions out of				<u> </u>
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				·
may be required - see instructions)	0.			
8 Excess distributions carryover from 2013				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2019.	_			
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2014]
b Excess from 2015				
c Excess from 2016				
d Excess from 2017				
e Excess from 2018				

Form 990-PF (2018) BRYANT	FOUNDATION,	INC.		20-159	3639 Page 10
Part XIV Private Operating F	oundations (see ins	structions and Part VII	A, question 9)	N/A	
1 a If the foundation has received a ruling	or determination letter that	it is a private operating			
foundation, and the ruling is effective fo		, , ,	▶		
b Check box to indicate whether the foun	•	-	section	4942(j)(3) or 494	12(1)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2018	(b) 2017	(c) 2016	(d) 2015	(e) Total
investment return from Part X for	· · · · · · · · · · · · · · · · · · ·	, ,	`,		
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not				 	
used directly for active conduct of					
exempt activities	-		[
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c 3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter		<u> </u>			
2/3 of minimum investment return					
shown in Part X, line 6 for each year listed		п			
c "Support" alternative test - enter:	1				
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on					
securities loans (section 512(a)(5)), or royalties)					
(2) Support from general public					
and 5 gr more exempt organizations as provided in					
section 4942(j)(3)(B)(iii)	,				
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			the foundation	had \$5,000 or more	in assets
at any time during t	the year-see instru	uctions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wh			butions received by the	foundation before the close	of any tax
year (but only if they have contributed i	more than \$5,000). (See se	ection 507(d)(2).)			
SEE STATEMENT 11					
b List any managers of the foundation wh			or an equally large portio	n of the ownership of a part	nership or
other entity) of which the foundation ha	is a 10% or greater interes	t.			
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan,	Scholarship, etc., Pro	grams:		
Check here 🕨 🗶 if the foundation					ts for funds. If
the foundation makes gifts, grants, etc.	, to individuals or organiza	tions under other conditi	ons, complete items 2a,	b, c, and d.	
a The name, address, and telephone num	ber or email address of the	e person to whom applica	tions should be address	ed:	
b The form in which applications should	be submitted and informati	on and materials they sh	ould include:		
Annual managed design					
c Any submission deadlines:					
d Any restrictions or limitations on award	Is, such as by geographica	I areas, charitable fields.	kınds of institutions, or o	other factors:	

3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient a Paid during the year ALHAMBRA ORCHESTRA PUBLIC PROGRAM SERVICES 2829 BIRD AVE, SUITE 5, PMB 290 COCONUT GROVE FL 33133 50. BINGHAMTON DOWNTOWN SINGERS PUBLIC PROGRAM SERVICES P.O. BOX 1143 BINGHAMTON, NY 13902-1143 50. BOULWARE MISSION PUBLIC PROGRAM SERVICES 609 WING AVENUE OWENSBORO, KY 42303 50. CENTER FOR WOMEN AND FAMILIES PUBLIC PROGRAM SERVICES 927 S 2ND ST LOUISVILLE, KY 40203 50. CLIFF HAGAN BOY'S AND GIRL'S CLUB PUBLIC PROGRAM SERVICES 3415 BUCKLAND SQUARE OWENSBORO, KY 42301 250. SEE CONTINUATION SHEET(S) ➤ 3a 45,420. Total **b** Approved for future payment NONE Total **▶** 3b

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or Amount any foundation manager status of contribution Name and address (home or business) or substantial contributor recipient PUBLIC FAMILY YMCA PROGRAM SERVICES 900 KENTUCKY PARKWAY OWENSBORO, KY 42301 250. FIRST CHRISTIAN CHURCH PUBLIC PROGRAM SERVICES 700 J R MILLER BLVD OWENSBORO, KY 42303 34,070. GOODFELLOWS PUBLIC PROGRAM SERVICES 401 FREDERICA STREET #B203 OWENSBORO, KY 42301 500. HELP OFFICE PUBLIC PROGRAM SERVICES 1316 WEST 4TH ST OWENSBORO, KY 42301 200. IMPACT 100 OF OWENSBORO PUBLIC PROGRAM SERVICES 1826 LEXINGTON AVENUE OWENSBORO, KY 42301 1,000. KENTUCKY CHAMBER OF COMMERCE PUBLIC PROGRAM SERVICES 464 CHENAULT RD 1,500. FRANKFORT, KY 40601 LINCOLN HERITAGE COUNCIL PUBLIC PROGRAM SERVICES 12001 SYCAMORE STATION PL LOUISVILLE, KY 40299 2,000. OWENSBORO COMMUNITY & TECHNICAL PUBLIC PROGRAM SERVICES COLLEGE 4800 NEW HARTFORD RD OWENSBORO, KY 42303 100. PUBLIC ROBERT AUSTIN MEYTHALER FOUNDATION PROGRAM SERVICES P.O. BOX 727 OWENSBORO, KY 42302 350. ST. BENEDICT'S HOMELESS SHELTER PUBLIC PROGRAM SERVICES 1001 W 7TH ST OWENSBORO, KY 42301 300. 44,970. Total from continuation sheets

Part XV

Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to **Amount** any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient PUBLIC THEATRE WORKSHOP OF OWENSBORO PROGRAM SERVICES 407 W 5TH STREET 250. OWENSBORO, KY 42301 YMCA OF OWENSBORO PUBLIC PROGRAM SERVICES 900 KENTUCKY PARKWAY 100. OWENSBORO, KY 42301 GLOBAL MINISTRIES PUBLIC PROGRAM SERVICES P.O. BOX 1986 INDIANAPOLIS, IN 46206 100. PUBLIC PROGRAM SERVICES GREEN RIVER AREA COMMUNITY FOUNDATION 325 W. MAIN STREET, SUITE 1110, WATERFRONT PLAZA, WEST TOWER LOUISVILLE, KY 40202 200. GROWING HOPE GLOBALLY PUBLIC PROGRAM SERVICES 4479 CENTRAL AVE WESTERN SPRINGS, IL 60558 200. JIMMY V FOUNDATION FOR CANCER PUBLIC PROGRAM SERVICES RESEARCH 14600 WESTON PARKWAY CARY, NC 27513 1,000. KAPPA ALPHA ORDER EDUCATIONAL PUBLIC PROGRAM SERVICES FOUNDATION 115 LIBERTY HALL ROAD, P.O. BOX 1865 LEXINGTON, VA 24450 1,200. NEWSONG COUNSELING CENTER PUBLIC PROGRAM SERVICES 29 NORTH MAYSVILLE STREET MT. STERLING, KY 40353 250. OWENSBORO DANCE THEATRE PUBLIC PROGRAM SERVICES 2705 BRECKENRIDGE STREET OWENSBORO, KY 42303 100. OWENSBORO NAACP PROGRAM SERVICES PUBLIC 2207 FREDERICA STREET 100. OWENSBORO, KY 42301 Total from continuation sheets

Part XV

Part XV | Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Purpose of grant or contribution Foundation Amount status of Name and address (home or business) recipient PUBLIC PROGRAM SERVICES THE WELCOME PROJECT 3519 ST. ANN STREET OWENSBORO, KY 42303 1,000. ST. MICHAEL'S EPISCOPAL CHURCH PUBLIC PROGRAM SERVICES 1520 CANTERBURY RD RALEIGH, NC 27608 100. OWENSBORO HIGH SCHOOL PUBLIC PROGRAM SERVICES 1800 FREDERICA ST OWENSBORO, KY 42301 100. Total from continuation sheets

Part XVI-A Analysis of Income-Producing Activities

F-tay areas areas and are attenues and areas	Unrelated business income			ded by section 512, 513, or 514			
Enter gross amounts unless otherwise indicated.	(a) Business	(b) Amount	(C) Exclu- sion code	(d) Amount	(e) Related or exempt function income		
1 Program service revenue:	code		code	7 WHOUTH	101101101110		
ab				· · · · · · · · · · · · · · · · · · ·			
							
e							
g Fees and contracts from government agencies							
2 Membership dues and assessments				-			
3 Interest on savings and temporary cash		· ······ · · · · · · · · · · · · · · ·					
investments							
4 Dividends and interest from securities			14	12,490.			
5 Net rental income or (loss) from real estate							
a Debt-financed property							
b Not debt-financed property			16	8,880.			
6 Net rental income or (loss) from personal							
property							
7 Other investment income				<u> </u>			
8 Gain or (loss) from sales of assets other							
than inventory			18	994.			
9 Net income or (loss) from special events							
10 Gross profit or (loss) from sales of inventory							
11 Other revenue:							
a							
b			┼	-			
<u> </u>							
d	-		 				
e		0.		22,364.	0.		
12 Subtotal. Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)		<u> </u>		13	22,364.		
(See worksheet in line 13 instructions to verify calculations.)				13 <u>—</u>	22,304.		
•	- 41 A						
Part XVI-B Relationship of Activities to	the Acco	mplishment of Exe	empt	Purposes			
Line No. Explain below how each activity for which incomplete the foundation's exempt purposes (other than to			contribu	uted importantly to the accomp	olishment of		
was isometation o oxempt purposed (early issue)	, p. o	pa. pa. pa. p.					
				·- <u>-</u>			
							
\							

Form 990-PF (2018) BRYANT FOUNDATION, INC. 20-1593639 [Part:XVIII Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations Voc No

1 Did the	e organization directly or indir	rectly engage in any	of the followin	g with any other organization	in described in sectio	on 501(c)		res	NO
(other	than section 501(c)(3) organ	izations) or in sectio	n 527, relating	to political organizations?					
a Transf	ers from the reporting founda	ition to a noncharital	ble exempt org	janization of:					,
(1) Ca	ash						1a(1)		<u>x</u>
	ther assets						1a(2)		X
	ransactions:								
	ales of assets to a noncharital	ble exempt organizat	ion				1b(1)		X
• •	urchases of assets from a nor						1b(2)		X
	ental of facilities, equipment,	•	· gamzauon				1b(3)		X
٠,	eimbursement arrangements	01 011101 005010					1b(4)		X
	oans or loan quarantees						1b(5)		X
` '	erformance of services or me	mharabin ar fundrau	una anliaitatio					\rightarrow	X
٠,		•	•				1b(6)		$\frac{x}{x}$
	g of facilities, equipment, mai			•	aha tha fa		10		
	inswer to any of the above is	• •	-	• •	•	• ,		ers,	
	vices given by the reporting fo			eo iess than fair market valu	e in any transaction (or snaring arrangement, s	snow in		
	(d) the value of the goods, (avament accompanies	(4) -				
a) Line no	(b) Amount involved	(c) Name of		exempt organization	(0) Description	of transfers, transactions, and	sharing arra	ngemen	ts
			N/A						
				. <u></u> ,					
Î			· · · · · · · · · · · · · · · · · · ·						
					<u> </u>				
					 	·· -· - · · · · · · · · · · · · · · · ·			
2a le the t	foundation directly or indirect	ly affiliated with or i	related to one	or more tay-evemnt organi	zatione described				
	ion 501(c) (other than section	•	-	or more tax-exempt organiz	ations described	Г	Yes	T	No
	, , ,		CHOII JZ1 ·			L	163	111] 140
0 11 165	complete the following sche <u>",</u> (a) Name of org			(b) Type of organization	1	c) Description of relation:	chin		
12121	N/A	amzation		(b) Type of organization	1	e de description of relation			
	N/A								
						.			
Tus	des assettes of assette I dealers to	hat I have averaged the				t of war to our lands			
	der penalties of perjury, I declare to d belief, it is true, correct, and com					o anu linavidades M	ay the IRS d turn with the	scuss th	nis
Sign ªn Here	\sim \sim \sim	100	_4_	1. 1/ /2	N D	1 y	own below?	See ins	t
	1 fleeter	mony	not	11.6/27/19	Tresion	(en) l	X Yes		No
	Signature of officer or trustee	<u>`</u>		Date *	Title	<i>'</i>			
	Print/Type preparer's na	me	Preparer's si	gnature		Check if PTIN			
.	REBECCA R.		14/ Nov. 1/	1 I dodad Cen	10-18-19	self- employed			
Paid	WHITEHEAD,		Inanella K	WWILLIAM UH	/ /		0040		
Prepare		LHAR WHIT	EHEAD,	PLLC		Firm's EIN ► 27-2	6163	66	
Use On	ly								
	Firm's address ► 10	0 WEST TH	IRD ST	REET, SUITE 2	200				
	OW	ENSBORO,	KY 4230	03		Phone no. 270-9	26-29	<u>92</u> 2	
							orm 99 0		(2018)

FORM 990-PF	DIVIDENDS	AND	INTEREST	FROM SE	ECUR	ITIES	S	PATEMENT 1
SOURCE	GROSS AMOUNT	G	PITAL AINS IDENDS	(A) REVENU PER BOO		(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOME
FIRST FINANCIAL								
BANCORP	167.		0.		L67.		67.	
MAINSOURCE MONEY CONCEPTS	37. 36,217.		0. 23,931.	12,2	37. 286.	12,2	37. 86.	
TO PART I, LINE 4	36,421.		23,931.			12,49		
10 11111 1, 21112 1								
FORM 990-PF		RENT	AL INCOM	E			S	FATEMENT 2
KIND AND LOCATION O	F PROPERTY					ACTIVITY NUMBER		GROSS ENTAL INCOME
								14 000
SINGLE FAMILY RESID	ENCE, OWENS	BORO,	KY			1		14,900.
SINGLE FAMILY RESID	·					1	_	14,900.
	F, PART I, 1	LINE		ES		1	Si	
TOTAL TO FORM 990-P	F, PART I, 1	LINE	5A	VITY	Al	1 MOUNT	Si	14,900.
TOTAL TO FORM 990-P	EES	LINE	L EXPENS	VITY	A		Si	14,900.
TOTAL TO FORM 990-P FORM 990-PF DESCRIPTION DEPRECIATION CONDO ASSOCIATION F MANAGEMENT FEES REPAIRS & MAINTENAN CLEANING UTILITIES CREDIT REPORTS PROPERTY INSURANCE	F, PART I, I	RENTA	L EXPENS	VITY BER	A	MOUNT 1,675. 1,920. 446. 1,111. 175. 610. 50.	Si	14,900. TATEMENT 3 TOTAL 6,020.
TOTAL TO FORM 990-P FORM 990-PF DESCRIPTION DEPRECIATION CONDO ASSOCIATION F MANAGEMENT FEES REPAIRS & MAINTENAN CLEANING UTILITIES CREDIT REPORTS	F, PART I, I	RENTA	L EXPENS ACTI NUM	VITY BER	A	MOUNT 1,675. 1,920. 446. 1,111. 175. 610. 50.	Si	14,900. TATEMENT 3 TOTAL

FORM 990-PF	LEGAL FEES		STATEMENT 4		
DESCRIPTION	(A) EXPENSES PER BOOKS		(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
LEGAL FEES	1,000.	1,000.		0.	
TO FM 990-PF, PG 1, LN 16A =	1,000.	1,000.		, 0.	
FORM 990-PF	ACCOUNTI	NG FEES	S	TATEMENT 5	
DESCRIPTION	(A) EXPENSES PER BOOKS		(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
ACCOUNTING FEES	2,955.	2,955.		0.	
TO FORM 990-PF, PG 1, LN 16B	2,955.	2,955.		0.	
FORM 990-PF	TAX	ES	S	TATEMENT 6	
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
FOREIGN TAXES OTHER TAXES AND LICENSES FEDERAL INCOME TAX	171. 15. 717.	171. 15. 0.		0. 0. 0.	
TO FORM 990-PF, PG 1, LN 18	903.	186.		0.	

FORM 990-PF	OTHER E	XPENSES	STATEMENT 7		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES	
CONDO ASSOCIATION FEES	1,920.	1,920.		0.	
MANAGEMENT FEES	446.	446.		0.	
REPAIRS & MAINTENANCE	1,111.	1,111.		0.	
CLEANING	175.	175.		0.	
UTILITIES	610.	610.		0.	
CREDIT REPORTS	50.	50.		0.	
PROPERTY INSURANCE	33.	33.		0.	
TO FORM 990-PF, PG 1, LN 23	4,345.	4,345.		0.	

FORM 990-PF CORPORATE STOCK		STATEMENT 8
DESCRIPTION	BOOK VALUE	FAIR MARKET VALUE
MONEY CONCEPTS	554,961.	536,540.
TOTAL TO FORM 990-PF, PART II, LINE 10B	554,961.	536,540.

FORM 990-PF	SCHEDULE OF CONTROLLED ENTITIES	STATEMENT 9
	PART VII-A, LINE 11	

NAME OF CONTROLLED ENTITY

EMPLOYER ID NO

IBK INVESTMENT FUND, LLC

ADDRESS

EXCESS BUSINESS HOLDING [] YES [X] NO

920 FREDERICA STREET OWENSBORO, KY 42301

NAME AND ADDRESS	TITLE AND		EMPLOYEE BEN PLAN	EXPENSE
NAME AND ADDRESS	AVRG HRS/WK	SATION	CONTRIB	ACCOUNT
W. MALCOLM BRYANT 1804 LEWIS LANE OWENSBORO, KY 42301	PRESIDENT 0.00	0.	0.	0.
SALLY B. BRYANT 1804 LEWIS LANE OWENSBORO, KY 42301	SECRETARY/TREA 0.00	SURER 0.	0.	0.
REBECCA R. WHITEHEAD 100 W. THIRD ST., SUITE 200 OWENSBORO, KY 42303	DIRECTOR 0.00	0.	0.	0.
TURNEY BERRY 500 W. JEFFERSON ST., SUITE 2800 LOUISVILLE, KY 40202	DIRECTOR 0.00	0.	0.	0.
MADISON SILVERT 920 FREDERICA ST., SUITE 401 OWENSBORO, KY 42301	DIRECTOR 0.00	0.	0.	0.
TOTALS INCLUDED ON 990-PF, PAGE 6	, PART VIII	0.	0.	0.

FORM 990-PF	PART XV - LINE 1A	STATEMENT 11
	LIST OF FOUNDATION MANAGERS	

NAME OF MANAGER

W. MALCOLM BRYANT SALLY B. BRYANT