Form 990-PF

Department of the Treasury Internal Revenue Service

EXTENDED TO MARCH 16, 2020 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.

1904

2018

For	cale	endar year 2018 or tax year beginning. MAY	1, 2018	, and ending	APR 30, 2019			
Na	me (of foundation			A Employer identification	number		
P	LE	EX G CAMPBELL JR FOUNDAT:	31-1532433					
_		and street (or P O box number if mail is not delivered to street a	B Telephone number					
ͺ ε	331	EAST MAIN STREET	859 268-2701					
Cit	y or	town, state or province, country, and ZIP or foreign p	ostal code		C If exemption application is pe	ending, check here		
	-	KINGTON, KY. 40502						
G	Chec	k all that apply: Initial return	Initial return of a f	ormer public charity	D 1. Foreign organizations, check here			
		Final return	Amended return					
		Address change	Name change		2 Foreign organizations me check here and attach co	eting the 85% test, mputation		
Н	Chec	ck type of organization: X Section 501(c)(3) ex	empt private foundation	NI	 E= f private foundation sta	tus was terminated		
	s	ection 4947(a)(1) nonexempt charitable trust	Other taxable private found	ation <u>VY</u>	under section 507(b)(1)			
I F	air n	narket value of all assets at end of year J Accountil	ng method X Cash	Accrual	F If the foundation is in a	60-month termination		
(1	rom		ther (specify)		under section 507(b)(1)			
_	►\$	1,968,835. (Part I, colun	nn (d) must be on cash basi	s.)	1			
\$R	art	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 for charitable purposes		
		necessarily equal the amounts in column (a)	expenses per books	income	income	(cash basis only)		
5 .	1	Contributions, gifts, grants, etc., received	184,800.		N/A			
? \ .	2	Check I if the foundation is not required to attach Sch. B						
V	3	Interest on savings and temporary cash investments		<u> </u>				
	4	Dividends and interest from securities	27,983.	27,983.		STATEMENT 1		
	5	a Gross rents	E KANSANSAN AND TONE AND CHEST TRANSPARAN		The are the are producted the soft of 1			
		Net rental income or (loss)						
٥	, 6	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	29,969.		CL MANAGEMENT TACKS THERE S			
-		D assets on line 6a 90,002.		20 0C0				
Reven	7	Capital gain net income (from Part IV, line 2)	Taken Taken In the Control of	29,969.				
ш	8	Net short-term capital gain	(CISPA AREA CARRATECTA)					
	9	Income modifications Gross sales less returns			incerication decimalistical			
	10	a and allowances						
		b Less Cost of goods sold			internation (A.S. in the Calebra (
		c Gross profit or (loss) Other income	518.	518.		STATEMENT 2		
	11 12	Total Add lines 1 through 11	243,270.	58,470.				
_	13	Compensation of officers, directors, trustees, etc	10,000.	10,000.		0.		
	14	Other employee salaries and wages						
	15			•				
ď	1	a Legal fees						
Suc		b Accounting fees STMT 3	2,800.	1,400.		1,400.		
Fxnens		c Other professional fees STMT 4	1,115.	1,115.		0.		
		Interest	71.	71.		0.		
ative	18	Taxes STMT 5	7.	7		0.		
	19	Depreciation and depletion			RECEIVED			
	20	Occupancy				700		
	21	Travel, conferences, and meetings		33	FEB 2 5 2020	70		
	22	Printing and publications		O	, == 2 0	3		
	23	Other expenses STMT 6	59.	59.		0.		
"	23 24	Total operating and administrative			OGDEN, UI			
<u> </u>		expenses Add lines 13 through 23	14,052.	12,652.	Service British (Service Colored	1,400. 174,500.		
Ö	20	Contributions, gifts, grants paid	174,500.			174,500.		
	26	Total expenses and disbursements	100 550	10 (50		175 000		
	<u> </u>	Add lines 24 and 25	188,552.	12,652.	PROPERTY OF THE PROPERTY OF TH	175,900.		
	27	ľ	E 4 7710					
	ı	Excess of revenue over expenses and disbursements	54,718.	AE 010		THE PERSON NAMED IN		
	I	Net investment income (if negative, enter -0-)		45,818.	N / A			
](C Adjusted net income (if negative, enter -0-)	menga (artolas, 1916)	retries of an experience	<u> </u>	等于13年的1980年1987年1987年1987年1987年1987年1987年1987年1987		

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Form 990-PF (2018)

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		Foundations that follow SFAS 117, check here and complete lines 24 through 26, and lines 30 and 31	
Š	24	Unrestricted	
•	25	Temporarily restricted	
5	26	Permanently restricted	
3		Foundations that do not follow SFAS 117, check here	ightharpoons X
3		and complete lines 27 through 31	
5	27	Capital stock, trust principal, or current funds	

Total liabilities and net assets/fund balances

Loans from officers, directors, trustees, and other disqualified persons

21 Mortgages and other notes payable 22 Other liabilities (describe

23 Total liabilities (add lines 17 through 22)

Total net assets or fund balances

	Foundations that do not follow SFAS 117, check here			
	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.	
	9 Retained earnings, accumulated income, endowment, or other funds	868,684.	923,402.	
١.	Total not exects or fund belances	868 684	923 402	

923,402

0

868,684.

Analysis of Changes in Net Assets or Fund Balances

			γ
1 T	otal net assets or fund balances at beginning of year - Part II, column (a), line 30		
(1	must agree with end-of-year figure reported on prior year's return)	1	868,684.
2 E	nter amount from Part I, line 27a	2	54,718.
3 C	other increases not included in line 2 (itemize)	3	0.
4 A	dd lines 1, 2, and 3	4	923,402.
5 D	ecreases not included in line 2 (itemize)	5	0.
6 T	otal net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	923,402.

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			CAMPBELL JR I				Γ Δ'	ጥጥ አ ር ኒ		1-153 TATEM		Page 3
Ľ	(a) List and describe the kind(s) of property sold (for example, real estate, (b) How acquired P - Purchase (c)						(c) Date	ate acquired (d) Date sold (mo., day, yr)				
_	2 Sommer						(1110, 0		(1110., 0			
1:	<u>a </u>					-						·
_	C											
	d						••					
_	e											
	(e) Gross sales price	(f)	Depreciation allowed (or allowable)		st or other basis expense of sale					Sain or (loss s (f) minus (
	<u> </u>					-					_	
_	<u> </u>											
_	c		-									
_	98,002.		-		68,03	3.	-				29	,969.
_	Complete only for assets showing	gain in	column (h) and owned by t	he foundation				() Gains (C	Col. (h) gain		·
	(i) FMV as of 12/31/69	(as of 12/31/69		cess of col (i) col. (j), if any				(k), but i	not less than (from col (n -0-) or	
_;	1											
)											
_	<u> </u>										20	,969.
_		····				1		.	-		43	, 303.
	Capital gain net income or (net cap		. , ,,	ın Part I, Iine		}	2		· ·		29	,969.
3	Net short-term capital gain or (loss if gain, also enter in Part I, line 8, c			d (6):		}	,			N/A		
Π	If (loss), enter -0- in Part I, line 8 Part ♥ Qualification Un	der S	ection 4940(e) for	Reduced	Tax on Net I	nve	stme	ent Inco	me	11/11		
_	or optional use by domestic private f											
•			•	o 10(u) tun on			-,					
lf	section 4940(d)(2) applies, leave this	s part bla	ank									
W	as the foundation liable for the section	on 4942	tax on the distributable amo	ount of any ye	ar in the base peri	od?					Yes	X No
_	"Yes," the foundation doesn't qualify								_			
1	Enter the appropriate amount in ea	ich colun		structions bef	ore making any en				1		(4)	
	(a) Base period years		(b) Adjusted qualifying disti	ributions	Net value of no	(c) nchar	ritable-i	ise assets		Distrib (col (b) div	(d) ution ratio	(=))
_	Calendar year (or tax year beginning 2017	J III)		9,812.				9,862		(cor (b) aiv		93310
	2016		10.	0.				1,013				00000
_	2015			L,908.				4,990				01388
_	2014			900.	_			8,653			.0	00653
	2013		106	5,374.				6,601				81413
	· · · · · · · · · · · · · · · · · · ·											
	Total of line 1, column (d)								2		.1	76764
3	Average distribution ratio for the 5-	-		n line 2 by 5 C), or by the numbe	r of y	ears/					
	the foundation has been in existence	e if less	than 5 years						3		• 0	35353
4	4 Enter the net value of noncharitable-use assets for 2018 from Part X, line 5					4		1,842	<u>,379.</u>			
5	5 Multiply line 4 by line 3				5		65	,134.				
6	Enter 1% of net investment income	(1% of F	Part I, line 27b)						6			458.
7	Add lines 5 and 6								7		65	<u>,592.</u>
8	Enter qualifying distributions from I	Part XII,	lıne 4						8_		175	,900.
	If line 8 is equal to or greater than I See the Part VI instructions	ıne 7, ch	If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate See the Part VI instructions									

Part IV Capital Ga	ains and Lo	sses for Tax on Investment Income						
	(a) List and	describe the kind(s) of property solorick warehouse, or common stock, 20	i, e.g , real estate,	(b) How acquired P - Purchase	(c) Date acquired (mo, day, yr.)	(d) Date sold (mo., day, yr.)		
10 BLACKSTON			00 3113. IVILO 00.	D - Donation P	(, day, y)	(1110.1, day, y)		
1a BLACKSTONE GROUP LP b 100 SHS O'REILLY AUTOMOTIVE P 06/22/1706/03								
		INVESTORS INC		P		09/06/18		
		INVESTORS INC		P		09/06/18		
		AN EXPRESS CO		P	05/09/08	10/24/18		
		FONE GROUP LP	P		10/03/18			
g 1000 SHS	COCA	COLA CO		P	11/18/09	10/11/18		
h								
1								
<u>.</u>								
<u>k</u>				-				
<u> </u>				- 				
n n								
0								
	7100	(f) Depreciation allowed	(g) Cost or other basis	(h)	Gain or (loss)			
(e) Gross sales p	rice	(or allowable)	plus expense of sale		lus (f) minus (g)			
a	803.			.		803.		
	,339.		22,057.			5,282.		
	,865.		5,351.			-1,486.		
1.0	,577.		2,930.			-353. 5,460.		
	,305. ,806.		4,845.	· · · · · · · · · · · · · · · · · · ·		1,615.		
4 =	,307.		26,659.			18,648.		
g 45 h	, 50 , .		20,033.			10,0100		
<u>'' </u>		-			·			
J								
k								
<u>l</u> ,								
<u>m</u>								
<u>n</u>								
Complete only for as	sets showin	g gain in column (h) and owned by the	ne foundation on 12/31/69	/I) Loc	ses (from col. (h))			
**	ſ	(j) Adjusted basis	(k) Excess of col. (i)	Gains (excess o	if col (h) gain over	col (k),		
(1) F.M V. as of 12/3	31/69	as of 12/31/69	over col (j), if any	but no	ot less than "-0-")			
a					· · · · · · · · · · · · · · · · · · ·	803.		
b						5,282.		
С						-1,486.		
d						-353.		
<u>e</u>						5,460. 1,615.		
<u>† </u>						18,648.		
<u>g</u> h						10,040.		
<u> </u>								
<u></u>				······································	· · ·	-		
k	İ			-				
				.=				
n								
<u>n</u>			<u>-</u> .					
0				<u> </u>				
Capital sais set incer	o or /act ==	pital loss) { If gain, also enter If (loss), enter "-0-	in Part I, line 7			20 060		
Capital gain net incom			` \	2		29,969.		
Net short-term capital If gain, also enter in Pa		s) as defined in sections 1222(5) and	(6)					
If (loss), enter "-0-" in			J	3	N/A			

Form	1990-PF (2018) ALEX G CAMPBELL JR FOUNDATION,						15324		Page 4
Pa	Excise Tax Based on Investment Income (Section 4940	(a), 4	1940(b), 4	1940(e),	or 49	 48 -	see ins	truction	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and e	nter "N/	/A" on line 1)					
	Date of ruling or determination letter: (attach copy of letter if nec			tions)					
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here	► <u>X</u>	and enter 1	%		1			<u> 158.</u>
	of Part I, line 27b			1					
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4%	of Par	t I, line 12, c	ol (b). 丿	i				KARY
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, other	ners, er	nter -0-)			2			0.
3	Add lines 1 and 2					3	ļ	4	<u> 158.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, of	hers, e	nter -0-)			4			0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-					5		4	<u> 158.</u>
6	Credits/Payments ⁻								
a	2018 estimated tax payments and 2017 overpayment credited to 2018	6a	,		0.				
b	Exempt foreign organizations - tax withheld at source	6b			0.		多性差		
C	Tax paid with application for extension of time to file (Form 8868)	6c			0.				
d	Backup withholding erroneously withheld	6d			0.				
7	Total credits and payments. Add lines 6a through 6d					7_			0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is atta	ched				8			0.
9			TATEME	NT 9	•	9		4	158.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid					10			
11	Enter the amount of line 10 to be. Credited to 2019 estimated tax			Refunde	d 🖊	11			
Pa	TEVILEA: Statements Regarding Activities								
1a	During the tax year, did the foundation attempt to influence any national, state, or local legisl	lation o	or did it partio	pate or int	ervene	ın	815.08	Yes	No
	any political campaign?							1a	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purpos	ses? Se	e the instruc	tions for th	e defini	tion		1b	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of	of any n	naterials pub	lished or			č z		4 7583.
	distributed by the foundation in connection with the activities.						*	對內性。	
C	Did the foundation file Form 1120-POL for this year?						L	1c	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	year					18,50		
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers.	. > \$			0.		SE S		
е	Enter the reimbursement (if any) paid by the foundation during the year for political expendit	ture tax	imposed on	foundation			200 A		
	managers. ▶ \$0 .						277 (G)	R. H. L.	
2	Has the foundation engaged in any activities that have not previously been reported to the IR	S?					L	2	X
	If "Yes," attach a detailed description of the activities						2		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing in	nstrume	ent, articles d	of incorpora	tion, or		143E		i i i i
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes						L	3	X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year	?					L	4a	X
b	If "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?						L	5	X
	If "Yes," attach the statement required by General Instruction T						8785		
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied eit	her.					200		
	By language in the governing instrument, or						1		
	By state legislation that effectively amends the governing instrument so that no mandatory	directi	ions that con	flict with th	e state	law	<u> </u>		
	remain in the governing instrument?						L	6 X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," compl	ete Par	t II, col. (c),	and Part X\	1		L	7 X	
							žči:		
8a	Enter the states to which the foundation reports or with which it is registered. See instruction	ns. 🕨							
	KY						 		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At	torney	General (or o	designate)			93 130		
	of each state as required by General Instruction G? If "No," attach explanation						L	8b X	
9	is the foundation claiming status as a private operating foundation within the meaning of sec	tion 49	9 <mark>42(</mark> j)(3) or 4	942(j)(5) fo	or calen	dar			
	year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes," comp	olete Pa	art XIV				L	9	<u>X</u>
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedul	e listing	their names an	d addresses				10	X
							Form	990-PF	(2018)

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4,50	(Continued)			
		医	Yes	No
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 ▶ THE FOUNDATION Telephone no ▶859 26		701	
	Located at ►831 EAST MAIN STREET, LEXINGTON, KY ZIP+4 ►4	0502		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		, -	•
	and enter the amount of tax-exempt interest received or accrued during the year		/A	
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority over a bank,		Yes	
	securities, or other financial account in a foreign country?	16	anam-enn	X
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the			
	foreign country	1000	17.457	
Ηę	irt VII B Statements Regarding Activities for Which Form 4720 May Be Required	-8%, Y.S.	V	
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	3000	Yes	No 4500
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	2.3		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person? Yes X No (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No			
	(4)			
	(1) Tay compensation to, or pay or reminestor the expenses of, a disquarrier 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)? Yes X No			
	,			2 × 2 C
	(6) Agree to pay money or property to a government official? (Exception Check "No"	98.4		
	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.) Yes X No			
	· · · · · · · · · · · · · · · · · · ·	100 mg		
D	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations	1b	yaren.	X
	section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions	(Sec. 24)	7.740	39.00
	Organizations relying on a current notice regarding disaster assistance, check here Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected .			
C	before the first day of the tax year beginning in 2018?	1c	G12013888.	X
9	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation	100	N. Bi	74, 2299 <u>8</u> 5-
۷.	defined in section 4942(j)(3) or 4942(j)(5)).			
2	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2018? Yes X No			
	If "Yes," list the years	207		
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	*		
_	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions) . N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year? $igspace {f X}$ No			
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,			
	Form 4720, to determine if the foundation had excess business holdings in 2018.) N/A	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	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 2018?	4b		X
	Fo	orm 990	-PF	(2018)

Form 990-PF (2018) ALEX G CAMPBELL JR FOUND			31 - 15324	<u> 33 Page 6</u>
Part VIEB Statements Regarding Activities for Which F	Form 4720 May Be R	lequired (contin	ued)	
5a During the year, did the foundation pay or incur any amount to.			35 4-	Yes No
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es X No	
(2) Influence the outcome of any specific public election (see section 4955); (or to carry on, directly or indire	ectly,	<u>।</u>	
any voter registration drive?			es 🗶 No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	۶۶		es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization				
4945(d)(4)(A)? See instructions			es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary	or adjugational nurnosas, or f			
the prevention of cruelty to children or animals?	, or coucational purposes, or i		es X No	
	dar the eventions described		55 (22) 140 5	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un		iii negulations	N/A	5b
section 53.4945 or in a current notice regarding disaster assistance? See instr			N/A	30 VIJS V. 2004A
Organizations relying on a current notice regarding disaster assistance, check				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f		_ , _		
expenditure responsibility for the grant?	ľ	1/A Y	es 📖 No 📗	
If "Yes," attach the statement required by Regulations section 53.4945-5(d)				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on		[[
a personal benefit contract?		Y	es 🗶 No 🖺	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6b X
If "Yes" to 6b, file Form 8870.				
7a At any time during the tax year, was the foundation a party to a prohibited tax s		Yo	es 🗶 No 📱	
b If "Yes," did the foundation receive any proceeds or have any net income attribu	utable to the transaction?		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			
excess parachute payment(s) during the year?			es X No	
Part VIII Information About Officers, Directors, Trusto	ees, Foundation Mar	nagers, Highly		
Paid Employees, and Contractors				
1 List all officers, directors, trustees, and foundation managers and t	1	1		
() Marco and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	enter -0-)	and deterred compensation	allowances
ALEX G CAMPBELL JR	DIRECTOR/PRES	IDENT		
831 EAST MAIN STREET] .			
LEXINGTON, KY 40502	1.00	0.	0.	0.
EDWARD S BARR	DIRECTOR/TREA	SURER		
831 EAST MAIN STREET	1			
LEXINGTON, KY 40502	2.00	10,000.	0.	0.
RODES CAMPBELL	DIRECTOR/SECR			
831 EAST MAIN STREET	T			
LEXINGTON, KY 40502	1.00	0.	0.	0.
	. = v.s t			
	1			
	1			•
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none.	enter "NONE."		
	(b) Title, and average		(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	and deferred compensation	account, other allowances
NONE	devoted to position		Compensation	anowances
1101111	1			
	1			
			<u> </u>	
	1			
	-			
		ļ		
	-	,		
Total number of other employees paid over \$50,000				0

Form **990-PF** (2018)

Form 990-PF (2018) ALEX G CAMPBELL JR FOUNDATION, INC	31-	1532433 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation N Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONI	E.#	
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		▶ 0
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical info	rmation such as the	Expenses
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc. 1 N/A	<u>).</u>	
2		
3		
4		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 a	nd 2.	Amount
1 N/A		
2		
All other program-related investments. See instructions		.
3		
Total. Add lines 1 through 3	>	0.

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

P	Minimum Investment Return (All domestic foundations	must complete this	part Foreign four	ndations, s	ee instructions)
1	Fair market value of assets not used (or held for use) directly in carrying out charita	ble etc purposes			·
	Average monthly fair market value of securities	ord, ord, parpoods.		1a	1,689,139.
Ь	Average of monthly cash balances		1b	1,689,139. 181,297.	
c	Fair market value of all other assets			1c	
ų	Total (add lines 1a, b, and c)			1d	1,870,436.
	Reduction claimed for blockage or other factors reported on lines 1a and				, ,
٠	1c (attach detailed explanation)	1e	0.		
2	Acquisition indebtedness applicable to line 1 assets			2	0.
3	Subtract line 2 from line 1d			3	1,870,436.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount	it, see instructions)		4	28,057.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and	•		5	1,842,379.
6	Minimum investment return Enter 5% of line 5			6	92,119.
ĬP.	art/XII Distributable Amount (see instructions) (Section 4942(j)(3)	and (i)(5) private oper	ating foundations an	d certain	
	foreign organizations, check here and do not complete this par				
1	Minimum investment return from Part X, line 6			1	92,119.
2a	Tax on investment income for 2018 from Part VI, line 5	2a	458.		
b	Income tax for 2018. (This does not include the tax from Part VI.)	2b			
C	Add lines 2a and 2b			2c	458.
3	Distributable amount before adjustments. Subtract line 2c from line 1			3	91,661.
4	Recoveries of amounts treated as qualifying distributions			4	0.
5	Add lines 3 and 4			5	91,661.
6	Deduction from distributable amount (see instructions)			6	0.
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Pai	t XIII, line 1		7	91,661.
P	artXIII Qualifying Distributions (see instructions)		-		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., pu	rposes:			
а	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26		i	1a	175,900.
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 charita	ible, etc , purposes		2	
3	Amounts set aside for specific charitable projects that satisfy the				
а	Suitability test (prior IRS approval required)			3a	
Ь	Cash distribution test (attach the required schedule)			3b	
4	Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, a	and Part XIII, line 4		4	175,900.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net inv				
	income. Enter 1% of Part I, line 27b			5	458.
6	Adjusted qualifying distributions Subtract line 5 from line 4			6	175,442.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years	when calculating whet	her the foundation q	ualifies for t	the section

Form **990-PF** (2018)

4940(e) reduction of tax in those years

Page 9

Form 990-PF (2018)

Part XIII Undistributed Income (see instructions)

		(a) Corpus	(b) Years prior to 2017	(c) 2017	(d) 2018
1 Distributable amount for 2018 fr	rom Part XI,		•		
line 7					91,661.
2 Undistributed income, if any, as of the	end of 2018			_	
a Enter amount for 2017 only				0.	
b Total for prior years:			0.		
3 Excess distributions carryover, i	f anv. to 2018		U •		
	41,846.				
b From 2014					
c From 2015					
d From 2016					
	79,961.	1			
f Total of lines 3a through e	,	121,807.			
4 Qualifying distributions for 2018	3 from				
Part XII, line 4: ► \$1					
a Applied to 2017, but not more th				0.	
b Applied to undistributed income					
years (Election required - see ins			0.		
c Treated as distributions out of co					
(Election required - see instruction	•	0.			
d Applied to 2018 distributable am					91,661.
e Remaining amount distributed o		84,239.			
5 Excess distributions carryover applied		0.			0.
(If an amount appears in column (d), the must be shown in column (a))					
6 Enter the net total of each colur indicated below	mn as				
a Corpus Add lines 3f, 4c, and 4e Subtr	ract line 5	206,046.			
b Prior years' undistributed incom	e. Subtract				
line 4b from line 2b			0.		
c Enter the amount of prior years' undistributed income for which a deficiency has been issued, or of	n which				
the section 4942(a) tax has been assessed	previously		0.		
d Subtract line 6c from line 6b. Ta:	xable				
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 a	amount must				_
be distributed in 2019					0.
7 Amounts treated as distributions	out of			į	
corpus to satisfy requirements in					
section 170(b)(1)(F) or 4942(g)((3) (Election				
may be required - see instruction		0.		.	
8 Excess distributions carryover fr	om 2013	41 046			
not applied on line 5 or line 7		41,846.			
9 Excess distributions carryover to		164 200			
Subtract lines 7 and 8 from line (6a	164,200.			
10 Analysis of line 9					
a Excess from 2014		·			
b Excess from 2015					
c Excess from 2016	70 061				
	79,961. 84,239.				
e Excess from 2018	u u , 437•]				i

Part XIV Private Operating F	CAMPBELL UK			N/A	32433 Page 1
<u> </u>			-A, question 9)	N/A	
1 a If the foundation has received a ruling					
foundation, and the ruling is effective for	•	-	຺	14040(1/0)	<u> </u>
b Check box to indicate whether the foun		ng toundation described i		4942(j)(3) or49	942(j)(5) I
2 a Enter the lesser of the adjusted net	Tax year	(h) 2017	Prior 3 years	(4) 2015	(a) Total
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			<u>.</u>		
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					
()			<u> </u>		
(2) Value of assets qualifying under section 4942(1)(3)(B)(i)					
b "Endowment" alternative test - enter			1		
2/3 of minimum investment return					
shown in Part X, line 6 for each year					
listed					
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 or more exempt					
organizations as provided in					
section 4942(j)(3)(B)(iii)					<u>-</u>
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info			f the foundation	had \$5,000 or mor	e in assets
at any time during t	he year-see instri	uctions.)			
1 Information Regarding Foundation	n Managers:				
a List any managers of the foundation wh	io have contributed more f	than 2% of the total contr	ributions received by the	foundation before the close	e of any tax
year (but only if they have contributed r	nore than \$5,000). (See s	ection 507(d)(2))			
ALEX G CAMPBELL JR					
b List any managers of the foundation wh	o own 10% or more of the	e stock of a corporation (or an equally large portion	on of the ownership of a pai	rtnership or
other entity) of which the foundation ha			, , , , , , , , , , , , , , , , , , , ,	, ,	·
NONE					
2 Information Regarding Contribut	on, Grant, Gift, Loan,	Scholarship, etc., Pro	ograms:		
. 🗻		• • • • •	_	ot accept unsolicited reque	sts for funds. If
the foundation makes gifts, grants, etc.,					
a The name, address, and telephone num	her or email address of th	e person to whom applic	ations should be address	ed	
a mo name, address, and telephone num	25. St Small address of the	a porcent to intom applied		·•-	
SEE STATEMENT 12					
b The form in which applications should be	ne submitted and informat	ion and materials they sh	nould include		
The form in which applications should t					
c Any submission deadlines	-				
d Any restrictions or limitations on award	s, such as by geographica	ıl areas, charitable fields,	kınds of institutions, or o	other factors	

Form 990-PF (2018)

Supplementary Information (continued) Part XV Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year SUBSIDY 501(C)(3) ALICE LLOYD COLLEGE NONE 100 PURPOSE ROAD PIPPA PASSES, KY 41844 1,000. BLUEGRASS CONSERVANCY NONE 501(C)(3) SUBISDY 380 S MILL ST, #205 1,000. LEXINGTON, KY 40508 BLUEGRASS TRUST NONE 501(C)(3) SUBSIDY 210 NORTH BROADWAY LEXINGTON, KY 40507 1,000. CARNEGIE CENTER FOR LITERACY NONE 501(C)(3) SUBSIDY 251 W 2ND ST LEXINGTON, KY 40507 500. CENTRAL KENTUCKY RIDING FOR HOPE 501(C)(3) SUBSIDY NONE 4185 WALT ROBERTSON RD 1,000. LEXINGTON, KY 40511 SEE CONTINUATION SHEET(S) ➤ 3a 174,500. Total b Approved for future payment NONE 0. Total

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 CHRYSALIS HOUSE NONE 501(C)(3) SUBSIDY 1589 HILL RISE DR 1,000. LEXINGTON, KY 40504 501(C)(3) SUBSIDY DELRAY STRING QUARTET NONE P.O. BOX 7598 MIAMI, FL 33255-7598 1,000. SUBSIDY NONE 501(C)(3) ELK HILL 1975 ELK HILL ROAD 1,000. GOOCHLAND, VA 23063 NONE 501(C)(3) SUBSIDY FAYETTE ALLIANCE FOUNDATION 603 W SHORT ST 10,000. LEXINGTON, KY 40508 501(C)(3) SUBSIDY GOD'S PANTRY NONE 1685 JAGGIE FOX WAY 1,000. LEXINGTON, KY 40511 SUBSIDY NONE 501(C)(3) GRAYSON JOCKEY CLUB 821 CORPORATE DR 10,000. LEXINGTON, KY 40503 INTERNATIONAL JUSTICE MISSION NONE 501(C)(3) SUBSIDY P.O. BOX 58147 WASHINGTON, DC 20037 1,000. 501(C)(3) SUBSIDY KENTUCKY EDUCATIONAL TELEVISION NONE 600 COOPER DRIVE 5,000. LEXINGTON, KY 40502 501(C)(3) MUHAMMAD ALI CENTER NONE SUBSIDY 144 N SIXTH ST LOUISVILLE, KY 40202 1,000. NATIONAL MUSEUM OF RACING NONE 501(C)(3) SUBSIDY 191 UNION AVE SARATOGA SPRINGS, NY 12866 2,500. 170,000. Total from continuation sheets

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to Recipient Foundation Purpose of grant or Amount status of contribution any foundation manager or substantial contributor Name and address (home or business) recipient NONE 501(C)(3) SUBSIDY OLD FRIENDS THOROUGHBRED RETIREMENT **FARMS** 1841 PAYNES DEPOT RD 1,000. GEORGETOWN, KY 40324 501(C)(3) RACE TRACK CHAPLAINCY OF AMERICA NONE SUBSIDY 2365 HARRODSBURG RD LEXINGTON, KY 40504 500. 501(C)(3) SUBSIDY SHAKER VILLAGE OF PLEASANT HILL NONE 3501 LEXINGTON RD HARRODSBURG, KY 40330 50,000. SUBSIDY NONE 501(C)(3) THE NEST 530 N LIMESTONE LEXINGTON, KY 40508 1,000. THE NEWS LITERACY PROJECT NONE 501(C)(3) SUBSIDY 5335 WISCONSIN AVE NW, #440 WASHINGTON, DC 20015 1,000. THE RACE FOR EDUCATION 501(C)(3) SUBSIDY NONE 1818 VERSAILLES ROAD 10,000. LEXINGTON, KY 40504 TRANSYLAVANIA UNIVERSITY NONE 501(C)(3) SUBSIDY 300 NORTH BROADWAY 50,000. LEXINGTON, KY 40508 SUBSIDY UK OPERA THEATRE NONE 501(c)(3) 412 ROSE ST 2,500. LEXINGTON, KY 40508 NONE 501(C)(3) SUBSIDY VISUALLY IMPAIRED PRESCHOOL 350 HENRY CLAY BLVD LEXINGTON, KY 40502 1,000. WORLDWIDE HEARTS & HANDS NONE 501(C)(3) SUBSIDY 1604 HARMONY HALL LANE 15,000. LEXINGTON KY 40502 Total from continuation sheets

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 Foundation Purpose of grant or Amount status of contribution Name and address (home or business) recipient BOY SCOUTS OF AMERICA NONE 501(C)(3) SUBSIDY 2134 NICHOLASVILLE RD LEXINGTON, KY 40503 2,500. NONE 501(C)(3) SUBSIDY RADIO EYE 1733 RUSSELL CAVE RD 1,000. LEXINGTON, KY 40505 NONE 501(C)(3) SUBSIDY JUNIOR ACHIEVEMENT OF THE BLUEGRASS 2420 SPURR RD #150 1,000. LEXINGTON, KY 40511 Total from continuation sheets

Part XVI-A Analysis of Income-Producing Activities

Enter gross amounts unless otherwise indicated. 1 Program service revenue:	(a) Business	(b)	(c)		(e) `
1 Program service revenue:	I RUSIDASS	((()	(C) Exclu-	(d)	Related or exempt
	code	Amount	sion code	Amount	function income
a					
b	_				
С					
d	_				
е					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments					
4 Dividends and interest from securities			14	27,983.	
5 Net rental income or (loss) from real estate:			图 於河區	计算机程序数数的功能	
a Debt-financed property					
b Not debt-financed property			\perp		
6 Net rental income or (loss) from personal property					
7 Other investment income			01	518.	** .
8 Gain or (loss) from sales of assets other than inventory			18	29,969.	
9 Net income or (loss) from special events					<u> </u>
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:		`	1 1		
a			\perp		
b			\perp		
C	_				
d			+		
e	October of Management of the Se		Septimina yea	50 450	
12 Subtotal. Add columns (b), (d), and (e)		. 0		58,470.	
13 Total Add line 12, columns (b), (d), and (e)				13	58,470.
(See worksheet in line 13 instructions to verify calculations Part: XVI=B; Relationship of Activities					

IB) ALEX G CAMPBELL JR FOUNDATION, INC 31-1532433 Information Regarding Transfers to and Transactions and Relationships With Noncharitable Exempt Organizations [Part/XVII]

		<u> </u>								
1	Did the	organization directly or indi	rectly engage in any	of the followin	g with any other organization	on described in sect	ion 501(c)		Yes	No
	(other	than section 501(c)(3) organ	iizations) or in sectio	on 527, relating	to political organizations?					
a	Transfe	ers from the reporting founda	ation to a noncharita	ble exempt org	ganization of:					
	(1) Ca	ash						1a(1)		X
	(2) Ot	her assets						1a(2)		Х
b	Other t	ransactions:								
	(1) Sa	iles of assets to a noncharital	ble exempt organiza	tion				1b(1)		X
	(2) Pu	irchases of assets from a noi	ncharitable exempt o	organization				1b(2)		X
	(3) Re	ental of facilities, equipment,	or other assets					1b(3)		Х
	(4) Re	eimbursement arrangements						1b(4)		X
		ans or loan guarantees						1b(5)		Х
		rformance of services or me	mbership or fundrai	sıng solicitatio	ns			1b(6)		Х
С	٠,	g of facilities, equipment, ma	•	•				1c		Х
		nswer to any of the above is	-		· -	ways show the fair	market value of the goods, o	ther ass	ets,	
Ī		ices given by the reporting fo							•	
		(d) the value of the goods,				•				
a)L	ine no	(b) Amount involved			exempt organization	(d) Descriptio	n of transfers, transactions, and sh	narıng arra	ıngemen	its
				N/A						
		-								
			_							
			-							
	٤.									
							···			
	,									
					·					
2 a	Is the f	oundation directly or indirect	ly affiliated with, or	related to, one	or more tax-exempt organi	zations described				
		on 501(c) (other than section	•	_				Yes	X] No
b		complete the following sche								
		(a) Name of org			(b) Type of organization		(c) Description of relationsh	ıp		
		N/A								
		der penalties of perjury, I declare the belief, it is true, correct, and com-					on any knowledge May	the IRS di	scuss th	nis
Się	gn 👢	belief, it is true, correct, and com	piete Declaration of pre	parer (omer man	taxpayer) is based on all informat	non or which preparer in	i étai	n with the		
He	re	Mely, Gila	-) Will of		2/19/20	PRESI	DENT	Yes		No
	S	ignature of bffice or trustee	<u> </u>		Date *	Title				
		Print/Type preparer's na	me	Preparer's si	gnature \(\sigma\)	Date	Check if PTIN			
				Dove	las Kan	2/18/20	self- employed			
Pa		DOUGLAS DEA	AN		y - 0			1670		
	epare	Transformer	N DORTON	ALLEN C	ORD PLLC		Firm's EIN ► 27-38	5825	52	
Us	e Onl	у								
		Firm's address ▶ 25	0 W. MAIN	STR,	STE 1400					
			XINGTON,				Phone no (859)	255-	<u>- 23</u> 4	11
								m 990	-PF ((2018)

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No 1545-0047

2018

ALEX G CAMPBELL JR FOUNDATION, INC

Employer identification number

31-1532433

Organiz	ation type (check o	ne)
Filers of	f:	Section:
Form 99	0 or 990-EZ	501(c)() (enter number) organization
Form 990 or 990-EZ	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
		527 political organization
Form 99	0-PF	X 501(c)(3) exempt private foundation
		4947(a)(1) nonexempt charitable trust treated as a private foundation
		501(c)(3) taxable private foundation
Note: Or	nly a section 501(c)(·
	For an organization	Ifiling Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special	Rules	
	sections 509(a)(1) a any one contributo	described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from r, during the year, total contributions of the greater of (1) \$5,000, or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, line 1 Complete Parts I and II
	year, total contribution of cruelt	described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from any one contributor, during the tions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the by to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address),
	year, contributions is checked, enter h purpose Don't con	plete any of the parts unless the General Rule applies to this organization because it received nonexclusively
		at isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), 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 doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Employer identification number

ALEX G CAMPBELL JR FOUNDATION, INC

31-1532433

Part I	Contributors (see instructions) Use duplicate copies of Part Lif additional	I space is needed	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1	ALEX G. CAMPBELL JR. 831 EAST MAIN STREET LEXINGTON, KY 40502	\$ 184,800.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Nume, address, and Emily	\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)

Name of organization

Employer identification number

ALEX G CAMPBELL JR FOUNDATION, INC

31-1532433

Rart,II	Noncash Property (see instructions) Use duplicate copies of Part II if a	additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	

Employer identification number

ALEX	G	CAMPBELL	JR	FOUNDATION,	INC	

31-1532433

Part III	Exclusively religious, charitable, etc., contribution	ons to organizations described in s	ection 501(c)(7), (8), or (10) that total more than \$1,000 for the year					
7 4 7 1 1 1 1 1	from any one contributor Complete columns (a) completing Part III, enter the total of exclusively religious, or	through (e) and the following line er thantable, etc., contributions of \$1,000 or	less for the year (Enler this info once) \$					
	Use duplicate copies of Part III if additional	space is needed						
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
_		(e) Transfer of gr	ft					
-	Transferee's name, address, ar	id ZIP + 4	Relationship of transferor to transferee					
(a) Na								
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
Part I								
-		(a) Tanadan at air						
		(e) Transfer of git	T.					
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee					
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(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
ł								
		(e) Transfer of gif	t					
-	Transferee's name, address, an	0 ZIP + 4	Relationship of transferor to transferee					
(a) No								
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held					
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-		(e) Transfer of gif	+					
		(e) transfer of gif	ι					
	Transferee's name, address, an	d ZIP + 4	Relationship of transferor to transferee					
Γ								

					
FORM 990-PF	DIVIDEND	S AND INTER	REST FROM SEC	URITIES S	STATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAI GAINS DIVIDENI	REVENUE		
BLACKSTONE GROUP					
LP CHARLES SCHWAB	1,332 26,651		0. 1,33 0. 26,65	 1,332. 26,651. 	
CHARLES SCHWAD	20,031	<u> </u>			
TO PART I, LINE 4	27,983	•	0. 27,98	3. 27,983.	• -
FORM 990-PF	-	OTHER I	INCOME	\$	STATEMENT 2
DESCRIPTION			(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
BLACKSTONE GROUP LP EXCISE TAX REFUND		_	362. 156.		
TOTAL TO FORM 990-P	F, PART I,	LINE 11	518.	518.	
FORM 990-PF	<u> </u>	ACCOUNT	ING FEES	<u> </u>	STATEMENT 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLI PURPOSES
ACCOUNTING FEES	_	2,800.	1,400	•	1,400
TO FORM 990-PF, PG	L, LN 16B	2,800.	1,400	•	1,400
FORM 990-PF	0'	THER PROFES	SSIONAL FEES	S	STATEMENT 4
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES
INVESTMENT FEES		1,115.	1,115	•	0.
TO FORM 990-PF, PG	L, LN 16C	1,115.	1,115	•	0.
	_				

FORM 990-PF	TAX	ES ·	STATEMENT 5			
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME		(D) CHARITABLE PURPOSES		
FOREIGN TAX	7.	7.		0.		
TO FORM 990-PF, PG 1, LN 18	7.	7.		0.		
FORM 990-PF	OTHER E	XPENSES	S	STATEMENT 6		
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES		
INVESTMENT EXPENSES - BLACKSTONE GROUP	59.	59.		0.		
TO FORM 990-PF, PG 1, LN 23	59.	59.		0.		
FORM 990-PF	CORPORAT	E STOCK	S	TATEMENT 7		
			F	AIR MARKET		

FORM 990-PF	CORPORATE STOCK		STATEMENT 7
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE
CORPORATE STOCK	•	752,962.	1,767,065.
TOTAL TO FORM 990-PF, PART	II, LINE 10B	752,962.	1,767,065.
FORM 990-PF	OTHER INVESTMENTS		STATEMENT 8
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
VORANDO REIT BLACKSTONE GROUP LP	COST	11,956. 35,668.	27,656. 51,298.
TOTAL TO FORM 990-PF, PART	II, LINE 13	47,624.	78,954.

FORM 990-PF	INTERE	ST AND	PENA	LTIES			STA'	гемент 9
TAX DUE FROM FORM 990-P LATE PAYMENT INTEREST LATE PAYMENT PENALTY TOTAL AMOUNT DUE	F, PART	JI						458 12 14 484
FORM 990-PF	LA'	re pay	MENT	PENALTY	7		STA	rement 10
DESCRIPTION	DAT	3	AMOU	NT	BALAN	CE	MONTHS	PENALTY
TAX DUE DATE FILED	09/15, 03/15,		·	458.		458. 458.	6	14
TOTAL LATE PAYMENT PENAL	TY							14
FORM 990-PF	LA		MENT		T		STA	rement 11
	DATE	AMOU		BALA		RATE		INTERES'
TAX DUE 09	/15/19 /15/20	A100	458.		458. 470.	.050		12
TOTAL LATE PAYMENT INTER	EST							12

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION
PART XV, LINES 2A THROUGH 2D

STATEMENT 12

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

ALEX G. CAMPBELL JR. 831 EAST MAIN STREET LEXINGTON, KY 40503

TELEPHONE NUMBER

859 268-2701

FORM AND CONTENT OF APPLICATIONS

THE APPLICATION MAY BE IN THE FORM OF A LETTER, INCLUDING DETAILED INFORMATION ABOUT THE ORGANIZATION AND THE PURPOSE OF THE REQUESTED GRANT.

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

NONE