#### **Return of Private Foundation**

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

Department of the Treasury Internal Revenue Service

▶ 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. 1909 Open to Public Inspection 9/30/19 10/1/18 2019, and ending For calendar year 2019 or tax year beginning A Employer identification number Name of foundation 13-4050660 The Hillenbrand Family Foundation Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) 9 Tradd Street 609-915-6072 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here ▶ Charleston, SC 29401 Check all that apply: ☐ Initial return Initial return of a former public charity D 1. Foreign organizations, check here . Amended return Final return 2. Foreign organizations meeting the 85% test, ✓ Address change □ Name change check here and attach computation H Check type of organization: Section 501(c)(3) exempt private foundation( E If private foundation status was terminated under section 507(b)(1)(A), check here ... ☐ Section 4947(a)(1) nonexempt charitable trust ☐ Other taxable private foundation J Accounting method: ☑ Cash ☐ Accrual Fair market value of all assets at If the foundation is in a 60-month termination under section 507(b)(1)(B), check here end of year (from Part II, col. (c), ☐ Other (specify) line 16) ▶ \$ 264.154 (Part I, column (d), must be on cash basis.) Part I Analysis of Revenue and Expenses (The total of (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net for chantable amounts in columns (b), (c), and (d) may not necessarily equal expenses per books income income purposes the amounts in column (a) (see instructions).) (cash basis only) 126,297 Contributions, gifts, grants, etc., received (attach schedule) RECEIVED IN CORRES 2 Check ▶ ☐ If the foundation is not required to attach Sch. B 3 IRS - O\$C - 13 Interest on savings and temporary cash investments Dividends and interest from securities Attechain 33,995 33.995 4 3 2020 Gross rents . . . . . 5a b Net rental income or (loss) 43,303 Net gain or (loss) from sale of assets not on line 10 6a <del>OGDEN! UTAN</del> Gross sales price for all assets on line 6a 43.303 Capital gain net income (from Part IV, line 2) 137 8 Net short-term capital gain . . . . Income modifications 10a Gross sales less returns and allowances Less: Cost of goods sold . . . Gross profit or (loss) (attach schedule) Other income (attach schedule) Attachment # 2 104 104 12 Total. Add lines 1 through 11 . 203.699 77,402 13 Compensation of officers, directors, trustees, etc. Expenses 14 Other employee salaries and wages . . . . . RFO 15 Pension plans, employee benefits <u>~</u> 16a Legal fees (attach schedule) က် Accounting fees (attach schedule) Other professional fees (attach schedule) . OGD 17 18 Taxes (attach schedule) (see instructions) . . . 19 Depreciation (attach schedule) and depletion . . . 20 21 Travel, conferences, and meetings . . . . 22 Printing and publications . . . . . . . . . 23 Other expenses (attach schedule) 24 Total operating and administrative expenses. Add lines 13 through 23 . . . . . . . . . 334.673 25 Contributions, gifts, grants paid . . . . . 26 Total expenses and disbursements. Add lines 24 and 25 334.673 27 Subtract line 26 from line 12: (130,974)Excess of revenue over expenses and disbursements 77,402 **Net investment income** (if negative, enter -0-) .

Adjusted net income (if negative, enter -0-) For Paperwork Reduction Act Notice, see instructions.

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Form **990-PF** (2019)

Pá	rt II	Balance Sheets Attached schedules and amounts in the description column	Beginning of year	End o	of year	
	• , ,	should be for end-of-year amounts only. (See instructions.)	(a) Book Value	(b) Book Value	(c) Fair Market Value	
	1	Cash—non-interest-bearing	180,556	30,635		
	`2	Savings and temporary cash investments				
	3	Accounts receivable ▶				
		Less: allowance for doubtful accounts ▶				
	4	Pledges receivable ▶				
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable	· · ·			
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons (attach schedule) (see instructions)				
	7	Other notes and loans receivable (attach schedule) ▶				
	-	Less: allowance for doubtful accounts ▶	10,000	0		
Ø.	8	Inventories for sale or use				
ğ	9	Prepaid expenses and deferred charges				
Assets	10a	Investments—U.S. and state government obligations (attach schedule)				
	b	Investments—corporate stock (attach schedule)				
	c	Investments—corporate bonds (attach schedule)				
	11	Investments—land, buildings, and equipment: basis ▶				
	' '	Less: accumulated depreciation (attach schedule)	-			
	12			· ,,,,-		
	13	Investments—mortgage loans	291,087	233,519		
	14	I and buildings and project basis b				
	14	Less: accumulated depreciation (attach schedule)				
	15	Other access (describe				
	16	Other assets (describe ►) <b>Total assets</b> (to be completed by all filers—see the			<b>_</b>	
	10	instructions. Also, see page 1, item I)	481,643	264.154	264,154	
	17	Accounts payable and accrued expenses			104 1,70	
		· ·				
es	18	Grants payable				
Ē	19	Loans from officers, directors, trustees, and other disqualified persons		<del></del>		
Liabilities	20					
Ë:	21	Mortgages and other notes payable (attach schedule)				
	22	Other liabilities (describe ► )  Total liabilities (add lines 17 through 22)	0	0		
	23		-			
alances		Foundations that follow FASB ASC 958, check here				
Ĕ		and complete lines 24, 25, 29, and 30.  Net assets without donor restrictions				
ä	24		·			
	25	Net assets with donor restrictions				
Ĕ		Foundations that do not follow FASB ASC 958, check here				
Net Assets or Fund B	ne .	and complete lines 26 through 30.				
ō	26	Capital stock, trust principal, or current funds			ļ	
ş	27	Paid-in or capital surplus, or land, bldg., and equipment fund				
ŠŠ	28	Retained earnings, accumulated income, endowment, or other funds	481,643	264,154	ļ	
۲	29	Total net assets or fund balances (see instructions)	401,043	204,134	ļ	
重	30	Total liabilities and net assets/fund balances (see	481,643	264,154		
		instructions)	401,043	204,134	<u> </u>	
	rt III	Analysis of Changes in Net Assets or Fund Balances	(a) lin - 00 (-		T	
1		Il net assets or fund balances at beginning of year—Part II, coluit-of-year figure reported on prior year's return)			481,643	
^					(130,974)	
_		er amount from Part I, line 27a		2	(130,974)	
3		er increases not included in line 2 (itemize)		4	350,669	
4	- Add	lines 1, 2, and 3	1 + 1 + 1	<b>——</b>	(86,515)	
5	Deci	reases not included in line 2 (itemize) Proting 1 in 5	SICIOGI 1'ONS	5 ne 29 6	264,154	
0	iota	I net assets or fund balances at end of year (line 4 minus line 5)-I	raitii, colullii (b), iii	10 23 · ·   <b>0</b>	204,134	

Part	V Capital Gains and	d Losses for Tax on Investn	ent Income			
• 1	, (a) List and describe the king 2-story brick warehou	nd(s) of property sold (for example, real e use; or common stock, 200 shs. MLC Co.)	state,	(b) How acquired PPurchase DDonation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a	500 GS			D	1/24/19	1/24/19
b	100 SPY			D	6/5/19	6/5/19
C	Long Term Capital Gains	from LP K1s (see Attachemnt 4)				
<u>d</u>						
e					· · ·	
<u> </u>	(e) Gross sales price	(f) Depreciation allowed (or allowable)	107	r other basis ense of sale		n or (loss) (f) minus (g))
	99,061	(or anomalor)	p.00 0.7p.	98,840	((4)   1-1-4	221
<u>a</u>	27,373			27,457		(84)
<u>b</u>	21,313	····		21,401		43,166
С						40,100
<u>d</u>						
e						<del></del>
	Complete only for assets sho	owing gain in column (h) and owned	by the foundation	n on 12/31/69.		l. (h) gain minus
	(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	, , ,	ss of col (i) i. (j), if any		t less than -0-) <b>or</b> from col. (h))
а						
b						
С						
d						
е						
2	Capital gain net income of		also enter in Pa		2	43,166
3	Net short-term capital ga	in or (loss) as defined in sections	: 1222(5) and (6	):		
	If gain, also enter in Part	I, line 8, column (c). See instru	ctions. If (loss	), enter -0- in }		
		der Section 4940(e) for Redu			3	137
Vas ti		section 4942 tax on the distribu			pase period?	☐ Yes ☑ No
		ount in each column for each ye			aking any entries	
1	Enter the appropriate am	ount in each column for each yea	ar, see the msu	uctions before m	aking any entries.	(d)
Cale	Base period years ndar year (or tax year beginning ir			(c) of noncharitable-use as	ssets (col. (b)	tribution ratio divided by col. (c))
	2018		,600		,495	.78
	2017	345	,537		,495	.75
	2016	260	,289	987	,575	.26
	2015	584	,882	1,302	,296	.45
	2014	489	,784	1,555	,324	.31
2	Total of line 1, column (d	)			. 2	2.55
3	Average distribution ratio	for the 5-year base period—div			by	.51
	the number of years the f	oundation has been in existence	e ir iess than 5 y	ears	. 3	
4 Enter the net value of noncharitable-use assets for 2019 from Part X, line 5					. 4	291,385
5	Multiply line 4 by line 3				. 5	148,606
6	Enter 1% of net investme	ent income (1% of Part I, line 27b	)		. 6	774
7	Add lines 5 and 6				. 7	149,380
8	Enter qualifying distribution	ons from Part XII, line 4			. 8	334,673
	If line 8 is equal to or gre Part VI instructions.	ater than line 7, check the box in	n Part VI, line 1	b, and complete	that part using a 1	1% tax rate. See the

3

Part		nstru	ctior	ıs)
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 instructions)			
· b'	Domestic foundations that meet the section 4940(e) requirements in Part V, check			774
	here ▶ ☑ and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations, enter 4% of Part I, line 12, col. (b)			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			
3	Add lines 1 and 2			774
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)			
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0			774
6	Credits/Payments:			
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a			l l
b	Exempt foreign organizations—tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c			
d	Backup withholding erroneously withheld			
7	Total creates and payments. Mad into our integrition 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.			<del></del>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached  Tax due if the total of lines 5 and 8 is more than line 7, enter amount owed			774
9 10	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax   Refunded   11			
	VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No
	participate or intervene in any political campaign?	1a		<u> </u>
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the instructions for the definition	1b		<u> </u>
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials			
	published or distributed by the foundation in connection with the activities.	4 -		
C	Did the foundation file Form 1120-POL for this year?	1c		
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:			
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$			- 1
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			- 1
2	on foundation managers. ▶ \$	2		
2	If "Yes," attach a detailed description of the activities.			<del>-</del>
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			1
3	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes.	3		<u> </u>
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		~
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		~
	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:			1
	By language in the governing instrument, or			1
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that			
	conflict with the state law remain in the governing instrument?	6	~	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV	7	~	<del></del>
8a	Enter the states to which the foundation reports or with which it is registered. See instructions. ▶			
_				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General	OL.		
_	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	•	<del></del>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	-		¹ ฦ
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV. If "Yes," complete Part XIV	9		10
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their	<b>-</b>		<b>`</b>
10	names and addresses	10	1	
·· ···	F	orm 99	0-PF	(2019)

Par	VII-A Statements Regarding Activities (continued)			
			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		,
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		,
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	~	<u> </u>
14	The books are in our of P	9-915-		
46	Located at ▶ 9 Tradd St., Charleston, SC ZIP+4 ▶ Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041—check here	2940	1 	
15	and enter the amount of tax-exempt interest received or accrued during the year	· ·	•	
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?	16	Yes	No
	See the instructions for exceptions and filing requirements for FinCEN Form 114. If "Yes," enter the name of the foreign country ▶			
Par	VII-B Statements Regarding Activities for Which Form 4720 May Be Required	<u></u>		<u>.                                    </u>
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?   Yes			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days.)			`
b	If any answer is "Yes" to 1a(1)–(6), did <b>any</b> of the acts fail to qualify under the exceptions described in Regulations section 53.4941(d)-3 or in a current notice regarding disaster assistance? See instructions .	1b		~
	Organizations relying on a current notice regarding disaster assistance, check here ▶ □			
С	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected before the first day of the tax year beginning in 2019?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation defined in section 4942(j)(3) or 4942(j)(5)):			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines 6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years ▶ 20 , 20 , 20 , 20			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement—see instructions.)	2b		<b>/</b>
С	If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here. > 20 , 20 , 20 , 20		;	
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year?			
b	If "Yes," did it have excess business holdings in 2019 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 Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2019.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		~
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		~

Form **990-PF** (2019)

Pari	Statements Regarding Activities	3 1UI V	THICH I OTHER	7120	ay === 1.	<del></del>		<del></del>			
5a	During the year, did the foundation pay or incur	any am	ount to:		·					Yes	No
٠.	(1) Carry on propaganda, or otherwise attempt t			on (sect	ion 4945(e)	))? .	☐ Yes	✓ No			]
,	(2) Influence the outcome of any specific public	c electi	on (see sect	on 495	5); or to ca	arry on.					
	directly or indirectly, any voter registration dr						☐ Yes	✓ No	1		
	(3) Provide a grant to an individual for travel, stu						☐ Yes	☑ No			
							_	E INO	1		
	(4) Provide a grant to an organization other than			-							
	section 4945(d)(4)(A)? See instructions						☐ Yes	✓ No	1		
	(5) Provide for any purpose other than religious							_			
	purposes, or for the prevention of cruelty to						☐Yes	✓ No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the	ne trans	actions fail t	o qualit	y under the	e excep	otions des	scribed	<u> </u>		
	in Regulations section 53.4945 or in a current no	tice reg	garding disas	ter assi	istance? So	e instr	uctions		5b		~
	Organizations relying on a current notice regardi	na disa	ster assistan	ce. che	ck here .			▶□	ļ.——		
С	If the answer is "Yes" to question 5a(4), does to							_			
•	because it maintained expenditure responsibility						Yes	☑ No			
							63	<u> </u>			
_	If "Yes," attach the statement required by Regul										
6a	Did the foundation, during the year, receive any					emiums		F-71			
	on a personal benefit contract?						∐ Yes	_ ✓ No	1		
b	Did the foundation, during the year, pay premiur	ns, dire	ctly or indire	ctly, on	a personal	benefi	contract	? .	6b		~
	If "Yes" to 6b, file Form 8870.						_	_			
7a	At any time during the tax year, was the foundation	a party	to a prohibit	ed tax s	helter trans	action?	☐ Yes	✓ No			
b	If "Yes," did the foundation receive any proceed	s or hav	ve any net in	come a	ttributable '	to the t	ransactio	n? .	7b		~
8	Is the foundation subject to the section 4960 ta										
	remuneration or excess parachute payment(s) d	uring th	e year?				Yes	✓ No	1		
Par	t VIII Information About Officers, Direct							Paid E	mploy	ees,	
	and Contractors	•	•				-				
1	List all officers, directors, trustees, and found	lation r	nanagers ar	nd their	compens	ation. S	See instri	uctions	·		
			e, and average		mpensation						
		(6) 140	o, and average			(4)	Contribution	ا "."	(A) EXDA		
	(a) Name and address	hou	rs per week	i (lf r	ot paid,	emplo	yee benefit	plans	(e) Expe	nse acc allowan	
M Ro		hou	rs per week ed to position	i (lf r		emplo	erred compe	plans			
	och Hillenbrand	hou	rs per week	i (lf r	ot paid,	emplo	yee benefit	plans			
Char	och Hillenbrand leston, SC	hou	rs per week	i (lf r	ot paid,	emplo	yee benefit	plans			
Char Caro	ech Hillenbrand leston, SC I Hillenbrand	hou	rs per week	i (lf r	ot paid,	emplo	yee benefit	plans			
Char Caro Char	leston, SC I Hillenbrand leston, SC	hou	rs per week	i (lf r	ot paid,	emplo	yee benefit	plans			
Char Caro Char Justi	och Hillenbrand leston, SC I Hillenbrand leston, SC In Hillenbrand	hou	rs per week	i (lf r	ot paid,	emplo	yee benefit	plans			
Char Caro Char Justi Char	leston, SC I Hillenbrand leston, SC I Hillenbrand leston, SC In Hillenbrand	hou	rs per week	i (lf r	ot paid,	emplo	yee benefit	plans			
Char Caro Char Justi Char Molly	leston, SC I Hillenbrand leston, SC In Hillenbrand leston, SC In Hillenbrand leston, SC I Hillenbrand	hou	rs per week	i (lf r	ot paid,	emplo	yee benefit	plans			
Char Caro Char Justi Char Molly	leston, SC I Hillenbrand leston, SC In Hillenbrand leston, SC In Hillenbrand leston, SC I Hillenbrand	hou devot	rs per week ed to position	(If r	ot paid, ter -0-)	emplo and def	yee benefit	plans ensation	other :	allowan	ces
Char Caro Char Justi Char Molly	ch Hillenbrand leston, SC I Hillenbrand leston, SC In Hillenbrand leston, SC y Hillenbrand leston, SC Compensation of five highest-paid employee	hou devot	rs per week ed to position	(If r	ot paid, ter -0-)	emplo and def	yee benefit	plans ensation	other :	allowan	ces
Char Caro Char Justi Char Molly	leston, SC I Hillenbrand leston, SC In Hillenbrand leston, SC In Hillenbrand leston, SC I Hillenbrand	hou devot	rs per week ed to position	(If r	ot paid, ter -0-)	emplo and def	yee benefit	plans ensation	other :	allowan	ces
Char Caro Char Justi Char Molly	ch Hillenbrand leston, SC I Hillenbrand leston, SC In Hillenbrand leston, SC y Hillenbrand leston, SC Compensation of five highest-paid employee	hou devot	er than tho	se inclusiverage	uded on li	emple and def	see instr	plans ansation  uctions	other a	one,	enter
Char Caro Char Justi Char Molly Char	ch Hillenbrand leston, SC I Hillenbrand leston, SC In Hillenbrand leston, SC y Hillenbrand leston, SC Compensation of five highest-paid employee	hou devot	er than tho  (b) Title, and a hours per	se inclusive seek	ot paid, ter -0-)	emple and def	see instr	plans ansation  uctions  utions to benefit deferred	other s	one,	enter
Char Caro Char Justi Char Molly Char	ch Hillenbrand leston, SC i Hillenbrand leston, SC in Hillenbrand leston, SC y Hillenbrand leston, SC Compensation of five highest-paid employee "NONE."	hou devot	er than tho	se inclusive seek	uded on li	emple and def	see instr	plans ansation  uctions  utions to benefit deferred	other s	one,	enter
Char Caro Char Justi Char Molly Char	ch Hillenbrand leston, SC i Hillenbrand leston, SC in Hillenbrand leston, SC y Hillenbrand leston, SC Compensation of five highest-paid employee "NONE."	hou devot	er than tho  (b) Title, and a hours per	se inclusive seek	uded on li	emple and def	see instr	plans ansation  uctions  utions to benefit deferred	other s	one,	enter
Char Caro Char Justi Char Molly Char 2	ch Hillenbrand leston, SC i Hillenbrand leston, SC in Hillenbrand leston, SC y Hillenbrand leston, SC Compensation of five highest-paid employee "NONE."	hou devot	er than tho  (b) Title, and a hours per	se inclusive seek	uded on li	emple and def	see instr	plans ansation  uctions  utions to benefit deferred	other s	one,	enter
Char Caro Char Justi Char Molly Char 2	ch Hillenbrand leston, SC i Hillenbrand leston, SC in Hillenbrand leston, SC y Hillenbrand leston, SC Compensation of five highest-paid employee "NONE."	hou devot	er than tho  (b) Title, and a hours per	se inclusive seek	uded on li	emple and def	see instr	plans ansation  uctions  utions to benefit deferred	other s	one,	enter
Char Caro Char Justi Char Molly Char 2	ch Hillenbrand leston, SC i Hillenbrand leston, SC in Hillenbrand leston, SC y Hillenbrand leston, SC Compensation of five highest-paid employee "NONE."	hou devot	er than tho  (b) Title, and a hours per	se inclusive seek	uded on li	emple and def	see instr	plans ansation  uctions  utions to benefit deferred	other s	one,	enter
Char Caro Char Justi Char Molly Char 2	ch Hillenbrand leston, SC i Hillenbrand leston, SC in Hillenbrand leston, SC y Hillenbrand leston, SC Compensation of five highest-paid employee "NONE."	hou devot	er than tho  (b) Title, and a hours per	se inclusive seek	uded on li	emple and def	see instr	plans ansation  uctions  utions to benefit deferred	other s	one,	enter
Char Caro Char Justi Char Molly Char 2	ch Hillenbrand leston, SC i Hillenbrand leston, SC in Hillenbrand leston, SC y Hillenbrand leston, SC Compensation of five highest-paid employee "NONE."	hou devot	er than tho  (b) Title, and a hours per	se inclusive seek	uded on li	emple and def	see instr	plans ansation  uctions  utions to benefit deferred	other s	one,	enter
Char Caro Char Justi Char Molly Char 2	ch Hillenbrand leston, SC i Hillenbrand leston, SC in Hillenbrand leston, SC y Hillenbrand leston, SC Compensation of five highest-paid employee "NONE."	hou devot	er than tho  (b) Title, and a hours per	se inclusive seek	uded on li	emple and def	see instr	plans ansation  uctions  utions to benefit deferred	other s	one,	enter
Char Caro Char Justi Char Molly Char 2	ch Hillenbrand leston, SC i Hillenbrand leston, SC in Hillenbrand leston, SC y Hillenbrand leston, SC Compensation of five highest-paid employee "NONE."	hou devot	er than tho  (b) Title, and a hours per	se inclusive seek	uded on li	emple and def	see instr	plans ansation  uctions  utions to benefit deferred	other s	one,	enter
Char Caro Char Justi Char Molly Char 2	ch Hillenbrand leston, SC i Hillenbrand leston, SC in Hillenbrand leston, SC y Hillenbrand leston, SC Compensation of five highest-paid employee "NONE."	hou devot	er than tho  (b) Title, and a hours per	se inclusive seek	uded on li	emple and def	see instr	plans ansation  uctions  utions to benefit deferred	other s	one,	enter
Char Caro Char Justi Char Molly Char 2	ch Hillenbrand leston, SC i Hillenbrand leston, SC in Hillenbrand leston, SC y Hillenbrand leston, SC Compensation of five highest-paid employee "NONE."	hou devot	er than tho  (b) Title, and a hours per	se inclusive seek	uded on li	emple and def	see instr	plans ansation  uctions  utions to benefit deferred	other s	one,	enter
Char Caro Char Justi Char Molly Char 2	ch Hillenbrand leston, SC i Hillenbrand leston, SC in Hillenbrand leston, SC y Hillenbrand leston, SC Compensation of five highest-paid employee "NONE."	hou devot	er than tho  (b) Title, and a hours per	se inclusive seek	uded on li	emple and def	see instr	plans ansation  uctions  utions to benefit deferred	other s	one,	enter

Part VIII	Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid E and Contractors (continued)	mployees,
3 Fiv	e highest-paid independent contractors for professional services. See instructions. If none, enter "NOI	VE."
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE		
		)
	ber of others receiving over \$50,000 for professional services	
Part IX-	A Summary of Direct Charitable Activities	<del></del>
	oundation's four largest direct chantable activities during the tax year. Include relevant statistical information such as the number of ions and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 The	Foundation is not involved in any direct Charitable Activities. Its primary purpose is to support by contribution	
othe	er organizations exempt under IRC 501(c)(3)	
2		<del>                                     </del>
		•
		•
3		
		·
4		
	***************************************	·
		·
Part IX-	Summary of Program-Related Investments (see instructions)	
Describe	the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1 NO	√E	
2		
	program-related investments. See instructions	
3 NO	4E 	.
		.
<u> </u>		<u> </u>
otal. Add	I lines 1 through 3	<del></del>
		Form <b>990-PF</b> (201

Part	X Minimum Investment Return (All domestic foundations must complete this part. Forei	gn found	ations,
•	see instructions.)		
i			
•	purposes:		
а	Average monthly fair market value of securities	1a	20.754
b	Average of monthly cash balances	1b	39,754
C	Fair market value of all other assets (see instructions)	1c	256,069
d	<b>Total</b> (add lines 1a, b, and c)	1d	295,823
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	
3	Subtract line 2 from line 1d	3	295,823
4	Cash deemed held for charitable activities. Enter 11/2% of line 3 (for greater amount, see		
	instructions)	4	4,437
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	291,385
6	Minimum investment return. Enter 5% of line 5	6	14,569
Part	XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations, check here ► □ and do not complete this part.)	oundatio	ns
1	Minimum investment return from Part X, line 6	1	14,569
2a	Tax on investment income for 2019 from Part VI, line 5	<del>                                     </del>	
	Income tax for 2019. (This does not include the tax from Part VI.)		
b	Add lines 2a and 2b	2c	1,548
C	Distributable amount before adjustments. Subtract line 2c from line 1	3	13,021
3	Recoveries of amounts treated as qualifying distributions	4	
4	Add lines 3 and 4	5	13,021
5		6	10,021
6 7	Deduction from distributable amount (see instructions)	-	
•		7	13,021
David	line 1		10,021
_	XII Qualifying Distributions (see instructions)	<del> </del>	
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1a	334,673
а	Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26	1b	334,073
þ	Program-related investments—total from Part IX-B	IB	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes		
_	· ·	2	<del></del>
3	Amounts set aside for specific charitable projects that satisfy the:		
a	Suitability test (prior IRS approval required)	3a	<del></del>
Ь	Cash distribution test (attach the required schedule)	3b	334,673
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8; and Part XIII, line 4	4	334,073
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	_	774
_	Enter 1% of Part I, line 27b. See instructions	5	333.899
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating qualifies for the section 4940(e) reduction of tax in those years.	y whether	the foundation

Part	XIII Undistributed Income (see instruction	ons)		, , , , , , , , , , , , , , , , , , , ,	,
		(a) Corpus	(b) Years prior to 2018	( <b>c)</b> 2018	<b>(d)</b> 2019
- 1	Distributable amount for 2019 from Part XI, line 7				13,021
2	Undistributed income, if any, as of the end of 2019:				
а	Enter amount for 2018 only				
b	Total for prior years: 20, 20, 20		<u> </u>	·	
3	Excess distributions carryover, if any, to 2019:				
a	From 2014				
b		ŀ			
c d	From 2016				
e	From 2018				
f	Total of lines 3a through e	2,027,427			
4	Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ 334,673				
а	Applied to 2018, but not more than line 2a .				
b	Applied to undistributed income of prior years				
	(Election required—see instructions)				
С	Treated as distributions out of corpus (Election required—see instructions)				
d	Applied to 2019 distributable amount				13,021
e	Remaining amount distributed out of corpus	321,652			
5	Excess distributions carryover applied to 2019 (If an amount appears in column (d), the same amount must be shown in column (a).)				
6	Enter the net total of each column as indicated below:				
a	Corpus. Add lines 3f, 4c, and 4e. Subtract line 5	2,349,079			
b	Prior years' undistributed income. Subtract line 4b from line 2b				
C	Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed				
đ	Subtract line 6c from line 6b. Taxable amount—see instructions				
е	Undistributed income for 2018. Subtract line 4a from line 2a. Taxable amount—see instructions				
f	Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must be distributed in 2020				
7	Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required—see instructions)				
8	Excess distributions carryover from 2014 not applied on line 5 or line 7 (see instructions).	500,684			
9	Excess distributions carryover to 2020. Subtract lines 7 and 8 from line 6a	1,848,395			
10	Analysis of line 9:				
а	Excess from 2015			!	
b	Excess from 2016				
C	Excess from 2017				
d	Excess from 2018				
e	Excess from 2019	<b> </b>			

JIIII 33	0-PF (20						Page-1
Part :		Private Operating Founda					
1a	founda	foundation has received a ruling ation, and the ruling is effective fo	r 2019, enter the d	ate of the ruling .	▶ [		
b		box to indicate whether the four		e operating found		tion 🗌 4942(j)(3	3) or 🔲 4942(j)(
2a		the lesser of the adjusted net	Tax year		Prior 3 years		(e) Total
	invest	e from Part I or the minimum ment return from Part X for ear listed	(a) 2019	<b>(b)</b> 2018	(c) 2017	(d) 2016	
b	85% c	f line 2a					
С		ring distributions from Part XII, for each year listed					
d		s included in line 2c not used directly re conduct of exempt activities				,	· · · · · · · · · · · · · · · · · · ·
е	for act	ring distributions made directly ive conduct of exempt activities. ct line 2d from line 2c					
3	•	ete 3a, b, or c for the tive test relied upon:					
а	"Asset	s" alternative test—enter:					
		lue of all assets			<i>X</i>		<del></del>
		lue of assets qualifying under ction 4942(j)(3)(B)(i)					
b	of min	wment" alternative test—enter 2/3 mum investment retum shown in line 6, for each year listed					
C	"Supp	ort" alternative test-enter:					
	inv div se 51	tal support other than gross estment income (interest, idends, rents, payments on curities loans (section 2(a)(5)), or royalties)					
	an org se	d 5 or more exempt ganizations as provided in ction 4942(j)(3)(B)(iii)					
		rgest amount of support from exempt organization					
		oss investment income					
Part	XV	Supplementary Information			the foundation had	d \$5,000 or mo	re in assets a
		any time during the year-		ns.)		.,	
1 a	List a	nation Regarding Foundation by managers of the foundation of the close of any tax year (but of	who have contribi				by the foundation
b	List a	ny managers of the foundation ship of a partnership or other en	who own 10% ontity) of which the	r more of the sto foundation has a	ock of a corporation a 10% or greater interest	(or an equally lar	ge portion of th
2	Check unsoli	nation Regarding Contribution there  if the foundation cited requests for funds. If the f ete items 2a, b, c, and d. See ir	only makes controlled	ributions to pres	elected charitable or	•	
а		ame, address, and telephone nu	···	dress of the pers	on to whom application	ons should be ad	dressed:

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

c Any submission deadlines:

factors:

Part XV

Supplementary Information (continued)

3 Grants and Contributions Paid During	the Year or Approv	ea tor Fu	ture Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount
Name and address (home or business)	or substantial contributor	recipient	55/18/15245/1	
a Paid during the year  See Attached	or substantial contributor	recipient		
	<u> </u>		<u> </u>	3a
b Approved for future payment  NONE				
Total				3h

ra	rt XV	I-A Analysis of Income-Producing Ac	ctivities				
		ss amounts unless otherwise indicated.	T	usiness income	Excluded by sect	ion 512, 513, or 514	4.
. 1		ram service revenue:	(a) Business code	(b)	(c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions.)
•	a					-	<del></del>
	b ~			<del></del>			<del> </del>
	c -						
	d ~						
							<del> </del>
	e _			<b></b>			
	_ =	in and antique from an in-	ļ	<del> </del>			<del></del>
•	_	ees and contracts from government agencies		ļ <u>.                                    </u>		<del></del>	<del></del>
2		bership dues and assessments		ļ		<u> </u>	
3 4		est on savings and temporary cash investments lends and interest from securities	ļ	<del></del>			<b></b>
5		rental income or (loss) from real estate:		<del></del>			<u></u>
3		•			<del></del>		
		Debt-financed property					
6		rental income or (loss) from personal property					···-
6 7		r investment income	<u></u>				
-		or (loss) from sales of assets other than inventory					<del></del>
8							
9		ncome or (loss) from special events		<del></del>			
10 11		s profit or (loss) from sales of inventory revenue: a					
		r revenue: a					
	b _						<del> </del>
	c d						
	u _						·
10		otal. Add columns (b), (d), and (e)					
		I. Add line 12, columns (b), (d), and (e)				13	
		I. Add line 12, coldinis (b), (d), and (e)				13	
(See	works		ie l				
		sheet in line 13 instructions to verify calculation		ent of Exemp	t Purposes		
Par	works t XVI • No.	sheet in line 13 instructions to verify calculation  Relationship of Activities to the A	ccomplishm			-A contributed in	prograntly to the
Par Line	t XVI	sheet in line 13 instructions to verify calculation	ccomplishm			-A contributed in oses). (See instruc	mportantly to the
Par Line	t XVI No.	sheet in line 13 instructions to verify calculation  Relationship of Activities to the A	ccomplishm			-A contributed in oses). (See instruc	nportantly to the
Par Line	t XVI No.	sheet in line 13 instructions to verify calculation  Relationship of Activities to the A	ccomplishm			-A contributed in oses). (See instruc	nportantly to the tions.)
Par Line	t XVI No.	sheet in line 13 instructions to verify calculation  Relationship of Activities to the A	ccomplishm			-A contributed in oses). (See instruc	nportantly to the
Par Line	t XVI No.	sheet in line 13 instructions to verify calculation  Relationship of Activities to the A	ccomplishm			-A contributed in oses). (See instruc	nportantly to the tions.)
Par Line	t XVI No.	sheet in line 13 instructions to verify calculation  Relationship of Activities to the A	ccomplishm			-A contributed in oses). (See instruc	nportantly to the
Par Line	t XVI No.	sheet in line 13 instructions to verify calculation  Relationship of Activities to the A	ccomplishm			-A contributed in oses). (See instruc	nportantly to the
Par Line	t XVI No.	sheet in line 13 instructions to verify calculation  Relationship of Activities to the A	ccomplishm			-A contributed in oses). (See instruc	mportantly to the
Par Line	t XVI No.	sheet in line 13 instructions to verify calculation  Relationship of Activities to the A	ccomplishm			-A contributed in oses). (See instruc	mportantly to the
Par Line	t XVI No.	sheet in line 13 instructions to verify calculation  Relationship of Activities to the A	ccomplishm			-A contributed in oses). (See instruc	mportantly to the
Par Line	t XVI No.	sheet in line 13 instructions to verify calculation  Relationship of Activities to the A	ccomplishm			-A contributed in oses). (See instruc	nportantly to the
Par Line	t XVI No.	sheet in line 13 instructions to verify calculation  Relationship of Activities to the A	ccomplishm			-A contributed in oses). (See instruc	nportantly to the
Par Line	t XVI No.	sheet in line 13 instructions to verify calculation  Relationship of Activities to the A	ccomplishm			-A contributed in oses). (See instruc	mportantly to the
Par Line	t XVI No.	sheet in line 13 instructions to verify calculation  Relationship of Activities to the A	ccomplishm			-A contributed in oses). (See instruc	mportantly to the
Par Line	t XVI No.	sheet in line 13 instructions to verify calculation  Relationship of Activities to the A	ccomplishm			-A contributed in oses). (See instruc	mportantly to the
Par Line	t XVI No.	sheet in line 13 instructions to verify calculation  Relationship of Activities to the A	ccomplishm			-A contributed in oses). (See instruc	mportantly to the
Par Line	t XVI No.	sheet in line 13 instructions to verify calculation  Relationship of Activities to the A	ccomplishm			-A contributed in oses). (See instruc	inportantly to the
Par Line	t XVI No.	sheet in line 13 instructions to verify calculation  Relationship of Activities to the A	ccomplishm			-A contributed in oses). (See instruc	mportantly to the tions.)
Par Line	t XVI No.	sheet in line 13 instructions to verify calculation  Relationship of Activities to the A	ccomplishm			-A contributed in oses). (See instruc	mportantly to the tions.)
Par Line	t XVI No.	sheet in line 13 instructions to verify calculation  Relationship of Activities to the A	ccomplishm			-A contributed in oses). (See instruc	mportantly to the
Par Line	t XVI No.	sheet in line 13 instructions to verify calculation  Relationship of Activities to the A	ccomplishm			-A contributed in oses). (See instruc	mportantly to the
Par Line	t XVI No.	sheet in line 13 instructions to verify calculation  Relationship of Activities to the A	ccomplishm			-A contributed in oses). (See instruc	inportantly to the
Par Line	t XVI No.	sheet in line 13 instructions to verify calculation  Relationship of Activities to the A	ccomplishm			-A contributed in oses). (See instruc	inportantly to the
Par Line	t XVI No.	sheet in line 13 instructions to verify calculation  Relationship of Activities to the A	ccomplishm			-A contributed in oses). (See instruc	inportantly to the

Part	XVII	Information Organization	n Regarding Tra	ansfers t	o and Tran	sactions and	l Relationshi	ps With I	Noncha	ritabl		
•	in so	ection 501(c) (o nizations?	directly or indirectly ther than section orting foundation	n 501(c)(3	) organizatio	ons) or in se	ction 527, re	nization de lating to	escribed political		Yes	No
		Cash	_							1a(1)		1
	• •									1a(2)	_	1
_	• •	Other assets .							• •	Ia(Z)		<del>                                     </del>
þ		er transactions:								l	<b> </b>	
	(1) S	Sales of assets to	a noncharitable e	xempt org	anization .					1b(1)		~
	(2) F	Purchases of asse	ets from a noncha	ritable exe	mpt organiza	tion				1b(2)		~
			, equipment, or ot							1b(3)		~
			rrangements							1b(4)		~
			_						• •	1b(5)		~
		oans or loan gua							• •			
			ervices or member	•	_				• •	1b(6)	<b>!</b>	
C			quipment, mailing							1c		
d	If the	e answer to any	of the above is "Y	es," comp	olete the follo	wing schedule	e. Column (b)	should alv	vays sho	w the	fair m	narket
	value	e of the goods, o	ther assets, or se	rvices give	n by the rep	orting foundati	on. If the found	dation rece	eived les	s than	fair m	narket
	value	e in any transaction	on or sharing arrai	naement. s	show in colur	nn (d) the value	e of the goods.	other ass	ets, or s	ervices	recei	ived.
(a) Line	<del></del>	(b) Amount involved			cempt organizati		scription of transfe					
(4) 1116	110.	(b) Amount involved	(0) (142/110-01-110)		tompt organizati	(4) 5.					<u> </u>	
	$\neg$			···								<del></del>
	-+				<del> </del>							
										·		
	1						···					
						<u> </u>	<del></del>	<del></del>				
	$\rightarrow$							<del></del> -		-		
	<b></b>								-			
		-						-				
2a b	desc	ribed in section 5	ectly or indirectly 501(c) (other than e following schedu	section 50			more tax-exe	mpt organ	nizations 	_	es 🗹	] No
		(a) Name of organ	ization		(b) Type of org	anization		(c) Description	on of relation	onship		
								, , , , , , , , , , , , , , , , , , , ,				
				<del></del>	··········			•				
				<del>-                                    </del>	<del></del>	<del></del>	<del></del>					
				<del></del>			<del></del>		<del></del>			
	Und	er penalties of penury, I	declare that I have exam	nined this retur	n, including accor	npanying schedules	and statements, and	to the best o	f my knowle	edge and	belief, it	t is true,
Sign	com	ect, an <del>d com</del> plete. Decl	aration of preparer (other	r man taxpayer	//	<b>L</b>	preparer has any kno	wiedye.	May the	IRS disc	uss this	return
Here			VV.X		1/9/20	Trustee			with the			
		nature of officer or true	stee		Date	Title		<del></del>	See Instr	uctions.	∐Yes	∐No
	7.9			Pmnom	<u> </u>		Date			PTIN		
<b>Paid</b>		Print/Type preparer	o name	Frepare	er's signature		Date		ck 🔲 ıf 🛚	4		
Prepa	arer							self-	employed			
Use (								Firm's EIN	<b>&gt;</b>			
						·		Phone no.				

## 2019 Form 990-PF, Part I. 4. Dividends and Interest

GS Vintage II Employee Fund	\$ 126
GS Capital Partners	\$ 1
MCP Supplemental Fund II	\$33,588
Goldman Sachs A/C	\$ 100
Fidelity Investments	\$ 180
	======
TOTAL:	\$33,995

## 2019 Form 990-PF, Part I. 11 Other Income

GS Vintage II Employee Fund	\$ 194
GS Capital Partners	\$ (1)
Bridge Street PEP Tech	\$ (89)

======

TOTAL: \$ 104

## 2019 Form 990F, Part II

LINE ITEM	INVESTMENT	ENDING BV	FMV	
13 - Investments, Other	MCP Supp Fund	\$ 24,361.00		
·	MCP Supp Fund II	\$ 183,496.00		
	GS Funds	\$ 17,443.00		
	Blue Orchid	\$ 8,219.00		
		=========		
	TOTAL:	\$ 233,519.00	\$	233,519.00

2019 Form 990-PF, Part I.

## Long Term Capital Gains from K1s

GS Vintage II Employee Fund	\$	(4,767)
GS Capital Partners	\$	697
Bridge Street PEP Tech	\$	(20)
MCP SUPPLEMENTAL FUND I	\$ 66,538	
MCP Supplemental Fund II	\$ (17,888)	
Fidelity A/C	\$	137

======

TOTAL: \$ 43,303

## 2019 990-PF, Part XV, Line 3A

#### HILLENBRAND FAMILY FOUNDATION

#### **Fiscal 2019 Donations**

PowerMyLearning, New York, NY	\$71,700
CareMessage	\$50,000
Mass General Hospital Foundation	\$50,000
Stanford University	\$50,000
Sheriff's Meadow Foundation, Edgartown, MA	\$38,973
Searching for Solutions Institute, Naples, FL	\$15,000
Boston College	\$10,000
Educators 4 Excellence, New York, NY	\$10,000
Eye to Eye	\$10,000
St Andrews School, Boca Raton, FL	\$6,000
Greenwich Country Day School	\$5,000
UPHA Chapter 9 Foundation	\$5,000
Vineyard Trust	\$5,000
Rock Creek Horse Show Foundation	\$3,000
UPHA Foundation, Lexington, KY	\$2,500
The Immokalee Foundation	\$1,000
The Gibbes Museum	\$1,000
Vineyard Golf Club Foundation, Edgartown, MA	\$500

\_\_\_\_\_

TOTAL: \$334,673

## 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.

For to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

**Employer identification number** 

13-4050660 The Hillenbrand Family Foundation Organization type (check one): Filers of: Section: ☐ 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 990-PF ✓ 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. **General Rule** For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 331/3% support test of the regulations under sections 509(a)(1) 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 any one contributor, 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; or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that Isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its

Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
The Hillenbrand Family Foundation

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Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	M Roch Hillenbrand  9 Tradd Street  Charleston, SC 29401	\$ 98,840	Person Payroll Noncash (Complete Part II for noncash contributions.)	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
	Carol Hillenbrand  9 Tradd Street  Charleston, SC 29401	\$\$ \$	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution	
		\$	Person	

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Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
	500 shares GS			
		\$ 98,840	1/24/19	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
	100 shares SPY			
		\$	6/5/19	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		<b>\$</b>		
		<b>V</b>		
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
		Ψ		
(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	
		\$		

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Name of organization

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or Part III (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this information once. See instructions.) ▶ Use duplicate copies of Part III if additional space is needed. (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held from Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (c) Use of gift (d) Description of how gift is held (b) Purpose of gift from Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (c) Use of gift (d) Description of how gift is held (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (c) Use of gift (d) Description of how gift is held (b) Purpose of gift Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee