OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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/Form990PFfor instructions and the latest information.

Fe	or cal	endar year 2018 or tax year beginning	10/	01 , 2018, and en	ding		09	/30, 20 19
Na	ame of	foundation SCHAFFRICK CHARITAE	LE FOUNDATION,	INC. C/O		A Employer identific	ation nu	mber
	FIF	TH THIRD BANK AS AGENT FOR T	RUSTEE	·		81-4	13336	46
	Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions)							
	PO '	BOX 630858				51.1	3-534	-5310
		own, state or province, country, and ZIP or foreign posta	l code					
						C If exemption applicati	on is	▶ □ '
	CTN	CINNATI, OH 45263	•			pending, check here.		
_		ck all that apply. Initial return	Initial return	of a former public ch	arity			
J	0.10	Final return	Amended ret		u,	 1 Foreign organization 2 Foreign organization 		
		Address change	Name change			85% test, check he	re and attac	ch _
н	Che	ck type of organization: X Section 501(41	computation		• 🗀
ï		ection 4947(a)(1) nonexempt charitable trust	Other taxable pri	11	V	E If private foundation s		►
1			unting method X Ca		-	under section 507(b)(
•			ther (specify)		[F If the foundation is in under section 507(b)(
			column (d) must be on ca	* *		under section 507(D)(i NDI, checi	there.
Į.	_	Analysis of Revenue and Expenses (The		isii basis j	, -		(d) Du	sbursements
	art .	total of amounts in columns (b), (c), and (d)	(a) Revenue and expenses per	(b) Net investment	(c) Adjusted net	for	charitable
		may not necessarily equal the amounts in	books	income		ıncome		urposes basis only)
_		column (a) (see instructions))			+ ,		10031	
	1 2	Check				· · ·		
	_	attach Sch B	425	425	+			CUMU 1
	3	Interest on savings and temporary cash investments-	425.	425				STMT 1
	4	Dividends and interest from securities	32,475.	32,244				SIMI Z
	5a	Gross rents			+			
		Net rental income or (loss)	0.625		-			
ë	6a b	Net gain or (loss) from sale of assets not on line 10 Gross sales price for all	8,635.		-			
le l	[]	assets on line 6a	· · · · ·	0 625	+			
Revenue	7	Capital gain net income (from Part IV, line 2).		8,635	4			
_	8	Net short-term capital gain		,	+			
	9 10a	Income modifications			+			
		and allowances · · · · ·			ļ.	-	1	
		Less Cost of goods sold .			+			
	l .	Gross profit or (loss) (attach schedule)						COMO 2
	11	Other income (attach schedule)		41 204				· STMT 3
_	12	Total. Add lines 1 through 11	54,781.	41,304	+	-		
'n	13	Compensation of officers, directors, trustees, etc		-6		CCENCED		
enses	14	Other employee salaries and wages		NON		ECEIVIDIE		
ē	15	Pension plans, employee benefits		NON	_	NONE	口	
X		Legal fees (attach schedule)		7	<u>. l r</u>	EB 1 8 2020	 있	
ē	b	Accounting fees (attach schedule)	15.060	15.06	71 — 		RS	
and Administrative Ex	` c	Other professional fees (attach schedule: 4.	15,069.	15,069	· 	ODENLIN	==	
itra	17	Interest			$+$ \circ	GDEN, U		
nis	18 `	Taxes (attach schedule) (see instructions . 5 .	288.	288	-			
Έ	19	Depreciation (attach schedule) and depletion.						
Ad	20	Occupancy						
Þ	21	Travel, conferences, and meetings		NON		NONE		
ā	22	Printing and publications		NON		NONE		
ng	23 24 25	Other expenses (attach schedule) STMT. 6.	27.	12	+			1 <u>5</u> .
ati	24	Total operating and administrative expenses.						
oei]	Add lines 13 through 23	15,384.	15,369	+	NONE		<u>15</u> .
ō	25	Contributions, gifts, grants paid	60,000.	4				<u>60,000</u> .
_	26	Total expenses and disbursements Add lines 24 and 25	75,384.	15,369		NONE		<u>60,015</u> .
	27	Subtract line 26 from line 12				4		
	а	Excess of revenue over expenses and disbursements	-20,603.	<u> </u>				
	b	Net investment income (if negative, enter -0-)		25,935				
	С	Adjusted net income (if negative, enter -0-)			_L			

JSA For Paperwork Reduction Act Notice, see instructions GBP241 5889 11/08/2019 14:22:27

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Form 990-PF (2018)

Par	+ H	Ralanca Shoots	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End o	f year
T CI		Dalatice Streets	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1 (Cash - non-interest-beari	ng		1.	1
			cash investments	14,207.	9,839.	9,839
	3 4	Accounts receivable 🕨				
	L	ess allowance for doub	otful accounts -			
		Pledges receivable 🕨			- •	
	ι	ess allowance for doub	otful accounts -		<u></u>	
	6 F	Receivables due from	officers, directors, trustees, and other			•
			ach schedule) (see instructions)			
	7 (Other notes and loans re	eceivable (attach schedule)			
	L	ess allowance for doub	otful accounts ► NONE			
Assets	8	nventories for sale or us	e			
SS		•	eferred charges		-	
4 1	0a 1	nvestments - U S and state	government obligations (attach schedule)	,	214 726	1 250 506
		· ·	stock (attach schedule)		914,796.	1,358,786
١,	C 1	nvestments - corporate nvestments - land, building	bonds (attach schedule)	NONE		
'	а	ind equipment basis ess accumulated deprecia				
1.	(attach schedule)				
1			loans			
	4 L	and, buildings, and	ch schedule)			
	L	equipment basis less accumulated deprecia	tion		-	
1	(;	attach schedule)				• • • • • • • • • • • • • • • • • • • •
1			completed by all filers - see the			
'		·	age 1, item !)	945,239.	924,636.	1,368,626
1			ccrued expenses	713,237.	J24,030.	1,300,020
1		, .				
Liabilities			rs, trustees, and other disqualified persons.			
[2			tes payable (attach schedule)			
<u>تا</u> 2			: ►			- · · · · · · · · · · · · · · · · · · ·
2	3 1	Total liabilities (add line	s 17 through 22)		NONE	
	F	oundations that follow	SFAS 117, check here			•
Balances	а	and complete lines 24 t	through 26, and lines 30 and 31.			,
E 2	4 L	Jnrestricted				
<u> </u>	5 T	emporarily restricted .				
2	6 F	Permanently restricted .				
틧	F	oundations that do no	t follow SFAS 117, check here ▶ X			
빏	а	and complete lines 27 t	through 31.			
G 2	7 (Capital stock, trust princ	ıpal, or current funds	945,239.	924,636.	
ğ 2	8 P	aid-in or capital surplus, or	land, bldg , and equipment fund		<u> </u>	
2 2 a	9 F	Retained earnings, accumul	ated income, endowment, or other funds			
Net Assets or Fund	0 1	Total net assets or fund	I balances (see instructions)	945,239.	924,636.	
Ž 3	ר ו		net assets/fund balances (see			
				945,239.	924,636.	
Par			iges in Net Assets or Fund Bala			· · · · · · · · · · · · · · · · · · ·
			palances at beginning of year - Part		-	
			d on prior year's return)			945,239.
			line 27a			-20,603.
			led in line 2 (itemize) ▶			
				• • • • • • • • • • • • • •		924,636.
		eases not included in			5	
6	Total	net assets or fund ba	alances at end of year (line 4 minus l	ine 5) - Part II, column (b	o), line 30 6	924,636.

Page 3

(a) List and de 2-story b	s and Losses for Tax on Investigation in Secretary is a scribe the kind(s) of property sold (for experise warehouse, or common stock, 200	xample, real estate,	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a PUBLICLY TRADED	SECURITIES				
<u>b</u>					
d				 	
e					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) minu	
a 24,871.		16,236.			8,635.
b		107230.			<u> </u>
С					
d					
е					
Complete only for assets s	howing gain in column (h) and owned b	y the foundation on 12/31/69		Gains (Col (h) ga	
(ı) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	col.	(k), but not less to Losses (from col	
a					8,635.
b					
<u>c</u>					
_ d			ļ.——		
e 2 Capital gain net income	or (net canital loss)	ain, also enter in Part I, line 7	2		0 625
3 Net short-term capital of	ır (۱۵) - ain or (Ioss) as defined in sections	oss), enter -0- in Part I, line 7	-		8,635.
	Part I, line 8, column (c). See ins				
_			3		
	Jnder Section 4940(e) for Red				· · · · · · · · · · · · · · · · · · ·
	the section 4942 tax on the distrib n't qualify under section 4940(e). Do		ase perio	d ⁷	Yes X No
	mount in each column for each yea		ng anv en	tries	
(a)	(b)	(c)		(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		Distribution ra (col (b) divided by	
2017	32,437.	1,227,380.			0.026428
2016	15.	888,331.			0.000017
2015					
2014				<u> </u>	
2013	<u> </u>	<u>.</u>			
	(d)		2		0.026445
	tio for the 5-year base period - divid				0 01222
the number of years the	e foundation has been in existence	ıf less than 5 years	3		0.013223
4 Enter the net value of n	oncharitable-use assets for 2018 fr	om Part X, line 5	4	1,	255,596.
5 Multiply line 4 by line 3			5		16,603.
6 Enter 1% of net investm	nent income (1% of Part I, line 27b)		6		259.
7 Add lines 5 and 6			7		16,862.
8 Enter qualifying distribu	utions from Part XII, line 4 greater than line 7, check the box	un Part VI. line 1h and complete	8 that part	ueing a 1% to	60,015.
Part VI instructions	greater than time 7, check the box	m rait vi, inte 10, and complete	mat hatt	using a 1% (a)	. 1010 000 111

Form	990-PF (2018) 81-4333646			age 4
,Par	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ctions	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)			
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check		2	<u> 159.</u>
	here X and enter 1% of Part I, line 27b			
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% of J Part I, line 12, col. (b)		-	
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only; others, enter -0-)		N	IONE
3	Add lines 1 and 2		2	259.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		<u> </u>	IONE
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		2	<u> 159.</u>
6	Credits/Payments			
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 168.			
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c NONE			
d	Backup withholding erroneously withheld		٠,	60
7	Total credits and payments Add lines 6a through 6d		<u></u>	68.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8			0.1
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			<u>91.</u>
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			
11 Data	Enter the amount of line 10 to be Credited to 2019 estimated tax ► NONE 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
10	participate or intervene in any political campaign?	1a		X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the		_	
	instructions for the definition	1b		Х
	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		_	
С	Did the foundation file Form 1120-POL for this year?	1c		X
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 ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers \$			77
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
_	If "Yes," attach a detailed description of the activities			
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	3		Х
4-	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	4a		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4b		<u></u>
5	If "Yes," has it filed a tax return on Form 990-T for this year?	5		X
•	If "Yes," attach the statement required by General Instruction T		_	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			•
	By language in the governing instrument, or	'		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		_	
	conflict with the state law remain in the governing instrument?	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7_	X	
8a	Enter the states to which the foundation reports or with which it is registered. See instructions KY			
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
	(or designate) of each state as required by General Instruction G ² If "No," attach explanation STMT .7	8b		<u>X</u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or	-	_	_
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV If "Yes,"			ļ <u>.</u> '
	complete Part XIV	9	_	<u> X</u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			7,
	names and addresses	10		X
	c.	00	0-PF	2018)

Par	t 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)7 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		Х
13		13	Х	
	Website address ► N/A			
14	The books are in care of ► FIFTH THIRD BANK Telephone no ► (502) 562	-525	4	
	Located at ▶ 401 SOUTH 4TH ST., LOUISVILLE, KY ZIP+4 ▶ 40202			
15			▶	. 🔲
	and enter the amount of tax-exempt interest received or accrued during the year			
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	1 1		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of	ı		
	the foreign country			
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
1a	During the year, did the foundation (either directly or indirectly)	l		1
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	ļ. !		
	(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) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available for	į		
	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	olf any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			—
	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	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	<u> </u>		<u> </u>
_	were not corrected before the first day of the tax year beginning in 2018?	1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private		ļ	
_	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
a	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 20187			
	6e, Part XIII) for tax year(s) beginning before 2018? Yes X No If "Yes," list the years ▶			
h	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	.		1
	all years listed, answer "No" and attach statement - see instructions.)	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			1
·				
За	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise	١.		
70	at any time during the year?	1		
h	of "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	L	_	_
	foundation had excess business holdings in 2018)	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

, Par	VII-B Statements Regarding Activities	for Which Form 4	1720 May Be Req	uired (continued)			
5a	During the year, did the foundation pay or incur any ar	mount to				Yes	No
	(1) Carry on propaganda, or otherwise attempt to influ	uence legislation (sectio	n 4945(e))?	. Yes X No	,		
	(2) Influence the outcome of any specific public	election (see section	4955), or to carry or	n, <u> </u>			
	directly or indirectly, any voter registration drive?,			. Yes X No	,		
	(3) Provide a grant to an individual for travel, study, or other similar purposes? Yes X No						
	(4) Provide a grant to an organization other than	• •					
	section 4945(d)(4)(A)? See instructions		-		,		
	(5) Provide for any purpose other than religious,						
	purposes, or for the prevention of cruelty to childre			[,		
b	If any answer is "Yes" to 5a(1)-(5), did any of the	ne transactions fail to	qualify under the e	xceptions described in	,		
	Regulations section 53 4945 or in a current notice reg	arding disaster assistar	nce? See instructions .		. 5b		
	Organizations relying on a current notice regarding dis	aster assistance, check	here				
С	If the answer is "Yes" to question 5a(4), does the	ne foundation claim e	exemption from the t	ax			
	because it maintained expenditure responsibility for th	e grant?		. Yes No	,		
	If "Yes," attach the statement required by Regulations	section 53 4945-5(d)			\ \		
6a	Did the foundation, during the year, receive any t	unds, directly or indi-	rectly, to pay premiui	ms			
	on a personal benefit contract?			Yes X No	,		1
b	Did the foundation, during the year, pay premiums, dir			act?	. 6b		X
	If "Yes" to 6b, file Form 8870						ŀ
7a	At any time during the tax year, was the foundation a	party to a prohibited tax	shelter transaction?.	. Yes X No	•		
b	If "Yes," did the foundation receive any proceeds or ha	ve any net income attri	butable to the transact	ion?	. <u>7b</u>		
8	Is the foundation subject to the section 4960 tax on p	•					
	remuneration or excess parachute payment(s) during t						L
Par	Information About Officers, Direct and Contractors	iors, Trustees, Foi	indation Managei	s, Highly Paid Emp	oloyees,		
1	List all officers, directors, trustees, and foundat	ion managers and t	heir compensation.	See instructions.			
	The state of the s						
	(a) Name and address	(b) Title, and average hours per week devoted to position	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all		
		hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans			
WILLI 95114	(a) Name and address AM C. SCHAFFRICK WESSEX PLACE, LOUISVILLE, KY 40222	trustee	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans			
WILLI 95114 CLINT	(a) Name and address AM C. SCHAFFRICK WESSEX PLACE, LOUISVILLE, KY 40222 ON W SCHAFFRICK	hours per week devoted to position TRUSTEE	(c) Compensation (lf not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			es
WILLI 95114 CLINT 898 T	(a) Name and address AM C. SCHAFFRICK WESSEX PLACE, LOUISVILLE, KY 40222 ON W SCHAFFRICK UNNELHILL ROAD, ELIZABETHTOWN, KY 42701	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 TRUSTEE	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			es
WILLI 95114 CLINT 898 T PETER	(a) Name and address AM C. SCHAFFRICK WESSEX PLACE, LOUISVILLE, KY 40222 ON W SCHAFFRICK UNNELHILL ROAD, ELIZABETHTOWN, KY 42701 C SCHAFFRICK	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 SECRETARY	(c) Compensation (lf not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation - 0 -			-0- -0-
WILLI 95114 CLINT 898 T PETER 209 L	(a) Name and address AM C. SCHAFFRICK WESSEX PLACE, LOUISVILLE, KY 40222 ON W SCHAFFRICK UNNELHILL ROAD, ELIZABETHTOWN, KY 42701 C SCHAFFRICK AKEWOOD DRIVE, ELIZABETHTOWN, KY 42701	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 SECRETARY 1	(c) Compensation (lf not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation			-0-
WILLI 95114 CLINT 898 T PETER 209 L ROBER	(a) Name and address AM C. SCHAFFRICK WESSEX PLACE, LOUISVILLE, KY 40222 ON W SCHAFFRICK UNNELHILL ROAD, ELIZABETHTOWN, KY 42701 C SCHAFFRICK AKEWOOD DRIVE, ELIZABETHTOWN, KY 42701 T M WALTERS	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 SECRETARY	(c) Compensation (lf not paid, enter -0-) -0-	(d) Contributions to employee benefit plans and deferred compensation -0- -0-			-0- -0-
WILLI 95114 CLINT 898 T PETER 209 L ROBER 2311	(a) Name and address AM C. SCHAFFRICK WESSEX PLACE, LOUISVILLE, KY 40222 ON W SCHAFFRICK UNNELHILL ROAD, ELIZABETHTOWN, KY 42701 C SCHAFFRICK AKEWOOD DRIVE, ELIZABETHTOWN, KY 42701 T M WALTERS SPRINGFIELD ROAD, ELIZABETHTOWN, KY 42701	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 SECRETARY 1 TRUSTEE 1	(c) Compensation (lf not paid, enter -0-) -0- -0-	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 -	other all	owance	-0- -0- -0-
WILLI 95114 CLINT 898 T PETER 209 L ROBER 2311	(a) Name and address AM C. SCHAFFRICK WESSEX PLACE, LOUISVILLE, KY 40222 ON W SCHAFFRICK UNNELHILL ROAD, ELIZABETHTOWN, KY 42701 C SCHAFFRICK AKEWOOD DRIVE, ELIZABETHTOWN, KY 42701 T M WALTERS	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 SECRETARY 1 TRUSTEE 1	(c) Compensation (lf not paid, enter -0-) -0- -0-	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 -	other all	owance	-0- -0-
WILLI 95114 CLINT 898 T PETER 209 L ROBER 2311	(a) Name and address AM C. SCHAFFRICK WESSEX PLACE, LOUISVILLE, KY 40222 ON W SCHAFFRICK UNNELHILL ROAD, ELIZABETHTOWN, KY 42701 C SCHAFFRICK AKEWOOD DRIVE, ELIZABETHTOWN, KY 42701 T M WALTERS SPRINGFIELD ROAD, ELIZABETHTOWN, KY 42701 Compensation of five highest-paid employee "NONE."	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 SECRETARY 1 TRUSTEE 1 TRUSTEE 1 (other than those	(c) Compensation (lf not paid, enter -0-) -0- -0- -0- se included on lin	(d) Contributions to employee benefit plans and deferred compensation -0- -0- -0- -0- (d) Contributions to employee benefit plans and deferred compensation	other all	one,	-0- -0- -0- enter
WILLI 95114 CLINT 898 T PETER 209 L ROBER 2311	(a) Name and address AM C. SCHAFFRICK WESSEX PLACE, LOUISVILLE, KY 40222 ON W SCHAFFRICK UNNELHILL ROAD, ELIZABETHTOWN, KY 42701 C SCHAFFRICK AKEWOOD DRIVE, ELIZABETHTOWN, KY 42701 T M WALTERS SPRINGFIELD ROAD, ELIZABETHTOWN, KY 42701 Compensation of five highest-paid employee	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 SECRETARY 1 TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 TRUSTEE 1 Cother than those	(c) Compensation (If not paid, enter -0-) -0- -0- -0- se included on lin	(d) Contributions to employee benefit plans and deferred compensation -0- -0- e 1 - see instruction (d) Contributions to employee benefit plans and deferred	other all	one,	-0- -0- -0- enter
WILLI 95114 CLINT 898 T PETER 209 L ROBER 2311	(a) Name and address AM C. SCHAFFRICK WESSEX PLACE, LOUISVILLE, KY 40222 ON W SCHAFFRICK UNNELHILL ROAD, ELIZABETHTOWN, KY 42701 C SCHAFFRICK AKEWOOD DRIVE, ELIZABETHTOWN, KY 42701 T M WALTERS SPRINGFIELD ROAD, ELIZABETHTOWN, KY 42701 Compensation of five highest-paid employee "NONE."	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 SECRETARY 1 TRUSTEE 1 (other than those hours per week	(c) Compensation (lf not paid, enter -0-) -0- -0- -0- se included on lin	(d) Contributions to employee benefit plans and deferred compensation -0- -0- -0- e 1 - see instruction (d) Contributions to employee benefit	other all	one,	-0- -0- -0- enter
WILLI 95114 CLINT 898 T PETER 209 L ROBER 2311 2	(a) Name and address AM C. SCHAFFRICK WESSEX PLACE, LOUISVILLE, KY 40222 ON W SCHAFFRICK UNNELHILL ROAD, ELIZABETHTOWN, KY 42701 C SCHAFFRICK AKEWOOD DRIVE, ELIZABETHTOWN, KY 42701 T M WALTERS SPRINGFIELD ROAD, ELIZABETHTOWN, KY 42701 Compensation of five highest-paid employee "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 SECRETARY 1 TRUSTEE 1 (other than those hours per week	(c) Compensation (lf not paid, enter -0-) -0- -0- se included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -0- -0- -0- (d) Contributions to employee benefit plans and deferred compensation	other all ons). If no (e) Expens other all	one,	-0- -0- -0- enter
WILLI 95114 CLINT 898 T PETER 209 L ROBER 2311	(a) Name and address AM C. SCHAFFRICK WESSEX PLACE, LOUISVILLE, KY 40222 ON W SCHAFFRICK UNNELHILL ROAD, ELIZABETHTOWN, KY 42701 C SCHAFFRICK AKEWOOD DRIVE, ELIZABETHTOWN, KY 42701 T M WALTERS SPRINGFIELD ROAD, ELIZABETHTOWN, KY 42701 Compensation of five highest-paid employee "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 SECRETARY 1 TRUSTEE 1 (other than those hours per week	(c) Compensation (lf not paid, enter -0-) -0- -0- -0- se included on lin	(d) Contributions to employee benefit plans and deferred compensation -0- -0- e 1 - see instruction (d) Contributions to employee benefit plans and deferred	other all ons). If no (e) Expens other all	one,	-0- -0- -0- enter
WILLI 95114 CLINT 898 T PETER 209 L ROBER 2311 2	(a) Name and address AM C. SCHAFFRICK WESSEX PLACE, LOUISVILLE, KY 40222 ON W SCHAFFRICK UNNELHILL ROAD, ELIZABETHTOWN, KY 42701 C SCHAFFRICK AKEWOOD DRIVE, ELIZABETHTOWN, KY 42701 T M WALTERS SPRINGFIELD ROAD, ELIZABETHTOWN, KY 42701 Compensation of five highest-paid employee "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 SECRETARY 1 TRUSTEE 1 (other than those hours per week	(c) Compensation (lf not paid, enter -0-) -0- -0- se included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -0- -0- -0- (d) Contributions to employee benefit plans and deferred compensation	other all ons). If no (e) Expens other all	one,	-0- -0- -0- enter
WILLI 95114 CLINT 898 T PETER 209 L ROBER 2311 2	(a) Name and address AM C. SCHAFFRICK WESSEX PLACE, LOUISVILLE, KY 40222 ON W SCHAFFRICK UNNELHILL ROAD, ELIZABETHTOWN, KY 42701 C SCHAFFRICK AKEWOOD DRIVE, ELIZABETHTOWN, KY 42701 T M WALTERS SPRINGFIELD ROAD, ELIZABETHTOWN, KY 42701 Compensation of five highest-paid employee "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 SECRETARY 1 TRUSTEE 1 (other than those hours per week	(c) Compensation (lf not paid, enter -0-) -0- -0- se included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -0- -0- -0- (d) Contributions to employee benefit plans and deferred compensation	other all ons). If no (e) Expens other all	one,	-0- -0- -0- enter
WILLI 95114 CLINT 898 T PETER 209 L ROBER 2311 2	(a) Name and address AM C. SCHAFFRICK WESSEX PLACE, LOUISVILLE, KY 40222 ON W SCHAFFRICK UNNELHILL ROAD, ELIZABETHTOWN, KY 42701 C SCHAFFRICK AKEWOOD DRIVE, ELIZABETHTOWN, KY 42701 T M WALTERS SPRINGFIELD ROAD, ELIZABETHTOWN, KY 42701 Compensation of five highest-paid employee "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 SECRETARY 1 TRUSTEE 1 (other than those hours per week	(c) Compensation (lf not paid, enter -0-) -0- -0- se included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -0- -0- -0- (d) Contributions to employee benefit plans and deferred compensation	other all ons). If no (e) Expens other all	one,	-0- -0- -0- enter
WILLI 95114 CLINT 898 T PETER 209 L ROBER 2311 2	(a) Name and address AM C. SCHAFFRICK WESSEX PLACE, LOUISVILLE, KY 40222 ON W SCHAFFRICK UNNELHILL ROAD, ELIZABETHTOWN, KY 42701 C SCHAFFRICK AKEWOOD DRIVE, ELIZABETHTOWN, KY 42701 T M WALTERS SPRINGFIELD ROAD, ELIZABETHTOWN, KY 42701 Compensation of five highest-paid employee "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 SECRETARY 1 TRUSTEE 1 (other than those hours per week	(c) Compensation (lf not paid, enter -0-) -0- -0- se included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -0- -0- -0- (d) Contributions to employee benefit plans and deferred compensation	other all ons). If no (e) Expens other all	one,	-0- -0- -0- enter
WILLI 95114 CLINT 898 T PETER 209 L ROBER 2311 2	(a) Name and address AM C. SCHAFFRICK WESSEX PLACE, LOUISVILLE, KY 40222 ON W SCHAFFRICK UNNELHILL ROAD, ELIZABETHTOWN, KY 42701 C SCHAFFRICK AKEWOOD DRIVE, ELIZABETHTOWN, KY 42701 T M WALTERS SPRINGFIELD ROAD, ELIZABETHTOWN, KY 42701 Compensation of five highest-paid employee "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 SECRETARY 1 TRUSTEE 1 (other than those hours per week	(c) Compensation (lf not paid, enter -0-) -0- -0- se included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -0- -0- -0- (d) Contributions to employee benefit plans and deferred compensation	other all ons). If no (e) Expens other all	one,	-0- -0- -0- enter
WILLI 95114 CLINT 898 T PETER 209 L ROBER 2311 2	(a) Name and address AM C. SCHAFFRICK WESSEX PLACE, LOUISVILLE, KY 40222 ON W SCHAFFRICK UNNELHILL ROAD, ELIZABETHTOWN, KY 42701 C SCHAFFRICK AKEWOOD DRIVE, ELIZABETHTOWN, KY 42701 T M WALTERS SPRINGFIELD ROAD, ELIZABETHTOWN, KY 42701 Compensation of five highest-paid employee "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 SECRETARY 1 TRUSTEE 1 (other than those hours per week	(c) Compensation (lf not paid, enter -0-) -0- -0- se included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -0- -0- -0- (d) Contributions to employee benefit plans and deferred compensation	other all ons). If no (e) Expens other all	one,	-0- -0- -0- enter
WILLI 95114 CLINT 898 T PETER 209 L ROBER 2311 2	(a) Name and address AM C. SCHAFFRICK WESSEX PLACE, LOUISVILLE, KY 40222 ON W SCHAFFRICK UNNELHILL ROAD, ELIZABETHTOWN, KY 42701 C SCHAFFRICK AKEWOOD DRIVE, ELIZABETHTOWN, KY 42701 T M WALTERS SPRINGFIELD ROAD, ELIZABETHTOWN, KY 42701 Compensation of five highest-paid employee "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 SECRETARY 1 TRUSTEE 1 (other than those hours per week	(c) Compensation (lf not paid, enter -0-) -0- -0- se included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -0- -0- -0- (d) Contributions to employee benefit plans and deferred compensation	other all ons). If no (e) Expens other all	one,	-0- -0- -0- enter
WILLI 951144 CLINT 898 T PETER 209 L ROBER 2311 2	(a) Name and address AM C. SCHAFFRICK WESSEX PLACE, LOUISVILLE, KY 40222 ON W SCHAFFRICK UNNELHILL ROAD, ELIZABETHTOWN, KY 42701 C SCHAFFRICK AKEWOOD DRIVE, ELIZABETHTOWN, KY 42701 T M WALTERS SPRINGFIELD ROAD, ELIZABETHTOWN, KY 42701 Compensation of five highest-paid employee "NONE." Name and address of each employee paid more than \$50,000	hours per week devoted to position TRUSTEE 1 TRUSTEE 1 SECRETARY 1 TRUSTEE 1 (other than those devoted to position	(c) Compensation (lf not paid, enter -0-) -0- -0- se included on lin (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation -0- -0- -0- (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	one, seaccou	-0- -0- -0- enter

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emplo and Contractors (continued)	yees,
3 Five highest-paid independent contractors for professional services. See instructions. If none, enter "NONE	,11
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	NONE
Total number of others receiving over \$50,000 for professional services	NONE
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year include relevant statistical information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc	Expenses
1NONE	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NONE	
2	
All other program-related investments. See instructions	
3NONE	
Total. Add lines 1 through 3 · · · · · · · · ▶	
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81-4333646

Par	Minimum Investment Return (All domestic foundations must complete this part. Fo see instructions.)	reign founda	tions,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc. purposes	,	
а	Average monthly fair market value of securities	. 1a	1,257,812.
	Average of monthly cash balances		16,905.
С			NONE
d			1,274,717.
е			
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	. 2	NONE
3	Subtract line 2 from line 1d		1,274,717.
4	Cash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	1 1	19,121.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	1 5	1,255,596.
6	Minimum investment return. Enter 5% of line 5		62,780.
Par	The 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)		
1	Minimum investment return from Part X, line 6	. 1	62,780.
2 a	Tax on investment income for 2018 from Part VI, line 5 2a 25		
b		7	
c	· · · · · · · · · · · · · · · · · · ·	2c	259.
3	Distributable amount before adjustments Subtract line 2c from line 1		62,521.
4	Recoveries of amounts treated as qualifying distributions		NONE
5	Add lines 3 and 4		62,521.
6	Deduction from distributable amount (see instructions)		NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII		
	line 1		62,521.
Par	rt XII Qualifying Distributions (see Instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	1,, 3,		60,015.
b	Transfer in the second		
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc	,	
	purposes	. 2	NONE
3	Amounts set aside for specific charitable projects that satisfy the:	_	
а	Suitability test (prior IRS approval required)	. 3a	NONE
b	Cash distribution test (attach the required schedule)	. 3b	NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line		60,015.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
	Enter 1% of Part I, line 27b See instructions		259.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	. 6	59,756.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when qualifies for the section 4940(e) reduction of tax in those years	calculating w	hether the foundation

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1 Distributable amount for 2018 from Part XI, Interest Part XI, In	Pa	t XIII Undistributed Income (see instri	uctions)	······································		
Understouted showin for 2018 from Part Al, hine 7 Undestrouted income, if any, as of the end of 2018 a Enter amount for 2017 only. Total for proryvean 20 _ 20 _ 20 _ 20 _ NONE From 2013			(a)	(b)	(c)	(d)
2 Undistributed ricores, if any, as of the end of 2018 a Enter amount for 2017 only. 59,425. 5 Telat for provers 20	1	Distributable amount for 2018 from Part XI,	Corpus	Years prior to 2017	2017	2018
2 Observational Process (1997) 2 Tested Process (1997) 3 Enter all Company (1997) 4 Could for proveyar 20		line 7				62,521.
B Tistel for pnerywers 20	2	Undistributed income, if any, as of the end of 2018	d			
3 Excess distributions carryover, if any, to 2018 a From 2013	а	Enter amount for 2017 only			59,425.	
a From 2013 NONE b From 2014 NONE c From 2015 NONE d From 2016 NONE d From 2016 NONE f From 2017 NONE f Total of Ines 3a through e	b	Total for prior years 20,20,20		NONE		<u> </u>
b From 2014	3	Excess distributions carryover, if any, to 2018				
C From 2015	а					
d From 2016 NONE From 2017 NONE	b					
e From 2017 . NONE 1 Total of Ines 3 through e	C					
f Total of lines 3a through e	d					
4 Qualifying distributions for 2018 from Part XII, line 4 ▶ \$ 60,015. a Applied to 2017, but not more than line 2a b Applied to undistributed imcome of prior years (Election required - see instructions). d Applied to 2018 distributions out of corpus (Election required - see instructions). d Applied to 2018 distributable amount. e Remaining amount distributed out of corpus. E Excess distributions carryover applied to 2018 (If an amount appears in column (a)). 5 Enter the net total of each column as indicated below: a Corpus Add lines 31, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed . d Subtract line 6c from line 6b Taxable amount : see instructions . e Undistributed income for 2017 Subtract lines 4d and 5 from line 2 Taxable amount : see instructions . f Undistributed income for 2018 Subtract lines 4d and 5 from line 2 Taxable amount : see instructions . 1 Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 . A mounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(f)(f)) or 4942(g)(3) (Election may be required -see instructions . Seeses distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) . Secses distributions carryover to 2019 . Subtract lines 7 and 8 from line 6a . NONE 10 Analysis of line 9 a Excess from 2014 . NONE b Excess from 2016 . NONE E Excess from 2016 . NONE E Excess from 2017 . NONE	е	From 2017 NONE				
line 4 ▶ \$ 60,015. a Applied to 2017, but not more than line 2a			NONR			
a Applied to 2017, but not more than line 2a. b Applied to undistributed income of prior years (Election required - see instructions). c Treated as distributions out of corpus (Election required - see instructions). d Applied to 2018 distributable amount	4					
b Applied to undistributed income of prior years (Election required - see instructions). c Treated as distributions out of corpus (Election required - see instructions). d Applied to 2018 distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a) the same amount must be shown in column (a) the same amount must be shown in column (a) the same amount must be shown in column (a) the same amount must be shown in column (a) the same amount must be shown in column (a) the same amount must be shown in column (a) the same amount must be shown in column (a) the same amount must be shown in column (a) the same amount must be shown in column (a) the same amount must be shown in column (a) the same amount must be distributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed the same amount - see instructions th					FO 43F	
(Election required - see instructions)	а	Applied to 2017, but not more than line 2a			59,425.	
c Treated as distributions out of corpus (Election required - see instructions) d Applied to 2018 distributible amount. e Remaining amount distributible of 2018 (If an amount distributible of 2018 (If an amount applears 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 31, 4c, and 4e Subtract line 5 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 4 Subtract line 6c from line 6b Taxable amount - see instructions. e Undistributed income for 2017 Subtract lines 4d from line 2a Taxable amount - see instructions f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(T)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) 9 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions) NONE 10 Analysis of line 9 a Excess from 2014 NONE b Excess from 2015 NONE d Excess from 2016 NONE d Excess from 2017 NONE	b			NONE		
required - see instructions)		(Election required - see instructions)		NONE		
d Applied to 2018 distributable amount	C		NONIB			
e Remaining amount distributed out of corpus. 5 Excess distributions carryover applied to 2018 (if an amount appears in column (a), 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 b Prior years' undistributed income Subtract line 4b from line 2b. C Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. d Subtract line 6c from line 6b Taxable amount see instructions. e Undistributed income for 2017 Subtract lines 4a from line 2 a Taxable amount see instructions. f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019. 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 2013 not applied on line 5 or line 7 (see instructions). NONE 8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions). NONE 9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a. NONE 10 Analysis of line 9 a Excess from 2016 NONE c Excess from 2016 NONE d Excess from 2016 NONE d Excess from 2016 NONE d Excess from 2017 NONE e Excess from 2018 NONE		Г	HONE		· · · · · · · · · · · · · · · · · · ·	590
5 Excess distributions carryover applied to 2018 (If an amount appears in column (d), the same amount must be shown in column (a))			NOND			
If an amount appears in column (a)			NONE			
6 Enter the net total of each column as indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b			NONE		**	NONE
indicated below: a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b	_		1101115			110112
a Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income Subtract line 4b from line 2b	6				,	
b Prior years' undistributed income Subtract line 4b from line 2b	а	-	NONB			
Inne 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	U	•		NONE		
been issued, or on which the section 4942(a) tax has been previously assessed	c					
tax has been previously assessed			,			
amount - see instructions				NONE		
e Undistributed income for 2017 Subtract line 4a from line 2a Taxable amount see instructions	d	Subtract line 6c from line 6b Taxable				
4a from line 2a Taxable amount see instructions				NONE		
f Undistributed income for 2018 Subtract lines 4d and 5 from line 1 This amount must be distributed in 2019	е					
4d and 5 from line 1 This amount must be distributed in 2019						
4d and 5 from line 1 This amount must be distributed in 2019	f	Undistributed income for 2018 Subtract lines				
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)		4d and 5 from line 1 This amount must be		1		C1 021
to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)		distributed in 2019				61,931.
to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions)	7	Amounts treated as distributions out of corpus		,		
required - see instructions)					• '	
8 Excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions)			NONIB			
applied on line 5 or line 7 (see instructions)	_	· [NONE		<u> </u>	
9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a	8	·	NONE			
Subtract lines 7 and 8 from line 6a	٥	· ·	NOND			
10 Analysis of line 9 a Excess from 2014	3	•	NONR			
a Excess from 2014	10	ſ				
b Excess from 2015						
c Excess from 2016 NONE d Excess from 2017 NONE e Excess from 2018 NONE						
d Excess from 2017 NONE e Excess from 2018 NONE						
e Excess from 2018 NONE						

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,Pai	rt XIV Private Op	erating Foundations	s (see instructions	and Part VII-A, quest	ion 9)	NC	OT APPLICABLE
1 a	If the foundation has	received a ruling or d	letermination letter th	nat it is a private ope	rating		
_		g is effective for 2018, en		•	<u> </u>	T	
	Check box to indicate		is a private operating		n section	4942(1)(3),0	F 4942(j)(5)
Za	Enter the lesser of the ad- justed net income from Part	Tax year		Prior 3 years	1		(e) Total
	I or the minimum investmen	(a) 2018	(b) 2017	(c) 2016	(d) 20	15	
	return from Part X for each				/		
	year listed		·	-	 		
b	85% of line 2a · · · · ·				 /		
C	Qualifying distributions from Part						
4	XII, line 4 for each year listed .			 /	 		
u	Amounts included in line 2c not used directly for active conduct						
	of exempt activities						
е	Qualifying distributions made directly for active conduct of						
	exempt activities Subtract line						
3	2d from line 2c	i		4			
•	alternative test relied upon						
а	"Assets" alternative test - enter						
	(1) Value of all assets · · ·						
	(2) Value of assets qualifying under section				1		
	4942(j)(3)(B)(i)		/		_		
D	"Endowment" alternative test- enter 2/3 of minimum invest-						
	ment return shown in Part X,						
_	line 6 for each year listed						
C	"Support" alternative test - enter (1) Total support other than						
	gross investment income						
	(interest, dividends, rents, payments on securities						
	loans (section 512(a)(5)),						
	or royalties)			-	+		
	public and 5 of more						
	exempt organizations as provided in section 4942						
	(j)(3)(8)(iii)				+		
	port from an exempt						
	Gross investment income .						
Par		ntary Information (Complete this par	rt only if the found	ation had \$	5,000 or me	ore in assets at
	any time d	uring the year - see	instructions.)				
1	•	g Foundation Manage					
а	List any managers of	the foundation who l y tax year (but only if th					by the foundation
			ney nave contributed	more than \$5,000). (3	see section 50	//(a)(2)	
_		. SCHAFFRICK					
D	List any managers of	the foundation who rship or other entity) o				in equally lar	ge portion of the
	ownership of a partile	iship of other entity) o	i willon the loundati	on has a 10 % of greate	i iliterest		
	NT / 70						
2	N/A Information Regarding	Contribution Grant	Gift Loan Scholars	hin etc Programs:			
-	<u> </u>	-		• • •			d
		the foundation only for funds If the found					
		c, and d. See instruction		irants, etc., to marvido	idis or organiz	ations ander	other conditions,
	The name, address, ar			ne person to whom app	olications shou	ıld be address	
				ролоот то того терр			
b	The form in which app	olications should be su	bmitted and informa	tion and materials they	should includ	e:	
				·			
С	Any submission deadl	ines:					
d	Any restrictions or I	imitations on awards	, such as by geod	graphical areas, charit	table fields, k	kinds of insti	itutions, or other
	factors:		, 5	• • •	•		-

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual show any relationship to any foundation manager or substantial contributor Foundation Recipient Purpose of grant or contribution status of recipient Amount Name and address (home or business) a Paid during the year Elizabethtown Police Foundation 15,000. PO BOX 1231 Elizabethtown KY 42702-1231 NONE PC ANNUAL FUND The Salvation Army, A Georgia Corporatio PO BOX 1149 Louisville KY 40201 NONE PC PROGRAM SUPPORT 15,000. First Lutheran Church 15,000. 417 EAST BROADWAY Louisville KY 40202 NONE PC ANNUAL FUND Historic State Theater Complex, Inc. 209 W. DIXIE AVE. Elizabethtown KY 42701 NONE PC ANNUAL FUND 15,000. 60,000. **▶** 3a b Approved for future payment Total

Enter gross amounts unless otherwise indicated	Unrela	ted business income	Excluded by	section 512, 513, or 514	(e) Related or exempt
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
a					
b					· · · · · · · · · · · · · · · · · · ·
c					
d					
e					
f					
g Fees and contracts from government agencies			 		
2 Membership dues and assessments			14	425.	
3 Interest on savings and temporary cash investments			14	32,475.	NONE
4 Dividends and interest from securities			7.7	32, ±/3.	110111
5 Net rental income or (loss) from real estate			<u> </u>		
a Debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					<u>.</u>
8 Gain or (loss) from sales of assets other than inventory			18	8,635.	· · · · · · · · · · · · · · · · · · ·
9 Net income or (loss) from special events · · ·				7,555,5	
10 Gross profit or (loss) from sales of inventory					
11 Other revenue a					
ь EXCISE TAX REFUND				- 1	13,246.
c					<u> </u>
d					
e					
2 Subtotal Add columns (b), (d), and (e)				41,535.	13,246.
3 Total Add line 12, columns (b), (d), and (e)				13	54,781.
Explain below how each activit accomplishment of the foundation		· · · · · · · · · · · · · · · · · · ·			•
		NOT APPLICABI	LE		
1					
		 	· · · ·		

Form 990-PF (2018)	81-4333646	Page 13
Part XVII Information Regarding Transfers to and Transactions a Exempt Organizations	nd Relationships Wit	th Noncharitable

1		e organization direct									Yes	No
		ction 501(c) (other	than section	501(c)(3)	organizations) (or in section	527, re	lating to	political			
	-	zations?										
а		ers from the reporting	_									
		sh								1a(1)		X
	(2) Otl	her assets								1a(2)		<u>X</u>
b	Other	transactions:										
	(1) Sa	les of assets to a non	charitable exer	npt organiz	ation					1Ь(1)		<u>X</u>
	(2) Pu	rchases of assets fro	m a noncharital	ble exempt	organization					1b(2)		X
		ntal of facilities, equi								1b(3)		X
	(4) Re	ımbursement arrange	ements							16(4)		X
	(5) Lo	ans or loan guarantee	es							1b(5)		X
	(6) Pe	rformance of services	s or membersh	ip or fundra	nising solicitations					1b(6)		X
C	Sharın	g of facilities, equipm	nent, mailing lis	its, other as	sets, or paid empl	oyees				1c		X
ď	If the	answer to any of th	ne above is "Y	es," comple	ete the following	schedule. Col	lumn (b) s	should alv	ways show	the f	fair m	arket
		of the goods, other										
	value	in any transaction of	r sharing arran	gement, sh	ow in column (d)	the value of	the goods	, other a	ssets, or se	ervices	s rece	ived
(a) L	ine no	(b) Amount involved	(c) Name of	noncharitable	exempt organization	(d) Descrip	tion of transf	ers, transact	ions, and shar	ing arra	ngeme	nts
								-				
	- 1											
						<u> </u>		•	-			
							•					
				· · · · · · ·								
_												
		 				_						
		-				<u> </u>						
-						·						
		fad.a.id		CC.1 A								
24		foundation directly								¬ v.	es X	, No
L		bed in section 501(c)		ection 50 I(c	(3)) or in section	52/1				16	es <u>r</u>	i ino
D	ii Yes	," complete the follow		1 ,	L) T			(-) D			-	
		(a) Name of organizatio	<u> </u>	<u> </u>	b) Type of organization			(c) Descripti	on of relations	шр		
												
												_
			- 	-								
							_					
	100-4-										-1-4 .	
		r penalties of perjury, I declaration of						o the best c	n niy knowledg	e and b	Jener, 10	is true,
Sigi	1 	1,195,	Malka	ن الكرتية	13/20	N			May the IRS	discus	s this	return
Her	_ ا م	W/	2 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	~ 2	-1-12	Truste	e		with the pre			oelow?
	Sig	nature of officer or trustee		Dat	e /	Title			See instruction	s <u>X</u>	Yes	N∘
		1				- 						
Paid	1	Print/Type preparer's na	ime	Prepare	r's signature	//	Date	1070 Che	···	TIN		
		TIA SHERRELL	<u> </u>	16/	WAMINU	<u> </u>	MALL	self		P022		. 8
Preparer Use Only Firm's name ► FIFTH THIRD BANK Firm's ellN ► 31-06						<u> </u>	865					
		CI	NCINNATI,	OH	4	5263-0858		Phone no	800-33			
		<u> </u>				<u> </u>			For	m 990	0-PF	(2018)

STATEMENT

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INVES	ii II II II
CASH	
RARY	
TEMPO	
NO	H H H
INTEREST	
ı	
PART I	
990PF,	
FORM	

NET INVESTMENT INCOME	425.
REVENUE AND EXPENSES PER BOOKS	425. 425. ===========
	TOTAL
DESCRIPTION	MONEY MARKET INTEREST

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STATEMENT

FORM 990PF, PART I - DIVIDENDS AND INTEREST FROM SECURITIES

	NET INVESTMENT INCOME	3,887. 28,357. 32,244.
	REVENUE AND EXPENSES PER BOOKS	3,887. 231. 28,357. 32,475.
 		TOTAL
	DESCRIPTION	FOREIGN DIVIDENDS NONDIVIDEND DISTRIBUTIONS DOMESTIC DIVIDENDS

SCHAFFRICK CHARITABLE FOUNDATION, INC. C/O

81-4333646

FORM 990PF, PART I - OTHER INCOME

> REVENUE AND **EXPENSES**

DESCRIPTION -----

PER BOOKS -----

EXCISE TAX REFUND

13,246. -----

TOTALS

13,246.

STATEMENT

FEES	1111
ROFESSIONAL	
OTHER P	111111
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н	1
PART	
990PF,	
FORM	11111

NET INVESTMENT INCOME	15,069. 15,069.
REVENUE AND EXPENSES PER BOOKS	15,069.
	S (NON-DED TOTALS
DESCRIPTION	INVESTMNT MNGMNT FEES (NON-DED

2

STATEMENT

TAXES
1
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PART
990PF,
FORM

	NET INVESTMENT INCOME	2888.	
	REVENUE AND EXPENSES PER BOOKS	7 888	.882
13 11 11 11 11 11 11		E	TOTALS
	DESCRIPTION	FOREIGN TAXES	

FORM 990PF, PART I - OTHER EXPENSES

14:22:27
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11/08
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GBP241

CHARITABLE PURPOSES		15.
NET INVESTMENT INCOME	1 1 1 1 1	12.
REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1 1 1 1	15.
DESCRIPTION		OTHER MISC. EXPENSES INVESTMENT EXPENSES ON DIVIDEN

15.

27.

TOTALS

15.

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STATEMENT

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990PF, PART VII-A LINE 8b - EXPLANATION OF NON-FILING WITH A.G. STMT.

The Attorney General of Kentucky does not have a state filing requirement.