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2018

Return of Private Foundation

Department of the Treasury Internal Revenue Service

Form 990-PF

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 <u>www.irs.gov/Form990PF</u> for instructions and the latest information.

Open to Public Inspection

| For | caler | ndar year 2018, or tax year beginning 12-01-20 |)18 ar | nd ending 11-30 | -2019 | |
|-------------------------|----------|------------------------------------------------------------------------------------------------------------------------------------------|-----------------------|---------------------------|------------------------------------------------|-------------------------------------------------|
| | | Indation | , 41 | | lentification number | er |
| TH | IE BROC | NEE BROWN BARZUN ROPIC FOUNDATION INC | | 27-4432411 | | • |
| | | d street (or P.O. box number if mail is not delivered to street address) | Room/suite | B Telephone nu | ımber (see instructio | ns) |
| 3. | 33 EAS | Γ MAIN STREET NO 401 | | (502) 805-720 | 3 | |
| | | n, state or province, country, and ZIP or foreign postal code , KY 40202 | • | C If exemption | application is pendin | g, check here |
| G CH | neck al | that apply: | former public charity | D 1. Foreign or | ganizations, check h | ere |
| | reek ur | ☐ Final return ☐ Amended return | rormer public chartey | | rganizations meeting | ▶ ⊔ |
| | | Address change Name change | | test, chec | ck here and attach co | mputation 🕨 🔲 |
| H Cł | neck ty | | foundation | | undation status was on 507(b)(1)(A), chec | |
| | Section | 1 4947(a)(1) nonexempt charitable trust \qed Other taxable | e private foundation | | (- /(- /(- // | |
| of | year (f | xet value of all assets at end from Part II, col. (c), ▶\$ 64,908,415 J Accounting method: □ Other (specify) (Part I, column (d) must | ✓ Cash ☐ Accru | | ation is in a 60-mont on 507(b)(1)(B), chec | |
| Pa | rt I | Analysis of Revenue and Expenses (The total | (a) Revenue and | | | (d) Disbursements |
| | | of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions).) | expenses per books | (b) Net investment income | (c) Adjusted net income | for charitable purposes (cash basis only) |
| | 1 | Contributions, gifts, grants, etc., received (attach schedule) | 24,374,965 | | | |
| | 2 | Check ▶ ☐ if the foundation is not required to attach Sch. B | | | | |
| Reverne | 3 | Interest on savings and temporary cash investments | 162 | 162 | 2 | |
| | 4 | Dividends and interest from securities | 636,864 | 636,864 | 1 | |
| | 5a | Gross rents | | | | |
| | b | Net rental income or (loss) | 120,202 | | | |
| | 6a | Net gain or (loss) from sale of assets not on line 10 | 130,293 | | | |
| | b | Gross sales price for all assets on line 6a339,341 | | | | |
| ž | 7 | Capital gain net income (from Part IV, line 2) | | 130,293 | 3 | |
| | 8 | Net short-term capital gain | | | | |
| | 9 | Income modifications | | | | |
| | 10a b | Gross sales less returns and allowances Less: Cost of goods sold | | | | |
| | ° | Gross profit or (loss) (attach schedule) | | | | |
| | 11 | Other income (attach schedule) | | | | |
| | 12 | Total. Add lines 1 through 11 | 25,142,284 | 767,319 |) | |
| | 13 | Compensation of officers, directors, trustees, etc. | 0 | (| | C |
| | 14 | Other employee salaries and wages | | | | |
| 56 | 15 | Pension plans, employee benefits | | | | |
| in St | 16a | Legal fees (attach schedule) | | | | |
| × | b | Accounting fees (attach schedule) | 5,716 | 2,858 | 3 | 2,858 |
| e E | C | Other professional fees (attach schedule) | 56,058 | 13,724 | ı | 42,334 |
| Ĭ | 17 | Interest | | | | |
| Administrative Expenses | 18 | Taxes (attach schedule) (see instructions) | 15,342 | 142 | 2 | С |
| Ξ | 19 | Depreciation (attach schedule) and depletion | | | | |
| Ð | 20 | Occupancy | | | | |
| 7 DI | 21 | Travel, conferences, and meetings | | | | |
| ਰ | 22 | Printing and publications | 95-1 2.000 | | | 2.000 |
| Operating and | 23 | Other expenses (attach schedule) | 3,090 | C | <u>'</u> | 3,066 |
| era | 24 | Total operating and administrative expenses. Add lines 13 through 23 | 80,206 | 16,724 | | 48,258 |
| d | 25 | Contributions, gifts, grants paid | 1,109,538 | · | | 1,109,538 |
| | 26 | Total expenses and disbursements. Add lines 24 and | _, | | | |
| | | 25 | 1,189,744 | 16,724 | ļ | 1,157,796 |
| | 27 | Subtract line 26 from line 12: Excess of revenue over expenses and | | | | |
| | a | disbursements | 23,952,540 | | | |
| | ь | Net investment income (if negative, enter -0-) | | 750,595 | 5 | |
| | С | Adjusted net income (if negative, enter -0-) | | | | |

Page 2

| | - | cash hon merest bearing | 333,043 | 23,001 | 25,051 |
|----------|-----|--------------------------------------------------------------------------|------------|------------|------------|
| | 2 | Savings and temporary cash investments | 710 | 6,981 | 6,981 |
| | 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 ▶ | | | |
| ets | 8 | Inventories for sale or use | | | |
| Ś | 9 | Prepaid expenses and deferred charges | | | |
| AS | 10a | Investments—U.S. and state government obligations (attach schedule) | | | |
| | b | Investments—corporate stock (attach schedule) | 9,863,303 | 11,852,848 | 64,871,803 |
| | С | Investments—corporate bonds (attach schedule) | | | |
| | 11 | Investments—land, buildings, and equipment: basis ▶ | | | |
| | | Less: accumulated depreciation (attach schedule) ▶ | | | |
| | 12 | Investments—mortgage loans | | | |
| | 13 | Investments—other (attach schedule) | | | |
| | 14 | Land, buildings, and equipment: basis ▶ | | | |
| | | Less: accumulated depreciation (attach schedule) | | | |
| | 15 | Other assets (describe) | | | |
| | 16 | Total assets (to be completed by all filers—see the | | | |
| | | instructions. Also, see page 1, item I) | 10,857,862 | 11,889,460 | 64,908,415 |
| | 17 | Accounts payable and accrued expenses | | | |
| | 18 | Grants payable | | | |
| es | 19 | Deferred revenue | | | |
| apilitie | 20 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| 텯 | 21 | Mortgages and other notes payable (attach schedule) | | | |
| _ | 22 | Other liabilities (describe | | | |

| | _ | • |
|-------|---|---|
| ¢ | υ | • |
| 7 | | i |

Net Assets or Fund Balances

23

24

25

26

Part III

2

3

4

5

Unrestricted

Temporarily restricted

Permanently restricted

Form 990-PF (2018)

and complete lines 27 through 31. Capital stock, trust principal, or current funds Paid-in or capital surplus, or land, bldg., and equipment fund 10,857,862 Retained earnings, accumulated income, endowment, or other funds 11,889,460

10,857,862

10,857,862

11,889,460

11,889,460

1

2

3

4

5

6

10,857,862

23,952,540

34,810,402

22,920,942

11,889,460 Form **990-PF** (2018)

27 28 29 30 Total net assets or fund balances (see instructions) . Total liabilities and net assets/fund balances (see instructions) . 31

of-year figure reported on prior year's return)

Decreases not included in line 2 (itemize) ▶

Other increases not included in line 2 (itemize)

Enter amount from Part I, line 27a

Add lines 1, 2, and 3

Total liabilities (add lines 17 through 22)

Foundations that follow SFAS 117, check here ▶

and complete lines 24 through 26 and lines 30 and 31.

Foundations that do not follow SFAS 117, check here ▶

Analysis of Changes in Net Assets or Fund Balances

Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-

Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30

Page **3**

| | e the kind(s) of property sold (e.g., rehouse; or common stock, 200 shs | | (b) How acquired P—Purchase D—Donation | (c) Date acquired (mo., day, yr.) | (d) Date sold (mo., day, yr.) |
|----------------------------------------------------------------|---------------------------------------------------------------------------------|---------------------------------|---------------------------------------------|-----------------------------------------------------------|----------------------------------------------------------|
| 1 a PUBLICLY TRADED SECU | RITIES (SHORT-TERM) | | | | |
| b PUBLICLY TRADED SECU | RITIES (LONG-TERM) | | | | |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| | (f) | | (g) | (| h) |
| (e) Gross sales price | Depreciation allowed (or allowable) | Cost or | other basis ense of sale | Gain ò | r (loss)) minus (g) |
| _ | 58 | pius exp | 59 | |) minus (g) |
| a | | | | | 120.20 |
| _ | 9,283 | | 208,989 | | 130,294 |
| <u>c</u> | | | | | |
| d | | | | | |
| е | | | | | |
| Complete only for assets | showing gain in column (h) and ow | ned by the foundation | on 12/31/69 | | I) |
| (i) F.M.V. as of 12/31/69 | (j) Adjusted basis as of 12/31/69 | Excess | (k) of col. (i) l. (j), if any | col. (k), but not | h) gain minus less than -0-) or om col.(h)) |
| a | | | | | - |
| b | | | | | 130,29 |
| c | | | | | |
| d | | | | | |
| e | | | | | |
| | gain or (loss) as defined in sections : rt I, line 8, column (c) (see instructi | |)- | 3 | 130,293 |
| Part V Qualification l | Inder Section 4940(e) for Re | educed Tax on Net | Investment In | come | |
| For optional use by domestic p | rivate foundations subject to the sec | ction 4940(a) tax on ne | et investment incom | ie.) | |
| f section 4940(d)(2) applies, le | eave this part blank. | | | | |
| | e section 4942 tax on the distributant qualify under section 4940(e). Do | | | ? \ \ \ \ \ \ \ \ \ \ \ \ \ \ | es 🔽 No |
| 1 Enter the appropriate an | nount in each column for each year; | see instructions before | making any entries | s. | |
| (a) Base period years Calendar year (or tax year beginning in) | (b) Adjusted qualifying distributions | (c) Net value of noncharitab | le-use assets | (d) Distribution rati (col. (b) divided by c | |
| 2017 | 566,116 | | 22,485,654 | (30.1 (5) divided by C | 0.025177 |
| 2016 | 614,457 | | 18,155,015 | | 0.033845 |
| 2015 | 712,412 | | 14,927,621 | | 0.047724 |
| 2014 | 744,604 | | 18,860,318 | | 0.039480 |
| 2013 | 942,845 | | 18,562,613 | | 0.050793 |
| 2 Total of line 1, column (| · · · · · · · · · · · · · · · · · · · | | 2 | | 0.197019 |
| , , | o for the 5-year base period—divide | the total on line 2 by E | | | 0.137013 |
| | ndation has been in existence if less | | | | 0.039404 |
| 4 Enter the net value of no | ncharitable-use assets for 2018 from | n Part X, line 5 | 4 | | 52,997,324 |
| 5 Multiply line 4 by line 3 | | | 5 | | 2,088,307 |
| | ent income (1% of Part I, line 27b) | | 6 | | 7,506 |
| | | | 7 | | 2,095,813 |
| | ons from Part XII, line 4 , | | | | 1,157,796 |
| If line 8 is equal to or gre | eater than line 7, check the box in Pa | | | g a 1% tax rate. Se | _ |
| instructions. | | | | | |

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|-------|----------------------------------------------------------------------------------------------|--------|-------------------------------------------------------------------------------------------|----------------------------|--------------------------------------------------------------------------------|----------------------|---------------------|---------------|
| Pa | rt VII-B Statements Regar | ding | Activities for Which | Form 4720 May Be I | Required (continued) | | | |
| 5a | During the year did the foundation | рау с | r incur any amount to: | | | | Yes | No |
| | (1) Carry on propaganda, or other | wise a | ttempt to influence legisla | tion (section 4945(e))? | ☐ Yes 🗸 | N. | | |
| | (2) Influence the outcome of any s | pecifi | c public election (see section | on 4955); or to carry | □ fes 🖭 | NO | | |
| | on, directly or indirectly, any ve | oter r | egistration drive? | | · · □ Yes 🗸 | | | |
| | (3) Provide a grant to an individua | | | | Yes Y | No No | | |
| | (4) Provide a grant to an organization other than a charitable, etc., organization described | | | | | | | |
| | (5) Provide for any purpose other t | | | | · ∐ Yes ⊻ | No | | |
| | educational purposes, or for the | | • | * ** | | | | |
| b | If any answer is "Yes" to 5a(1)–(5) | - | • | | ∟ Yes 🖭 | No | | |
| | Regulations section 53.4945 or in a | | =' | | • | 5b | | |
| | Organizations relying on a current | | | | _ | 55 | + | \vdash |
| c | If the answer is "Yes" to question 5 | | - | | | | | |
| | tax because it maintained expendit | | | • | | | | |
| | If "Yes," attach the statement requ | ired b | y Regulations section 53.4 | 945-5(d). | ∟ Yes ∟ | No | | |
| 6a | Did the foundation, during the year | , rece | ive any funds, directly or i | ndirectly, to pay premiur | ns on | | | |
| | a personal benefit contract? | | | | Yes V | No | | |
| b | Did the foundation, during the year | , pay | premiums, directly or indi | rectly, on a personal bend | efit contract? | 6b | | No |
| | If "Yes" to 6b, file Form 8870. | | | | | | | |
| 7a | At any time during the tax year, wa | | | | ⊔ Yes 💌 | No | | |
| b | If yes, did the foundation receive a | ny pr | oceeds or have any net inc | ome attributable to the t | ransaction? | 7b | | |
| 8 | Is the foundation subject to the sec | | | | | | | |
| | excess parachute payment during t | he ye | ar? | | · · □ Yes 🗸 | No L | | |
| | Information About | Offic | ers, Directors, Truste | es, Foundation Mar | nagers, Highly Paid Er | | , | |
| 1 | (a) Name and address | es, f | oundation managers and (b) Title, and average hours per week devoted to position | (c) Compensation (If | | d (e) Expe | ense acc allowan | |
| AUGU | ISTA BROWN HOLLAND | | CTOR | 0 | | 0 | | 0 |
| 333 E | ELKOVA STRATEGIC PARTNERS LLC MAIN STREET SUITE 401 SVILLE, KY 40202 | 0.50 | | | | | | |
| | KE BROWN BARZUN | DIRE | CTOR/PRESIDENT | 0 | | 0 | | 0 |
| 333 E | ELKOVA STRATEGIC PARTNERS LLC MAIN STREET SUITE 401 SVILLE, KY 40202 | 0.50 | | | | | | |
| owsi | EY BROWN III | DIRE | CTOR/SECRETARY/TREASUR | 0 | (| 0 | | 0 |
| 333 E | ELKOVA STRATEGIC PARTNERS LLC MAIN STREET SUITE 401 SVILLE, KY 40202 | 0.50 | | | | | | |
| 2 | Compensation of five highest-pa | id er | nployees (other than the | ose included on line 1- | -see instructions). If no | ne, enter ' | 'NONE | ." |
| (a) | Name and address of each employee more than \$50,000 | paid | (b) Title, and average hours per week devoted to position | (c) Compensation | (d) Contributions to employee benefit plans and deferred compensation | (e) Exper other a | nse acco llowanc | |
| NON | E | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
| | | | | | | | | |
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| | | | | | | | | |
| | | |] | | | | | |
| | | | | | | | | |
| | | | 1 | | | | | |
| Tota | I number of other employees paid ov | er \$5 | 0,000 | | | | | |
| | | | | | | Form 99 | 0-PF | |
| | | | | | | | ' | ·/ |

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|------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|---------------------------|
| Part VIII Information About Officers, Directors, Trustees, and Contractors (continued) | Foundation Managers, Highly Pa | id Employees, |
| 3 Five highest-paid independent contractors for professional service | es (see instructions). If none, enter | "NONE". |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | | |
| | | |
| | | |
| | | |
| | | |
| Total number of others receiving over \$50,000 for professional services. | | 0 |
| Part IX-A Summary of Direct Charitable Activities List the foundation's four largest direct charitable activities during the tax year. Include rele | want statistical information such as the number | of |
| organizations and other beneficiaries served, conferences convened, research papers produced | | Expenses |
| 1 | | |
| | | |
| | | |
| 2 | | |
| | | |
| | | |
| 3 | | |
| | | |
| | | |
| 4 | | |
| | | |
| | | |
| Part IX-B Summary of Program-Related Investments (see i | nstructions) | |
| Describe the two largest program-related investments made by the foundation during the | e tax year on lines 1 and 2. | Amount |
| 1 | | |
| | | |
| | | |
| 2 | | |
| | | |
| All other program-related investments. See instructions. | | |
| 3 | | |
| | | |
| | | |
| Total. Add lines 1 through 3 | | 0 |
| | | Form 990-PF (2018) |

2b

2c

3

4

5

6

7

1a

1b

2

3a 3b

4

5

15.012

2,634,854

2.634.854

2,634,854

1,157,796

1,157,796

1,157,796

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Income tax for 2018. (This does not include the tax from Part VI.). . .

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

the section 4940(e) reduction of tax in those years.

3

4 5

6

1

2

3

4

5

b

Part XII

Distributable amount before adjustments. Subtract line 2c from line 1.

Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1. . .

Expenses, contributions, gifts, etc.—total from Part I, column (d), line 26.

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

income. Enter 1% of Part I, line 27b. See instructions.

Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for

Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:

Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

d Subtract line 6c from line 6b. Taxable amount —see instructions e Undistributed income for 2017. Subtract line 4a 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)(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) . . .

9 Excess distributions carryover to 2019. Subtract lines 7 and 8 from line 6a.

10 Analysis of line 9: a Excess from 2014. **b** Excess from 2015. . c Excess from 2016. . d Excess from 2017. . e Excess from 2018. .

Undistributed Income (see instructions)

Part XIII

2,554,135

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| | | (a) Corpus | (b) Years prior to 2017 | (c) 2017 | (d) 2018 |
|---|-------------------------------------------------------------------------------------|---------------|----------------------------|--------------------|---------------------|
| 1 | Distributable amount for 2018 from Part XI, line 7 | · | | | 2,634,854 |
| 2 | Undistributed income, if any, as of the end of 2018: | | | | |
| а | Enter amount for 2017 only | | | 1,077,077 | |
| b | Total for prior years: 20, 20, 20 | | 0 | | |
| 3 | Excess distributions carryover, if any, to 2018: | | | | |
| а | From 2013 | | | | |
| b | From 2014 | | | | |
| | From 2015 | | | | |
| | From 2016 | | | | |
| | From 2017 | | | | |
| | Total of lines 3a through e | 0 | | | |
| 4 | Qualifying distributions for 2018 from Part | | | | |
| | XII, line 4: ► \$1,157,796 | | | | |
| а | Applied to 2017, but not more than line 2a | | | 1,077,077 | |
| b | Applied to undistributed income of prior years (Election required—see instructions) | | 0 | | |
| С | Treated as distributions out of corpus (Election required—see instructions) | 0 | | | |
| d | Applied to 2018 distributable amount | | | | 80,719 |
| е | Remaining amount distributed out of corpus | 0 | | | |
| 5 | Excess distributions carryover applied to 2018. | 0 | | | 0 |
| | (If an amount annears in column (d), the | | | | |

| а | Applied to 2017, but not more than line 2a | | | 1,077,077 | |
|---|---------------------------------------------------------------------------------------|---|---|-----------|--------|
| b | Applied to undistributed income of prior years (Election required—see instructions) | | 0 | | |
| С | Treated as distributions out of corpus (Election required—see instructions) | 0 | | | |
| d | Applied to 2018 distributable amount | | | | 80,719 |
| е | Remaining amount distributed out of corpus | 0 | | | |
| 5 | Excess distributions carryover applied to 2018. | 0 | | | 0 |
| | (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 Applied to 2017, but not more than line 2a | | | 1,077,077 | |
|-----------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---|---|-----------|--------|
| b Applied to undistributed income of prior years (Election required—see instructions) | | 0 | | |
| c Treated as distributions out of corpus (Election required—see instructions) | 0 | | | |
| d Applied to 2018 distributable amount | | | | 80,719 |
| e Remaining amount distributed out of corpus | 0 | | | |
| 5 Excess distributions carryover applied to 2018. | 0 | | | 0 |
| (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 | 0 | | | |
| b Prior years' undistributed income. Subtract line 4b from line 2b | | 0 | | |
| c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed. | | 0 | | |

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

factors:



| iter gross | amounts unless otherwise indicated. | | usiness income | Excluded by section | | (e) Related or exempt |
|-------------------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------|--------------------------------------|--------------------------------------|---------------------|----------------------------------------|
| _ | n service revenue: | (a) Business code | (b) Amount | (c) Exclusion code | (d) Amount | function income (See instructions.) |
| | | | | | | |
| | | | | | | |
| | | | | | | |
| е | | | | | | |
| f | | | | | | |
| _ | and contracts from government agencies | | | | | |
| | rship dues and assessments | | | | | |
| investr | t on savings and temporary cash nents | | | 14 | 163 | |
| | nds and interest from securities | | | 14 14 | 162 636,864 | |
| | ital income or (loss) from real estate: | | | - : | | |
| a Debt- | financed property | | | | | |
| | ebt-financed property | | | | | |
| | tal income or (loss) from personal property | | | | | |
| | nvestment income | | | | | |
| invento | (loss) from sales of assets other than | | | 10 | 120 202 | |
| | ome or (loss) from special events: | | | 18 | 130,293 | |
| | profit or (loss) from sales of inventory | | | | | |
| | revenue: a | | | | | |
| b | | | | | | |
| с | | | | | | |
| | | | | | | |
| | | | | | | |
| Subtot | al. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e) | | 0 | | 767,319 | 767,319 |
| | Add line 12, columns (b), (d), and (e) | | | 1 | 3 | /6/,319 |
| (See wo | | | | | <u> </u> | <u> </u> |
| | orksheet in line 13 instructions to verify calcu | lations.) | | | | , |
| art XVI | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how explain below how each activity for which the accomplishment of the foundation's explain below how explain the foundation of the fo | lations.) e Accomplis income is report | hment of Exempleted in column (e) of | pt Purposes F Part XVI-A contribu | uted importantly to | |
| art XVI ne No. | rksheet in line 13 instructions to verify calcu Relationship of Activities to th Explain below how each activity for which | lations.) e Accomplis income is report | hment of Exempleted in column (e) of | pt Purposes F Part XVI-A contribu | uted importantly to | , |
| ne No. | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how explain below how each activity for which the accomplishment of the foundation's explain below how explain the foundation of the fo | lations.) e Accomplis income is report | hment of Exempleted in column (e) of | pt Purposes F Part XVI-A contribu | uted importantly to | |
| ne No. | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how explain below how each activity for which the accomplishment of the foundation's explain below how explain the foundation of the fo | lations.) e Accomplis income is report | hment of Exempleted in column (e) of | pt Purposes F Part XVI-A contribu | uted importantly to | , |
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| irt XVI 1e No. | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how explain below how each activity for which the accomplishment of the foundation's explain below how explain the foundation of the fo | lations.) e Accomplis income is report | hment of Exempleted in column (e) of | pt Purposes F Part XVI-A contribu | uted importantly to | |
| irt XVI 1e No. | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how explain below how each activity for which the accomplishment of the foundation's explain below how explain the foundation of the fo | lations.) e Accomplis income is report | hment of Exempleted in column (e) of | pt Purposes F Part XVI-A contribu | uted importantly to | |
| rt XVI ne No. | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how explain below how each activity for which the accomplishment of the foundation's explain below how explain the foundation of the fo | lations.) e Accomplis income is report | hment of Exempleted in column (e) of | pt Purposes F Part XVI-A contribu | uted importantly to | |
| irt XVI ne No. | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how explain below how each activity for which the accomplishment of the foundation's explain below how explain the foundation of the fo | lations.) e Accomplis income is report | hment of Exempleted in column (e) of | pt Purposes F Part XVI-A contribu | uted importantly to | |
| irt XVI 1e No. | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how explain below how each activity for which the accomplishment of the foundation's explain below how explain the foundation of the fo | lations.) e Accomplis income is report | hment of Exempleted in column (e) of | pt Purposes F Part XVI-A contribu | uted importantly to | |
| nrt XVI ne No. | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how explain below how each activity for which the accomplishment of the foundation's explain below how explain the foundation of the fo | lations.) e Accomplis income is report | hment of Exempleted in column (e) of | pt Purposes F Part XVI-A contribu | uted importantly to | |
| ne No. | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how explain below how each activity for which the accomplishment of the foundation's explain below how explain the foundation of the fo | lations.) e Accomplis income is report | hment of Exempleted in column (e) of | pt Purposes F Part XVI-A contribu | uted importantly to | |
| art XVI ne No. | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how explain below how each activity for which the accomplishment of the foundation's explain below how explain the foundation of the fo | lations.) e Accomplis income is report | hment of Exempleted in column (e) of | pt Purposes F Part XVI-A contribu | uted importantly to | |
| nrt XVI ne No. | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's explain below how explain below how each activity for which the accomplishment of the foundation's explain below how explain the foundation of the fo | lations.) e Accomplis income is report | hment of Exempleted in column (e) of | pt Purposes F Part XVI-A contribu | uted importantly to | |
| art XVI ne No. | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations.) e Accomplis income is report | hment of Exempleted in column (e) of | pt Purposes F Part XVI-A contribu | uted importantly to | |
| nrt XVI ne No. | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations.) e Accomplis income is report | hment of Exempleted in column (e) of | pt Purposes F Part XVI-A contribu | uted importantly to | |
| nrt XVI ne No. | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations.) e Accomplis income is report | hment of Exempleted in column (e) of | pt Purposes F Part XVI-A contribu | uted importantly to | |
| art XVI ne No. | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations.) e Accomplis income is report | hment of Exempleted in column (e) of | pt Purposes F Part XVI-A contribu | uted importantly to | |
| nrt XVI ne No. | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations.) e Accomplis income is report | hment of Exempleted in column (e) of | pt Purposes F Part XVI-A contribu | uted importantly to | |
| irt XVI 1e No. | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations.) e Accomplis income is report | hment of Exempleted in column (e) of | pt Purposes F Part XVI-A contribu | uted importantly to | |
| ne No. | Relationship of Activities to the Explain below how each activity for which the accomplishment of the foundation's ex | lations.) e Accomplis income is report | hment of Exempleted in column (e) of | pt Purposes F Part XVI-A contribu | uted importantly to | |

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable Exempt Organizations

| | | Exempt Organia | zations | | | | | | | | | | |
|-------------|-----------------|------------------------------------------------------|------------------|---------|----------------|-----------------------------|---------------------------------------|--------------|------------------------|------------------|-----------|------------|------|
| | | ganization directly or in than section 501(c)(3) | | | | | | | | ion 501 | | Yes | No |
| a Tra | ansfers f | from the reporting foun | dation to a n | oncha | ritable ex | empt organizatio | n of: | | | | | | |
| (1 |) Cash. | | | | | | | | | . [| 1a(1) | | No |
| (2 |) Other | assets | | | | | | | | | 1a(2) | | No |
| b Ot | her tran | sactions: | | | | | | | | | | | |
| (1 |) Sales | of assets to a nonchari | itable exemp | t orga | nization. | | | | | [| 1b(1) | | No |
| (2 |) Purch | ases of assets from a n | oncharitable | exem | pt organiz | zation | | | | [| 1b(2) | | No |
| (3 |) Renta | al of facilities, equipmer | nt, or other a | ssets. | | | | | | [| 1b(3) | | No |
| (4 |) Reiml | bursement arrangemen | ts | | | | | | | . [| 1b(4) | | No |
| (5 |) Loans | s or loan guarantees. | | | | | | | | [| 1b(5) | | No |
| (6 |) Perfor | mance of services or m | embership or | fund | raising sol | licitations | | | | . [| 1b(6) | | No |
| c Sh | aring of | facilities, equipment, n | nailing lists, d | other | assets, or | paid employees. | | | | . [| 1c | | No |
| | | ver to any of the above ds, other assets, or ser | | | | | | | | | | | |
| | | nsaction or sharing arra | | | | | | | | | | | |
| | . 1 | | | | | | | | _ | | | | |
| (a) Lin | e No. | (b) Amount involved | (c) Name of | noncha | aritable exe | mpt organization | (d) Des | scription of | transfers, transaction | s, and shari | ng arrar | ngement | ts |
| | | | | | | | | | | | | | |
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| | | | | | | | | | | | | | |
| 2a Is | the four | ndation directly or indire | actly affiliated | -l with | or relate | d to one or more | tav-ever | nt organi | izations | | | | |
| | | in section 501(c) (other | • | | • | • | | | | /os J | No | | |
| | | | | 1 301(| (3)) 01 | iii section 327: . | | | | - L | INO | | |
| D IT | Yes, co | omplete the following so (a) Name of organization | | | l / | h) Typo of organizat | ion | 1 | (c) Descriptio | n of rolation | schin | | |
| | | (a) Name of organization | on | | (1 | b) Type of organizat | ion | | (c) Descriptio | n or relation | isnip | | |
| | | | | | | | | + | | | | | |
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| | | | | | | | | + | | | | | |
| | | | | | | | | <u> </u> | | | | | |
| | Unde | er penalties of perjury, | I declare that | t I hay | l ve evamin | ed this return in | cluding ac | companyi | ng schedules and s | tatement | and t | o the l | hest |
| | of m | y knowledge and belief th preparer has any kno | , it is true, co | | | | | | | | | | |
| Sign | ı I | | 5 | | | | | | | May the | e IRS dis | cuss th | is |
| Here | , | ***** | | | | 2020-02-25 | \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ | ***** | | return | | | |
| | ~ | | | | | 1 | —) - | | | with th below | e prepar | er show | vn . |
| | ' | Signature of officer or t | rustee | | | Date | , - | Title | | | str.)? 🖪 | / Ves [| חער⊏ |
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| | | WILLIAM EVERSOL | F | | | | | | employed ▶ 🎞 | ' | 00137 | 100 | |
| Paid | | | - | | | | | | | | | | |
| Prep | arer | Firm's name ► SUM | MIT CPA | l | | | | | l | | | 1000 | |
| | Only | | | | | | | | | Firm's EI | N ▶46- | 46869 | 80 |
| _ | | | 3 EAST MAIN | N STRE | EET SUITE | 401 | | | | | | | |
| | | | NUTCVITUE 10 | | 102 | | | | | Phone no | . (502) | 805-7 | 7213 |
| | | LC | OUISVILLE, K | Y 402 | 202 | | | | | | , , | / | |
| | | | | | | | | | | | | | |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year AMERICAN RED CROSS NONE PC HURRICANE DORIAN RELIEF 50,000

| 510 E CHESTNUT STREET LOUISVILLE, KY 40201 | | | FOR ABACO ISLANDS | Ŷ |
|---------------------------------------------------------------------|------|----|------------------------|--------|
| AMERICAN RED CROSS 510 E CHESTNUT STREET LOUISVILLE, KY 40201 | NONE | PC | LOUISVILLE ANNUAL FUND | 10,000 |

PC

CAPITAL CAMPAIGN

■ 3a

APPALSHOP INC91 MADISON AVE

WHITESBURG, KY 41858

NONE

25,000

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager recipient

| Name and address (home or business) | or substantial contributor | i corpient | | |
|-------------------------------------|----------------------------|------------|-------------|-------|
| a Paid during the year | | | | |
| ASSOCIATION OF THE COTUIT | NONE | PC | ANNUAL FUND | 1,000 |

| MOSQUITO YACHT CLUB PO BOX 1605 COTUIT, MA 02635 | NONE | r. | ANNOAL FOND | 1,000 |
|--------------------------------------------------|------|----|-------------|-------|
| BEYOND CELIACPO BOX 544 | NONE | PC | ANNUAL FUND | 5,000 |

| COTUIT, MA 02635 | | | | |
|---------------------------------------------|------|----|---------------|-------|
| BEYOND CELIACPO BOX 544 AMBLER, PA 19002 | NONE | PC | ANNUAL FUND | 5,000 |
| BLUEGRASS LAND CONSERVANCY INC | NONE | PC | EVENT SPONSOR | 7,500 |

| AMBLER, PA 19002 | NONE | PC | ANNUAL FUND | 5,000 |
|----------------------------------------------------------------------------------------|------|----|---------------|-------|
| BLUEGRASS LAND CONSERVANCY INC 450 OLD VINE STREET SUITE 105 LEXINGTON, KY 40507 | NONE | PC | EVENT SPONSOR | 7,500 |

| , | | | | |
|----------------------------------------------------------------------------------------|------|----|---------------|-----------|
| BLUEGRASS LAND CONSERVANCY INC 450 OLD VINE STREET SUITE 105 LEXINGTON, KY 40507 | NONE | PC | EVENT SPONSOR | 7,500 |
| Total | | | ▶ 3a | 1,109,538 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CATHEDRAL OF THE ASSUMPTION NONE PC ANNUAL FUND 1,000

| 433 S FIFTH STREET LOUISVILLE, KY 40202 | | | | |
|---------------------------------------------------------------------------------------|------|----|-------------|-------|
| CELIAC DISEASE FOUNDATION 20350 VENTURA BLVD SUITE 240 WOODLAND HILLS, CA 91364 | NONE | PC | ANNUAL FUND | 5,000 |

| 20350 VENTURA BLVD SUITE 240 WOODLAND HILLS, CA 91364 | NONE | PC | ANNUAL FUND | 5,000 |
|-------------------------------------------------------------|------|----|----------------------------------|--------|
| CENTER FOR WOMEN AND FAMILIES INC 927 S SECOND STREET | NONE | PC | DOMESTIC VIOLENCE ABUSE MONTH | 25,000 |

| WOODLAND HILLS, CA 91364 | | | | |
|-------------------------------------------------------------------------------------|------|----|-------------------------------|--------|
| CENTER FOR WOMEN AND FAMILIES INC 927 S SECOND STREET LOUISVILLE, KY 40203 | NONE | PC | DOMESTIC VIOLENCE ABUSE MONTH | 25,000 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year CHURCH OF THE ADVENT NONE PC ANNUAL FUND 5,000 OOT DAYTED AVENUE

| LOUISVILLE, KY 40204 | | | | |
|----------------------------------------------------------------------------------|------|----|-------------|-------|
| CREATIVE CAPITAL FOUNDATION 15TH MAIDEN LANE 18TH FLOOR NEW YORK, NY 10038 | NONE | PC | ANNUAL FUND | 5,000 |
| 1 | | | | |

| NEW YORK, NY 10038 | | | | |
|---------------------------------------------------------------------------------------------|------|----|----------------------------------------------|---------|
| DISCOVERY LAND COMPANY FOUNDATION 301 N CANON DR SUITE 328 BEVERLY HILLS, CA 90210 | NONE | PC | HURRICANE DORIAN RELIEF FOR ABACO ISLANDS | 100,000 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SISTERS OF CHARITY OF NAZARETH -NONE PC DOORS TO HOPE PROJECT 5,000

| PO BOX 211293 LOUISVILLE, KY 40221 | | | | |
|--------------------------------------------------------------------------|------|----|-------------|-------|
| FAIRNESS EDUCATION FUND 2263 FRANKFORT AVENUE LOUISVILLE, KY 40206 | NONE | PC | ANNUAL FUND | 1,000 |

| FAIRNESS EDUCATION FUND 2263 FRANKFORT AVENUE LOUISVILLE, KY 40206 | | | | 1,000 |
|----------------------------------------------------------------------------------|------|----|-------------|-------|
| FILSON HISTORICAL SOCIETY INC 1310 SOUTH THIRD STREET LOUISVILLE, KY 40208 | NONE | PC | ANNUAL FUND | 5,000 |

| FRAZIER HISTORICAL ARMS MUSEUM FOUNDATION INC 829 W MAIN STREET LOUISVILLE, KY 40202 | NONE | PC | WOMEN VOTE 100 PROJECT | 25,000 |
|-----------------------------------------------------------------------------------------------|------|----|------------------------|--------|
| GIRLS ROCK LOUISVILLE INC 3300 INGLE AVENUE | NONE | PC | ANNUAL FUND | 8,000 |

| 2001511222, 11 10202 | | | | |
|------------------------------------------------------------------------|------|----|-------------|-------|
| GIRLS ROCK LOUISVILLE INC 3300 INGLE AVENUE LOUISVILLE, KY 40206 | NONE | PC | ANNUAL FUND | 8,000 |
| GIRLS ROCK LOUISVILLE INC 3300 INGLE AVENUE LOUISVILLE, KY 40206 | NONE | PC | ANNUAL FUND | 1,950 |
| | | | | |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount contribution show any relationship to status of any foundation manager recipient Name and address (home or business) or substantial contributor

| | or substantial continuator | | | |
|---------------------------------------------------------------|----------------------------|----|-----------------------|-------|
| a Paid during the year | | | | |
| GOOD NEWS SHELTER CORPORATION 115 E ADAMS STREET SUITE 1-A | NONE | PC | OLDHAM COUNTY SUPPORT | 5,000 |

| 115 E ADAMS STREET SUITE 1-A LAGRANGE, KY 40031 | | | | |
|----------------------------------------------------------------------|------|----|-----------------------------|--------|
| HARVARD UNIVERSITY 124 MOUNT AUBURN STREET CAMBRIDGE, MA 02138 | NONE | PC | ANNUAL FUND - CLASS OF 1992 | 10,000 |

| HARVARD UNIVERSITY 124 MOUNT AUBURN STREET CAMBRIDGE, MA 02138 | NONE | PC | ANNUAL FUND - CLASS OF 1992 | 10,000 |
|----------------------------------------------------------------------|------|----|-----------------------------|--------|
| HARVARD UNIVERSITY 124 MOUNT AUBURN STREET | NONE | PC | SCHOLARSHIP ENDOWMENT | 50,000 |

| 124 MOUNT AUBURN STREET CAMBRIDGE, MA 02138 | | | | |
|----------------------------------------------------------------------|------|----|-----------------------|--------|
| HARVARD UNIVERSITY 124 MOUNT AUBURN STREET CAMBRIDGE, MA 02138 | NONE | PC | SCHOLARSHIP ENDOWMENT | 50,000 |
| | | | | |

| HARVARD UNIVERSITY 124 MOUNT AUBURN STREET CAMBRIDGE, MA 02138 | NONE | PC | SCHOLARSHIP ENDOWMENT | 50,000 |
|----------------------------------------------------------------------|------|----|-----------------------|-----------|
| Total | | | ▶ 3a | 1,109,538 |

Recipient If recipient is an individual, Purpose of grant or Foundation Amount show any relationship to contribution status of any foundation manager recipient Name and address (home or husiness)

| Name and address (nome or business) | or substantial contributor | | | |
|-------------------------------------|----------------------------|----|---------------|-------|
| a Paid during the year | | | | |
| IMENTOR FOUNDATION | NONE | PC | EVENT SPONSOR | 1,000 |

| 199 WATER STREET 8TH FLOOR NEW YORK, NY 10038 | | | | |
|-------------------------------------------------------------------------------------------------|------|----|-------------|--------|
| INTERNATIONAL COUNCIL OF THE MUSEUM OF MODERN ART 11 WEST 53 STREET NEW YORK, NY 10019 | NONE | PC | ANNUAL FUND | 10,000 |

| INTERNATIONAL COUNCIL OF THE MUSEUM OF MODERN ART 11 WEST 53 STREET NEW YORK, NY 10019 | NONE | PC | ANNUAL FUND | 10,000 |
|-------------------------------------------------------------------------------------------------|------|----|------------------------------------|--------|
| KENTUCKY COALITIONPO BOX 1450 LONDON, KY 40743 | NONE | PC | VOTER INTEGRATION STRATEGY PROJECT | 7,421 |

| KENTUCKY COALITIONPO BOX 1450 NONE PC VOTER INTEGRATION STRATEGY 7,42 LONDON, KY 40743 PROJECT | 11 WEST 53 STREET NEW YORK, NY 10019 | | | |
|------------------------------------------------------------------------------------------------|-----------------------------------------|------|----|-------|
| | | NONE | PC | 7,421 |

1,109,538

| ı | · · · · · · · · · · · · · · · · · · · | | | | |
|---|---------------------------------------------------|------|----|------------------------------------|------|
| | KENTUCKY COALITIONPO BOX 1450 LONDON, KY 40743 | NONE | PC | VOTER INTEGRATION STRATEGY PROJECT | 7,42 |
| 1 | | | | | |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year KENTUCKY COLLEGE OF ART DESIGN NONE PC STUDENT AND STAFF SUPPORT 20,000

| LOUISVILLE, KY 40203 | | | | |
|-----------------------------------------------------------------------------------------|------|----|-------------|--------|
| KENTUCKY MUSEUM OF ART AND CRAFT INC 715 WEST MAIN STREET LOUISVILLE, KY 40202 | NONE | PC | ANNUAL FUND | 20,000 |

| KENTUCKY MUSEUM OF ART AND CRAFT INC 715 WEST MAIN STREET LOUISVILLE, KY 40202 | NONE | PC | ANNUAL FUND | 20,000 |
|-----------------------------------------------------------------------------------------|------|----|-------------|--------|
| KENTUCKY WATERWAYS ALLIANCE INC 120 WEBSTER STREET SUITE 217 LOUISVILLE, KY 40206 | NONE | PC | ANNUAL FUND | 5,000 |

1,109,538

| LOUISVILLE, KY 40202 | | | | |
|-----------------------------------------------------------------------------------------|------|----|-------------|------|
| KENTUCKY WATERWAYS ALLIANCE INC 120 WEBSTER STREET SUITE 217 LOUISVILLE, KY 40206 | NONE | PC | ANNUAL FUND | 5,00 |

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor

| LOUISVILLE BALLET | NONE | DC. | ANNULAL FUND | 1 500 |
|--------------------------------------------------------------------------------------------------|------|-----|------------------|--------|
| LEADERSHIP LOUISVILLE FOUNDATION INCORPORATED 707 WEST MAIN STREET LOUISVILLE, KY 40202 | NONE | PC | CAPITAL CAMPAIGN | 10,000 |
| LEADERCHIR LOUICVILLE FOUNDATION | NONE | DC. | CAPITAL CAMPAIGN | 10,000 |
| a Paid during the year | | | | 1 |

| LOUISVILLE, RY 40202 | | | | |
|----------------------------------------------------------------|------|----|-------------|-------|
| LOUISVILLE BALLET 315 W MAIN STREET LOUISVILLE, KY 40202 | NONE | PC | ANNUAL FUND | 1,500 |
| LOUISVILLE BALLET | NONE | PC | ANNUAL FUND | 3,500 |

| 315 W MAIN STREET LOUISVILLE, KY 40202 | | | | · |
|----------------------------------------------------------------|------|----|-------------|-------|
| LOUISVILLE BALLET 315 W MAIN STREET LOUISVILLE, KY 40202 | NONE | PC | ANNUAL FUND | 3,500 |
| | | | | |

1,109,538

Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year

| 1 | | | | |
|--------------------------------------------------------------------------------------------------------------------------|------|----|------------------|--------|
| LOUISVILLE CARDINAL INCORPORATED UNIVERSITY OF LOUISVILLE U OF L HOUCHENS BUILDING ROOM 07 LOUISVILLE, KY 40292 | NONE | PC | ANNUAL FUND | 2,500 |
| LOUISVILLE COLLEGIATE SCHOOL | NONE | PC | CAPITAL CAMPAIGN | 33,333 |

| LOUISVILLE COLLEGIATE SCHOOL 2427 GLENMARY AVENUE LOUISVILLE, KY 40204 | NONE | PC | CAPITAL CAMPAIGN | 33,333 |
|------------------------------------------------------------------------------|------|----|------------------|--------|
| LOUISVILLE COLLEGIATE SCHOOL 2427 GLENMARY AVENUE | NONE | PC | ANNUAL FUND | 33,334 |

| LOUISVILLE, KY 40204 | | | | |
|------------------------------------------------------------------------------|------|----|-------------|--------|
| LOUISVILLE COLLEGIATE SCHOOL 2427 GLENMARY AVENUE LOUISVILLE, KY 40204 | NONE | PC | ANNUAL FUND | 33,334 |

| LOUISVILLE COLLEGIATE SCHOOL 2427 GLENMARY AVENUE LOUISVILLE, KY 40204 | NONE | PC | ANNUAL FUND | 33,334 |
|------------------------------------------------------------------------------|------|----|-------------|-----------|
| Total | | | ▶ 3a | 1,109,538 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year LOUISVILLE COLLEGIATE SCHOOL NONE l PC ANNUAL FUND 25.000

| 2427 GLENMARY AVENUE LOUISVILLE, KY 40204 | | | | |
|-----------------------------------------------------|------|----|-------------|--------|
| LOUISVILLE ORCHESTRA 323 WEST BROADWAY SUITE 700 | NONE | PC | ANNUAL FUND | 25,000 |

| , | | | | |
|-----------------------------------------------------------------------------|------|----|----------------------|--------|
| LOUISVILLE ORCHESTRA 323 WEST BROADWAY SUITE 700 LOUISVILLE, KY 40202 | NONE | PC | ANNUAL FUND | 25,000 |
| LOUISVILLE WATERFRONT | NONE | PC | FREE PARKING PROJECT | 50,000 |

| LOUISVILLE, KY 40202 | | | | |
|--------------------------------------------------------------------------------|------|----|----------------------|--------|
| LOUISVILLE WATERFRONT DEVELOPMENT CORP 129 EAST RIVER ROAD LOUISVILLE KY 40202 | NONE | PC | FREE PARKING PROJECT | 50,000 |

| LOUISVILLE, KY 40202 | | | | |
|------------------------------------------------------------------------------------------|------|----|----------------------|-----------|
| LOUISVILLE WATERFRONT DEVELOPMENT CORP 129 EAST RIVER ROAD LOUISVILLE, KY 40202 | NONE | PC | FREE PARKING PROJECT | 50,000 |
| Total | | | | 1,109,538 |

Recipient Purpose of grant or If recipient is an individual, Foundation Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business)

or substantial contributor

Total .

| a Paid during the year | | | | |
|---------------------------------------------------------|------|----|------------------------------|--------|
| METRO UNITED WAY INCPO BOX 4488 LOUISVILLE, KY 40204 | NONE | PC | LOUISVILLE METRO ANNUAL FUND | 75,000 |
| NATIONAL CONSTITUTION | NONE | PC | ANNUAL FUND | 25,000 |

| 525 ARCH STREET PHILADELPHIA, PA 19106 | Honz | | , who he is the | 23,0 |
|----------------------------------------------------------|------|----|------------------|------|
| NORTON HEALTHCARE FOUNDATION INC 234 E GRAY STREET | NONE | PC | DERBY DIVA EVENT | 2,5 |

| 525 ARCH STREET PHILADELPHIA, PA 19106 | | | | |
|-------------------------------------------------------------------------|------|----|------------------|-------|
| NORTON HEALTHCARE FOUNDATION INC 234 E GRAY STREET LOUISVILLE, KY 40202 | NONE | PC | DERBY DIVA EVENT | 2,500 |

▶ 3a

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year PLANNED PARENTHOOD OF INDIANA NONE PC LOUISVILLE METRO ANNUAL 50,000 AND KENTUCKY FIIND

| 200 S MERIDIAN STREET SUITE 400 INDIANAPOLIS, IN 46206 | | | FOND | |
|-------------------------------------------------------------------------------|------|----|---------------------|--------|
| ROYAL ACADEMY OF ARTS BURLINGTON HOUSE - PICCADILLY LONDON W1J0BD UK | NONE | PC | ART EXHIBIT SUPPORT | 25,000 |
| SALISBURY SCHOOL INC 251 CANAAN RD | NONE | PC | ANNUAL FUND | 10,000 |

3a

1,109,538

SALISBURY, CT 06068

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution any foundation manager recipient Name and address (home or business) or substantial contributor a Paid during the year SALISBURY SCHOOL INC NONE PC ANNUAL FUND 10,000

| 251 CANAAN RD SALISBURY, CT 06068 | | | | |
|--------------------------------------------------------------------|------|----|-------------|-----|
| SARABANDE BOOKS INC 822 E MARKET STREET LOUISVILLE, KY 40206 | NONE | PC | ANNUAL FUND | 500 |
| | | | | |

| 822 E MARKET STREET LOUISVILLE, KY 40206 | NONE | PC | ANNOAL FUND | 50 |
|----------------------------------------------------------------------|------|----|----------------------------------------|-------|
| SHOWING UP FOR RACIAL JUSTICE EDUCATION FUND 120 N JANE STREET | NONE | PC | KENTUCKY EFFORTS FOR RACIAL JUSTICE | 10,00 |

| SHOWING UP FOR RACIAL JUSTICE PC KENTUCKY EFFORTS FOR RACIAL JUSTICE PC RACIAL JUSTICE 10,000 PC RACIAL JUSTICE | LOUISVILLE, KY 40206 | | | |
|-----------------------------------------------------------------------------------------------------------------|-------------------------------------|------|---|--------|
| | EDUCATION FUND 120 N JANE STREET | NONE | 1 | 10,000 |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of

| Name and address (home or business) | any foundation manager or substantial contributor | recipient | |
|-------------------------------------|------------------------------------------------------|-----------|--|
| a Paid during the year | | | |
| | | | |

| COFFE ART MUSEUM | NONE | 20 | STAFF SURDORT | 30.000 |
|---------------------------------------------------------------------|------|----|-----------------------------------|---------|
| SPEED ART MUSEUM 2035 SOUTH THIRD STREET LOUISVILLE, KY 40208 | NONE | PC | BOB THOMPSON ART - THE SACKING | 100,000 |

| | NOVE. | | 4.07.57445075.64400.007 | 100.000 |
|---------------------------------------------------------------------|-------|----|-------------------------|---------|
| SPEED ART MUSEUM 2035 SOUTH THIRD STREET LOUISVILLE, KY 40208 | NONE | PC | STAFF SUPPORT | 20,000 |
| , | | | | |

| 2035 SOUTH THIRD STREET LOUISVILLE, KY 40208 | | | | |
|---------------------------------------------------------------------|------|----|---------------------|---------|
| SPEED ART MUSEUM 2035 SOUTH THIRD STREET LOUISVILLE, KY 40208 | NONE | PC | ART EXHIBIT SUPPORT | 100,000 |

1,109,538

| LOUISVILLE, KY 40208 | | | | |
|---------------------------------------------------------------------|------|----|---------------------|--------|
| SPEED ART MUSEUM 2035 SOUTH THIRD STREET LOUISVILLE, KY 40208 | NONE | PC | ART EXHIBIT SUPPORT | 100,00 |
| | | | | |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to contribution status of any foundation manager. recinient

| Name and address (home or business) | or substantial contributor | Гесіріспі | | |
|------------------------------------------|----------------------------|-----------|------------------|--------|
| a Paid during the year | | | | |
| ST FRANCIS SCHOOL 11000 US HIGHWAY 42 | NONE | PC | CAPITAL CAMPAIGN | 62,500 |

| GOSHEN, KY 40026 | | | | |
|----------------------------------------------------------------------|------|----|-------------------------------|-------|
| UNIVERSITY OF VIRGINIA PO BOX 400331 CHARLOTTESVILLE, VA 22904 | NONE | PC | COMPASSIONATE SCHOOLS PROJECT | 1,000 |

| UNIVERSITY OF VIRGINIA PO BOX 400331 CHARLOTTESVILLE, VA 22904 | NONE | PC | COMPASSIONATE SCHOOLS PROJECT | 1,000 |
|----------------------------------------------------------------------|------|----|----------------------------------------------|-------|
| WAVES FOR WATER 4470 W SUNSET BLVD 90779 | NONE | PC | HURRICANE DORIAN RELIEF FOR ABACO ISLANDS | 5,000 |

| PO BOX 400331 CHARLOTTESVILLE, VA 22904 | | | PROJECT | |
|----------------------------------------------------------------------|------|----|----------------------------------------------|-------|
| WAVES FOR WATER 4470 W SUNSET BLVD 90779 LOS ANGELES, CA 90027 | NONE | PC | HURRICANE DORIAN RELIEF FOR ABACO ISLANDS | 5,000 |

| Total | | ▶ 3a | 1,109,538 |
|----------------------------------------------------------------------|------|----------------------------------------------|-----------|
| WAVES FOR WATER 4470 W SUNSET BLVD 90779 LOS ANGELES, CA 90027 | NONE | HURRICANE DORIAN RELIEF FOR ABACO ISLANDS | 5,000 |
| CHARLOTTESVILLE, VA 22904 | | | |

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment Recipient If recipient is an individual, Foundation Purpose of grant or Amount show any relationship to status of contribution

recipient

■ 3a

1,109,538

any foundation manager

Name and address (home or business)

| (| or substantial contributor | | | |
|---------------------------|----------------------------|----|-------------|--------|
| a Paid during the year | | | | |
| WESTOVER SCHOOLPO BOX 847 | NONE | PC | ANNUAL FUND | 10,000 |

| MIDDLEBORT, CT 06762 | | | | l |
|---------------------------------------------------------------------------|------|----|----------------------------------------|-----|
| WOODS HOLE RESEARCH CENTER INC 149 WOODS HOLE RD FALMOUTH, MA 02540 | NONE | PC | ANNUAL FUND - MEMORY OF SALLY BROWN | 5,0 |

| · | | | | |
|---------------------------------------------------------------------------|------|----|----------------------------------------|-------|
| WOODS HOLE RESEARCH CENTER INC 149 WOODS HOLE RD FALMOUTH, MA 02540 | NONE | PC | ANNUAL FUND - MEMORY OF SALLY BROWN | 5,000 |

| TY 2018 Accounting Fees Schedule Name: THE BROOKE BROWN BARZUN PHILANTHROPIC FOUNDATION INC EIN: 27-4432411 | Catagory | agunt | Not Investment | Adjusted Not | Dishursoments |
|--------------------------------------------------------------------------------------------------------------|--------------------------------------|-------------------|----------------|--------------|--------------------|
| TY 2018 Accounting Fees Schedule Name: THE BROOKE BROWN BARZUN | EIN | : 27-44324 | 11 | | |
| TY 2018 Accounting Fees Schedule | | PHILANTH | ROPIC FOUNDATI | ON INC | |
| | Name | : THE BROO | OKE BROWN BARZ | UN | |
| efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 93491104003110 | TY 2018 Accounting Fees Sch | nedule | | | |
| | efile GRAPHIC print - DO NOT PROCESS | As Filed Da | ata - | D | LN: 93491104003110 |

| Income Income for | bursements Charitable Purposes |
|-------------------|--------------------------------------|

2,858

2,858

5,716

TAX PREPARATION AND

ACCOUNTING FEES

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | DLN: 93491104003110 |
|--------------------------------------|-----------------|---------------------|
| • | | |

TY 2018 Investments Corporate Stock Schedule

Name: THE BROOKE BROWN BARZUN

PHILANTHROPIC FOUNDATION INC

| EIN: 27-4432411 | | |
|----------------------------------------|---------------------------|----------------------------------|
| Investments Corporation Stock Schedule | | |
| Name of Stock | End of Year Book Value | End of Year Fair Market Value |
| BROWN-FORMAN CORP CL A (BFA) | 4,627 | 331,632 |
| BROWN-FORMAN CORP CL B (BFB) | 11,066,179 | 63,565,584 |
| AIRBUS SE EUR1 (EADSF) | 53,963 | 75,750 |
| ACTIVISION BLIZZARD INC (ATVI) | 41,273 | 46,934 |
| ADVANCE AUTO PARTS INC (AAP) | 54,146 | 51,993 |
| ALPHABET INC CL C (GOOG) | 57,155 | 69,163 |
| AMAZON.COM INC (AMZN) | 53,158 | 57,626 |
| BOOKING HLDGS INC (BKNG) | 39,723 | 43,793 |
| CHARTER COMMUNICATIONS INC (CHTR) | 54,432 | 86,952 |
| COMCAST CORP NEW CL A (CMCSA) | 53,902 | 66,755 |
| FACEBOOK INC CL A (FB) | 39,252 | 55,653 |
| GENERAL ELECTRIC CO (GE) | 24,105 | 12,183 |
| LABORATORY CORP AMER HLDGS (LH) | 53,083 | 69,605 |
| LOWES COMPANIES INC (LOW) | 53,609 | 66,867 |
| TRANSDIGM GROUP INC (TDG) | 53,608 | 87,900 |
| US FOODS HLDG CORP (USFD) | 53,504 | 63,552 |
| UNITED TECHNOLOGIES CORP (UTX) | 37,331 | 53,699 |
| UNITEDHEALTH GROUP (UNH) | 59,428 | 65,769 |
| WABTEC CORP (WAB) | 370 | 393 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: 93491104003110 | | | | |
|--------------------------------------|-----------------|-------------------|---------------------|--|--|--|--|
| TY 2018 Other Decreases Schedule | | | | | | | |
| | | | | | | | |
| Name: | THE BROOKE | BROWN BARZUN | | | | | |
| | PHILANTHROP | IC FOUNDATION INC | | | | | |
| EIN: | 27-4432411 | | | | | | |
| De | escription | | Amount | | | | |
| FMV-TAX BASIS DIFFERENCE FOR CONT | RIBUTIONS RECE | EIVED | 22,920,942 | | | | |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN | : 93491104003110 |
|--------------------------------------|--------------------------------------|--------------------------|------------------------|---------------------------------------------|
| TY 2018 Other Expenses Sche | dule | | | |
| | | | | |
| Name: | THE BROOKE BI | ROWN BARZUN | | |
| | PHILANTHROPIO | C FOUNDATION I | NC | |
| EIN: | 27-4432411 | | | |
| Other Expenses Schedule | | | | |
| Description | Revenue and Expenses per Books | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
| BANK FEES | 9 | 0 | | 0 |
| FILING FEES | 15 | 0 | | 0 |

3,066

3,066

LICENSES - SOFTWARE

| efile GRAPHIC print - DO NOT PROCES | S As Filed Data | - | DL | N: 93491104003110 | | |
|------------------------------------------|-----------------|--------------------------|------------------------|---------------------------------|--|--|
| TY 2018 Other Professional Fees Schedule | | | | | | |
| | | | | | | |
| Nam | ne: THE BROOK | E BROWN BARZUN | I | | | |
| PHILANTHROPIC FOUNDATION INC | | | | | | |
| EI | IN: 27-4432411 | | | | | |
| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable | | |

| Category | Amount | Net Investment Income | Adjusted Net Income | Disbursements for Charitable Purposes |
|-------------------------|--------|--------------------------|------------------------|---------------------------------------------|
| OTHER PROFESSIONAL FEES | 56,058 | 13,724 | | 42,334 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data - | | DLN: 93491104003110 |
|------------------------------------------|-----------------|---------|-------------------------------------------------------------------------|
| TY 2018 Substantial Contribut Schedule | tors | | |
| Name: | THE BROOKE I | BROWN E | BARZUN |
| | PHILANTHROP | IC FOUN | DATION INC |
| EIN: | 27-4432411 | | |
| Name | | | Address |
| OWSLEY BROWN II COCKAYNE FUND INC | | | C/O ZSP LLC 333 EAST MAIN STREET SUITE 401 LOUISVILLE, KY 40202 |
| ESTATE OF MARTIN SHALLENBERGER | | | C/O PNC WEALTH MANAGEMENT 101 S FIFTH STREET LOUISVILLE, KY 40202 |
| SARA SHALLENBERGER BROWN CHARITABLE LEAD | ANNUITY TRUST | | C/O PNC WEALTH MANAGEMENT 101 S FIFTH STREET LOUISVILLE, KY 40202 |
| SARA S BROWN DECEASED | | | ASHBOURNE HARRODS CREEK, KY 40027 |

| efile GRAPHIC print - DO NOT PROCESS | As Filed Data | - | DL | N: 93491104003110 | | |
|--------------------------------------------|------------------------|-----------------|--------------|-------------------|--|--|
| TY 2018 Taxes Schedule | TY 2018 Taxes Schedule | | | | | |
| | | | | | | |
| Name: 7 | THE BROOK | E BROWN BARZUN | I | | | |
| | | OPIC FOUNDATION | | | | |
| · | | | V IIVC | | | |
| EIN: 2 | 27-4432411 | | | | | |
| Category | Amount | Net Investment | Adjusted Net | Disbursements | | |
| | | Income | Income | for Charitable | | |
| | | | | Purposes | | |
| CURRENT YEAR ESTIMATED EXCISE TAX PAYMENTS | 15,200 | 0 | | 0 | | |
| FOREIGN TAXES - FIDELITY | 142 | 142 | | 0 | | |

| efile GRAPHIC print - D | O NOT PROCESS | As Filed Data - | | | | DLN: 93491104003110 |
|---------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------|---------------------------------------------------------------------------------|--------------------------------------------------------------------|-------------------------------------------------------------|--------------------------------------------------------|
| Schedule B (Form 990, 990-EZ, | | Schedul | e of Contributo | rs | | OMB No. 1545-0047 |
| or 990-PF) Department of the Treasury Internal Revenue Service | ► Attach to Form 990, 990-EZ, or 990-PF. ► Go to <u>www.irs.gov/Form990</u> for the latest information. | | 2018 | | | |
| Name of the organizati THE BROOKE BROWN BAI PHILANTHROPIC FOUNDA | RZUN | | | | Employer id 27-4432411 | dentification number |
| Organization type (che | | | | | | |
| Filers of: | Section: | | | | | |
| Form 990 or 990-EZ 501(c)() (enter number) organization | | | | | | |
| | 4947(a)(1) | nonexempt charita | able trust not treated as | s a private foundat | ion | |
| | ☐ 527 politica | l organization | | | | |
| Form 990-PF | ✓ 501(c)(3) ex | xempt private foun | dation | | | |
| | 4947(a)(1) | nonexempt charita | able trust treated as a p | orivate foundation | | |
| | ☐ 501(c)(3) ta | xable private foun | dation | | | |
| | | | that received, during t nplete Parts I and II. So | | | |
| Special Rules | | | | | | |
| under sections 5 received from ar | 09(a)(1) and 170(b)(1) | (A)(vi), that check ng the year, total o | | 990 or 990-EZ), Pa | art II, line 13, | |
| during the year, | total contributions of m | ore than \$1,000 <i>e</i> | r (10) filing Form 990 o exclusively for religious nimals. Complete Parts | , charitable, scient | | |
| during the year, If this box is che purpose. Don't c | contributions <i>exclusive</i> cked, enter here the to omplete any of the par | ely for religious, ch tal contributions th ts unless the Gen | | s, but no such cont ng the year for an e is organization bed | tributions tota e <i>xclusively</i> re cause it recei | aled more than \$1,000. Bligious, charitable, etc., |
| Caution. An organization 990-EZ, or 990-PF), but Form 990-EZ or on its F990-EZ, or 990-PF). | it must answer "No" o | n Part IV, line 2, o | of its Form 990; or chec | ck the box on line h | H of its | |
| For Paperwork Reduction A for Form 990, 990-EZ, or 99 | | tions | Cat. No. 30613X | Schedu | le B (Form 990. | , 990-EZ, or 990-PF) (2018) |

| PRILATINFROPEC POUNDATION : INC Part I Contributors See instructions . Use displicate copies of Part I if additional space is needed. (a) No. Name, address, and ZIP + 4 SARA SHALLENBERGER BROWN CHARITABLE LEAD ANNUITY TRUST | Name of organiz | DWN BARZUN | Employer identification 27-4432411 | number |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|-------------------------------------|---------------------------------------|-----------------------------|
| (a) No. Name, address, and ZIP + 4 SARA SHALLENBERGER BROWN CHARITABLE LEAD ANNUITY TRUST Person Payroll Noncash Complete Part II for noncash contributions Complete Part II for noncash con | | | ace is needed. | |
| Complete Part II for noncesh contributions Complete Part II fo | | (b) | (c) | (d) Type of contribution |
| Complete Part II for noncash contributions Complete Part II fo | | | | Dergen — |
| LOUISVILLE, KY 40202 (a) No. Name, address, and ZIP + 4 (b) No. Name, address, and ZIP + 4 (c) Total contributions (d) Total contributions (complete Part II for noncash contributions) (complete Part II for noncash contributions) (complete Part II for noncash contributions) (d) No. Name, address, and ZIP + 4 (e) Total contributions (formitted part II for noncash contributions) (formitted part II for noncash contributions) (g) Noncash | 1 | C/O PNC WEALTH MANAGEMENT 101 S FIF | \$ 24 374 965 | Payroll |
| (a) No. Name, address, and ZIP + 4 Complete Part II for noncash contributions Complete Part II for noncash | | LOUISVILLE, KY 40202 | φ 24,514,900 | V |
| No. Name, address, and ZIP + 4 Total contributions Type of contribution Payrol Payrol Noncash (Complete Part II for noncash contributions) (a) No. Name, address, and ZIP + 4 No. Name, address, and ZIP + 4 Total contributions (c) Type of contribution Type of contribution Payrol Noncash (Complete Part II for noncash contributions) (d) No. Name, address, and ZIP + 4 Total contributions (a) No. Name, address, and ZIP + 4 Total contributions (c) Type of contribution Payroll Noncash (Complete Part II for noncash contributions) (a) No. Name, address, and ZIP + 4 Total contributions (c) Type of contribution Payroll Noncash (Complete Part II for noncash contributions) (a) No. Name, address, and ZIP + 4 Total contributions (c) Type of contribution Payroll Noncash (Complete Part II for noncash contributions) (c) Type of contribution Payroll Noncash (Complete Part II for noncash contributions) (c) Type of contribution Payroll Noncash (Complete Part II for noncash contributions) (c) Type of contribution Payroll Noncash (Complete Part II for noncash contributions) (c) Type of contribution Payroll Noncash (Complete Part II for noncash contributions) (c) Type of contribution Payroll Noncash (Complete Part II for noncash contributions) | | | | contributions.) |
| Payroll Noncash | | | | Type of contribution |
| S Noncash | | | | Person |
| (a) No. Name, address, and ZIP + 4 (b) No. Name, address, and ZIP + 4 (c) Total contributions Person Payroll Complete Part II for noncash contributions (c) Type of contribution (c) Type of contribution Person Payroll Payroll Payroll Noncash (c) Total contributions (c) Type of contribution (c) Type of contribution Person Payroll Noncash (complete Part II for noncash contributions) (c) Total contributions (c) Type of contribution (c) Type of contribution (c) Type of contribution Person Payroll Noncash (c) Total contributions (c) Type of contribution Person Payroll Noncash (c) Total contributions (c) Type of contribution Person Payroll Noncash (c) Type of contribution (c) Type of contribution Person Payroll Payroll Noncash (c) Type of contribution (c) Type of contribution (c) Type of contribution Person Payroll Payroll Noncash (c) Total contributions (d) Type of contribution | - | | | Payroll |
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| No. Name, address, and ZIP + 4 Total contributions Person Payroll Noncash Complete Part II for noncash contributions Person Payroll Noncash Person Payroll Noncash Person Payroll Person Payroll Noncash Person Payroll Person Payroll Person Payroll Person Payroll Person Payroll Person Payroll | | | | |
| Person Payroll Noncash Complete Part II for noncash contributions Payroll Pa | | (b) Name, address, and ZIP + 4 | | (d) Type of contribution |
| S Noncash | | | | |
| (a) No. Name, address, and ZIP + 4 (b) No. Name, address, and ZIP + 4 (c) Total contributions Person Payroll Complete Part II for noncash contributions (c) Type of contribution (c) Noncash Contributions (c) Total contributions (c) Type of contribution Type of contribution Person Payroll Noncash (c) Total contributions (c) Type of contribution (complete Part II for noncash contributions (complete Part II for noncash contributions) Person Payroll Payroll Noncash (complete Part II for noncash contributions) (complete Part II for noncash contributions) | - | | | Payroll |
| (a) No. Name, address, and ZIP + 4 (b) No. Name, address, and ZIP + 4 Total contributions Person Payroll Noncash (Complete Part II for noncash contributions) (Complete Part II for noncash contributions) (Complete Part II for noncash contributions) Person Payroll Part II for noncash contributions Person Payroll Noncash (Complete Part II for noncash contributions) Person Payroll Noncash (Complete Part II for noncash contributions) (Complete Part II for noncash contributions) Person Payroll Noncash (Complete Part II for noncash contributions) | | | \$ | Noncash |
| No. Name, address, and ZIP + 4 Complete Part II for noncash contributions Person Payroll | | | | |
| Payroll Noncash (Complete Part II for noncash contributions.) (a) Name, address, and ZIP + 4 Total contributions Person Payroll Noncash (Complete Part II for noncash contributions.) (b) Noncash (Complete Part II for noncash contributions.) (a) No. Name, address, and ZIP + 4 Total contributions Type of contributions.) (b) Noncash Person Payroll Noncash Payroll Noncash (Complete Part II for noncash contributions.) | | | (c) Total contributions | |
| S Noncash (Complete Part II for noncash contributions.) | | | | Person |
| (a) (b) (c) (d) Type of contributions No. Name, address, and ZIP + 4 Person Payroll Noncash (Complete Part II for noncash contributions) (D) (C) (d) Type of contributions (Complete Part II for noncash contributions) (Complete Part II for noncash contributions) (Complete Part II for noncash contributions) | - | - | | Payroll |
| (a) No. Name, address, and ZIP + 4 Contributions Contribution | | | \$\$ | Noncash |
| No. Name, address, and ZIP + 4 Total contributions Person Payroll Noncash (Complete Part II for noncash contributions) (a) No. Name, address, and ZIP + 4 Person Payroll Total contributions Person Payroll Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (Complete Part II for noncash contributions) | | | | |
| S Noncash (Complete Part II for noncash contributions) (A) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (Complete Part II for noncash contributions) | | | (c) Total contributions | Type of contribution |
| \$ Noncash (Complete Part II for noncash contributions.) (a) (b) No. Name, address, and ZIP + 4 Total contributions Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) | | | | Person |
| (Complete Part II for noncash contributions.) (a) (b) (c) (d) Total contributions Person Payroll Noncash (Complete Part II for noncash contributions) (Complete Part II for noncash contributions.) | - | | | Payroll |
| (a) (b) (c) (d) Type of contributions Person Payroll Noncash (Complete Part II for noncash contributions.) | | | \$ | Noncash |
| No. Name, address, and ZIP + 4 Total contributions Person Payroll Noncash (Complete Part II for noncash contributions.) | | | | |
| Person Payroll Noncash (Complete Part II for noncash contributions.) | (a) No. | | (c) Total contributions | (d) Type of contribution |
| \$ Noncash (Complete Part II for noncash contributions.) | | | | |
| (Complete Part II for noncash contributions.) | - | | | Payroll |
| contributions.) | | | \$ | Noncash |
| | | | | contributions.) |

| Schedule B | (Form 990, 990-EZ, or 990-PF) (2018) |
|---------------------------|-----------------------------------------------------------------------------|
| | ganization : BROWN BARZUN PIC FOUNDATION INC |
| Part II | Noncash Property (See Instructions) Use duplicate copies of Part II if addi |
| (a) No. from Part I | (b) Description of noncash property given |
| | See Additional Data Table |
| (a) No. from Part I | (b) Description of noncash property given |
| | |

(a)

No. from

Part I

Employer identification number 27-4432411 licate copies of Part II if additional space is needed.

(d) FMV (or estimate)

(See instructions)

(c)

FMV (or estimate)

(See instructions)

\$

(c)

Date received

(d)

Date received

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

\$

(b)

Description of noncash property given

\$

h property given

| Schedule B (Form 9 | 990, 990-EZ, or 990-PF) (2018) | | Page 4 |
|------------------------------------------------------------|-------------------------------------------|-------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------|
| Name of organizat THE BROOKE BROWI PHILANTHROPIC FOU | N BARZUN | | Employer identification number 27-4432411 |
| than \$1, organiza the year | 000 for the year from any one contributor | r. Complete columns (a) throu of exclusively religious, charita ctions.) ► \$ | in section 501(c)(7), (8), or (10) that total more gh (e) and the following line entry. For able, etc., contributions of \$1,000 or less for |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, and | (e) Transfer of gift ZIP 4 Ro | elationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, and | (e) Transfer of gift ZIP 4 Ro | elationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | Transferee's name, address, and | (e) Transfer of gift ZIP 4 Re | elationship of transferor to transferee |
| (a) No. from Part I | (b) Purpose of gift | (c) Use of gift | (d) Description of how gift is held |
| | | (e) Transfer of gift | |
| | Transferee's name, address, and | | elationship of transferor to transferee |
| | | - | |

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Additional Data

Software ID:

Software Version:

EIN: 27-4432411

Name: THE BROOKE BROWN BARZUN

PHILANTHROPIC FOUNDATION INC

Form 990 Schedule B, 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 |
|------------------------|----------------------------------------------|------------------------------------------|----------------------|
| 1 | 489,420 SHS BROWN-FORMAN CORP CL B (BFB) | \$ 23,981,580 | 2018-12-03 |
| 1 | 327 SHS AT&T INC (T) | \$ 10,369 | 2018-12-03 |
| <u>1</u> | 123 SHS CHUBB LIMITED CO (CB) | \$ 16,422 | 2018-12-03 |
| <u>1</u> | 411 SHS CISCO SYSTEMS INC (CSCO) | \$ 20,032 | 2018-12-03 |
| <u>1</u> | 154 SHS WALT DISNEY CO (DIS) | <u> </u> | 2018-12-03 |
| 1_ | 1,081 SHS GENERAL ELECTRIC CO (GE) | \$ 8,443 | 2018-12-03 |
| <u>1</u> | 127 SHS HOME DEPOT CO (HD) | <u>\$ 23,081</u> | 2018-12-03 |
| <u>1</u> | 405 SHS INTEL CORP (INTC) | <u>\$ 20,303</u> | 2018-12-03 |
| <u>1</u> | 295 SHS INTERNATIONAL PAPER CO (IP) | <u> </u> | 2018-12-03 |
| 1 | 204 SHS JOHNSON & JOHNSON (JNJ) | \$ 29,827 | 2018-12-03 |
| | | | |

Form 990 Schedule B, Part II - Noncash Property (see Instructions) Use duplicate copies of Part II if additional space is needed (c) (a) (b) (d) FMV (or estimate) No. from Part I Description of noncash property given Date received (See instructions) 363 SHS JPMORGAN CHASE & CO (JPM) \$ 40,743 2018-12-03 86 SHS KIMBERLY CLARK CORP (KMB) \$ 9,734 2018-12-03 390 SHS MERCK & CO (MRK) \$ 30,896 2018-12-03 2018-12-03 818 SHS PFIZER INC (PFE) \$ 37,620

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|----------|----------------------------------------|-----------|------------|
| <u>1</u> | 120 SHS UNITED TECHNOLOGIES CORP (UTX) | <u> </u> | 2018-12-03 |
| <u>1</u> | 600 SHS US BANCORP (USB) | \$ 32,640 | 2018-12-03 |
| <u>1</u> | 240 SHS VERIZON COMMUNICATIONS (VZ) | \$ 13,958 | 2018-12-03 |
| <u>1</u> | 281 SHS WEC ENERGY GROUP INC (WEC) | \$ 20,510 | 2018-12-03 |

\$ 29,507

544 SHS WELLS FARGO CO (WFC)

2018-12-03