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2019

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

		ndar year 2019, or tax yea	r beginning 01-01-20)19 , aı	nd er	nding 12-31-					
		Indation MILY FOUNDATION INC					entification numbe	er			
						45-5276361					
	ber and O BOX	d street (or P.O. box number if mail is 1 538	not delivered to street address)	Room/suite		B Telephone nu	ımber (see instructio	ns)			
City or town, state or province, country, and ZIP or foreign postal code						(270) 886-3918					
City or town, state or province, country, and ZIP or foreign postal code HOPKINSVILLE, KY 422410538					C If exemption	application is pendin	g, check here				
i Ch	eck al	l that apply: 🔲 Initial return	\square Initial return of a	former public charity		D 1. Foreign or	ganizations, check he	ere			
		☐ Final return	\square Amended return				ganizations meeting				
		Address cha	nge 🔲 Name change				k here and attach co	· —			
I Ch	eck ty	pe of organization: 🗹 Section	501(c)(3) exempt private				undation status was f n 507(b)(1)(A), chec				
		1 4947(a)(1) nonexempt charitab		e private foundation		_					
of y	/ear (f	xet value of all assets at end from Part II, col. (c), ▶\$ 128,666	J Accounting method: Other (specify) (Part I, column (d) must	✓ Cash	ıal		ation is in a 60-mont n 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 equal the amounts in column (a) (so	(d) may not necessarily	(a) Revenue and expenses per books	(b)	Net investment income	(c) Adjusted net income	for charitable purposes (cash basis only)			
	1	Contributions, gifts, grants, etc. schedule)	., received (attach	320,071							
	2	Check ▶ ☐ if the foundation is Sch. B	not required to attach								
	3	Interest on savings and tempor									
	4	Dividends and interest from sec	urities								
	5a	Gross rents									
	b	Net rental income or (loss)									
Ж	6a	Net gain or (loss) from sale of a	ssets not on line 10								
Revenue	ь 7	Gross sales price for all assets of Capital gain net income (from P	<u> </u>								
_	8	Net short-term capital gain .	•								
	9	Income modifications									
	10a	Gross sales less returns and allo	owances								
	b	Less: Cost of goods sold									
	С	Gross profit or (loss) (attach sci	hedule)								
	11	Other income (attach schedule)									
	12	Total. Add lines 1 through 11		320,071		0					
	13	Compensation of officers, direct	,								
	14	Other employee salaries and wa	_								
ses	15	Pension plans, employee benefi Legal fees (attach schedule)									
E E	16a	Accounting fees (attach schedul									
Ę×	b	Other professional fees (attach	•								
A G	C		,								
פב	17 18	Interest						-			
≆	18 19	Taxes (attach schedule) (see in: Depreciation (attach schedule) a	•								
	20	Occupancy	·								
Ad	21	Travel, conferences, and meeting						1			
<u> </u>	22	Printing and publications	-		-						
Operating and Administrative Expenses	23	Other expenses (attach schedul		15				1			
ا ا	24	Total operating and administ						1			
j G		Add lines 13 through 23	· ·	15		0					
5	25	Contributions, gifts, grants paid		242,690				242,690			
	26	Total expenses and disburse	ments. Add lines 24 and	242,705		0		242,690			
	27	Subtract line 26 from line 12:		2.2,703				2 .2,330			
	а	Excess of revenue over expe	nses and								
	b	disbursements Net investment income (if ne	gative, enter -0-1	77,366				1			
	c	Adjusted net income (if negati				0					
		·	<u> </u>	l			<u> </u>	1			

For	m 990-	PF (2019)					Page 2
Pa	rt II	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year amounts only. (See instructions.)	Beginning of year	(h) Daal		f year
	1	Cash—non-interest		(a) Book Value 51,300	(b) Book	128,666	(c) Fair Market Value 128,666
	2		prary cash investments	31,333		120,000	120,000
	3	Accounts receivable	· ·				
			doubtful accounts •				
	4		<u></u>				
	-		doubtful accounts •				
	5						
	6		om officers, directors, trustees, and other				
			s (attach schedule) (see instructions)				
	7	•	ans receivable (attach schedule) ▶				
	′		doubtful accounts				
	8		e or use				
Assets	9		and deferred charges				
155	10a		and state government obligations (attach schedule)				
•			orate stock (attach schedule)				
	b	,	orate bonds (attach schedule)				
	C	•	, buildings, and equipment: basis				
	11		depreciation (attach schedule)				
			gage loans				
	12		.				
	13		r (attach schedule)				
	14		d equipment: basis				
			depreciation (attach schedule) ▶				
	15						
	16	•	e completed by all filers—see the see page 1, item I)	51,300		128,666	128,666
	4-		and accrued expenses	31,300		120,000	120,000
	17						
Ş	18						
Liabilities	19		, directors, trustees, and other disqualified persons				
Ē	20		· · · · · · · · · · · · · · · · · · ·				
ï	21		er notes payable (attach schedule)				
	22	•	dd lines 17 through 22)			0	
_	23	•	- ,			0	
es		Foundations that	follow FASB ASC 958, check here ▶ 🗹				
3		and complete line	es 24, 25, 29 and 30.				
<u> </u>	24	Net assets without	donor restrictions	51,300		128,666	
Ē	25	Net assets with dor	nor restrictions				
or Fund Balances		Foundations that	do not follow FASB ASC 958, check here ▶ □				
Ē		and complete line	es 26 through 30.				
	26	Capital stock, trust	principal, or current funds				
set	27	Paid-in or capital su	urplus, or land, bldg., and equipment fund				
Assets	28	Retained earnings,	accumulated income, endowment, or other funds				
Net	29	Total net assets o	or fund balances (see instructions)	51,300		128,666	
2	30	Total liabilities ar	nd net assets/fund balances (see instructions) .	51,300		128,666	
Pa	rt III	Analysis of Ch	nanges in Net Assets or Fund Balances				
1			balances at beginning of year—Part II, column (a), line	29 (must agree with en			
_			on prior year's return)		1		51,300
2		er amount from Part	_		3		77,366
3 4			ıded in line 2 (itemize) ▶		4		128,666
5			n line 2 (itemize) ▶		5		120,000
6			balances at end of year (line 4 minus line 5)—Part II, o	column (b), line 29	6		128,666

	oe the kind(s) of property sold (e.g., arehouse; or common stock, 200 shs		ase	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.
1a					
(e)	(f)	(g)			1)
Gross sales price	Depreciation allowed (or allowable)	Cost or other basis plus expense of sale			r (loss)) minus (g)
b					
c					
d					
е					
Complete only for assets	s showing gain in column (h) and ow				l) n) gain minus
(i) F.M.V. 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 than -0-) or om col.(h))
a					
b					
d d					
e					
·	e or (net capital loss) gain or (loss) as defined in sections : art I, line 8, column (c) (see instructi	., .,	}	3	
	Under Section 4940(e) for Re	educed Tax on Net Investme	nt Inco	l	
	private foundations subject to the sec				
If section 4940(d)(2) applies, le	eave this part blank				
Was the foundation liable for th If "Yes," the foundation does no	ne section 4942 tax on the distributal ot qualify under section 4940(e). Do nount in each column for each year;	not complete this part.		☐ Ye	es 🗹 No
(a)	(b)	(c)	Cherics.	(d)	
Base period years Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of noncharitable-use assets		Distribution rati (col. (b) divided by co	
2018	212,071	53,563			3.959282
2017	193,051	54,531			3.540206
2016	182,200 106,000				2.126071 1.042435
2014	111,350		_		3.683183
2 Total of line 1, column (•	2		14.351177
number of years the four	o for the 5-year base period—divide indation has been in existence if less oncharitable-use assets for 2019 from	the total on line 2 by 5.0, or by the than 5 years	3 4		2.870235 44,456
5 Multiply line 4 by line 3			5		127,599
	ent income (1% of Part I, line 27b)		6		
			7		127,599
	ions from Part XII, line 4 , eater than line 7, check the box in Pa		rt using		
				Fo	rm QQN-DF (20

Form	990-PF (201	19)								F	Page 6
Pa	rt VII-B	Statements Regar	ding	Activities for Which	Form 4720 May Be	Required (continue	ed)				
5a	During the	year did the foundation	pay o	r incur any amount to:						Yes	No
	(1) Carry o	on propaganda, or other	wise a	ttempt to influence legisla	ation (section 4945(e))?	☐ Ves	✓	No			
	(2) Influence the outcome of any specific public election (see section 4955); or to carry										
	on, dire	ectly or indirectly, any v	oter re	gistration drive?		· · 🔲 Yes	✓	No			
	(3) Provide	e a grant to an individua	l for t	avel, study, or other sim	ilar purposes?	Yes		No			
		-		her than a charitable, etc ctions	· -						
	(5) Provide	e for any purpose other	than r	eligious, charitable, scien	tific, literary, or	∟ Yes	_	No			
b			•	ention of cruelty to childr any of the transactions fa		∟ Yes	✓	No			
	Regulations	s section 53.4945 or in a	curre	nt notice regarding disas	ter assistance? See instru	uctions	•		5b		<u> </u>
	_	, -		regarding disaster assist		•					
С		·		does the foundation clain	•						
		·		sponsibility for the grant? y Regulations section 53.		· · Yes		No			
6a	Did the fou	ndation, during the year	r, rece	ive any funds, directly or	indirectly, to pay premiu	ms on					
	a personal	benefit contract?					✓	N.			
b	Did the fou	ndation, during the year	, pay	premiums, directly or ind	irectly, on a personal ber	nefit contract?		NO	6b		No
	If "Yes" to	6b, file Form 8870.									
7 a	At any time	during the tax year, w	as the	foundation a party to a p	rohibited tax shelter trar	saction?	✓	No			
b	If "Yes", did	d the foundation receive	any p	roceeds or have any net	income attributable to th	e transaction?		NO	7b		
8	Is the foun	dation subject to the se	tion 4	.960 tax on payment(s) o	f more than \$1,000,000	in remuneration or					
	excess para	achute payment during	he ye	ar?		· · □ ves	✓	No			
		Information About	Offic	ers, Directors, Trust	ees, Foundation Ma				vees.		
Pa		and Contractors		,,	· · · · · · · · · · · · · · · · · · ·	,,			, ,		
1	List all offi	cers, directors, truste	es, fo	oundation managers an	d their compensation.	See instructions					
				b) Title, and average	(c) Compensation (If	(d) Contributions	to	(0)	Evnor		
	(a) Nar	ne and address		hours per week	not paid, enter	employee benefit plar				ise acc Ilowano	
7.14/43	ALE LUINT		DIRE	devoted to position	-0-)	deferred compensa					
	WAYNE HUNT	DOAD	1.00	CTOR	0		C]			0
	DON, KY 4223										
LIND	A J HUNT		PRES	IDENT/DI	0		C				0
	WAYNE HUNT		1.00								
	DON, KY 4223	36						ļ			
	H SMITH		SECR 1.00	ETARY/DI	0		C				0
	BELL STATION GROVE, KY 42										
	LD BARNETT		DIRE	CTOR	0						
	EAGLE WAY PO		1.00								
	INSVILLE, KY		<u> </u>							NONE	,,
	Compensa	tion of five nignest-pa	aia en	nployees (other than th	tose included on line 1			ne, er	nter	NONE.	
(a)	Name and ac	dress of each employee	paid	(b) Title, and average		(d) Contributions employee benefi		(e) i	Expen:	se acco	ount.
(-)		e than \$50,000		hours per week devoted to position	(c) Compensation	plans and deferre				owanc	
				devoted to position		compensation					
NON	E										
											<u></u>
Tota	I number of	other employees paid o	/er \$5	0,000							
								For	m 99 1	0-PF ((2019)

Form 990-PF (2019)		Page 7
Part VIII Information About Officers, Directors, Trustees, and Contractors (continued)	Foundation Managers, Highly Pa	aid Employees,
3 Five highest-paid independent contractors for professional service	ces (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		•
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include rel organizations and other beneficiaries served, conferences convened, research papers produ	evant statistical information such as the numbe uced, etc.	r of Expenses
1	,	
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 t		Amount
1 N/A		
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3		•
Iotal. Add lines 1 through 3	 	Form 900 PE (2010)

2a	Tax on investment income for 2019 from Part VI, line 5		
b	Income tax for 2019. (This does not include the tax from Part VI.) 2b		
С	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	2,223
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	2,223

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

7

1a

1b

2

За 3h

4

5

2,223

242,690

242,690

242,690

Form 990-PF (2019)

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

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

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

Qualifying Distributions (see instructions)

Amounts set aside for specific charitable projects that satisfy the:

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

Part XII

1

2

3

4

5

b

Page 9

2,223

2,223

Form **990-PF** (2019)

Form	990-PF	(2019
Pa	rt XIII	

PF	(20	019)	

D-PF (20	019)		
XIII	Undistributed Income	(see instructions)	

a From 2014.

b From 2015. c From 2016. . . .

d From 2017.

e From 2018.

f Total of lines 3a through e.

d Applied to 2019 distributable amount. e Remaining amount distributed out of corpus

same amount must be shown in column (a).)

5 Excess distributions carryover applied to 2019. (If an amount appears in column (d), the

a Corpus. Add lines 3f, 4c, and 4e. Subtract line 5

applied on line 5 or line 7 (see instructions) . . .

Subtract lines 7 and 8 from line 6a

9 Excess distributions carryover to 2020.

10 Analysis of line 9: a Excess from 2015. . .

b Excess from 2016. .

c Excess from 2017. . . .

d Excess from 2018. . .

e Excess from 2019. . .

6 Enter the net total of each column as

b Prior years' undistributed income. Subtract 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 2018. Subtract line 4a from line 2a. Taxable amount—see instructions f Undistributed income for 2019. Subtract lines 4d and 5 from line 1. This amount must 7 Amounts treated as distributions out of corpus to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (Election may be required - see instructions) 8 Excess distributions carryover from 2014 not

indicated below:

4 Qualifying distributions for 2019 from Part XII, line 4: ▶ \$ a Applied to 2018, 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).

- 1 Distributable amount for 2019 from Part XI, line 7 2 Undistributed income, if any, as of the end of 2019:
- a Enter amount for 2018 only.
- - 109.838 100,916
 - 177,915
 - Excess distributions carryover, if any, to 2019: 190.324

 - 209,393
 - - 788.386

(a)

Corpus

240.467

1,028,853

109.838

919,015

100.916 177,915

190.324

209.393

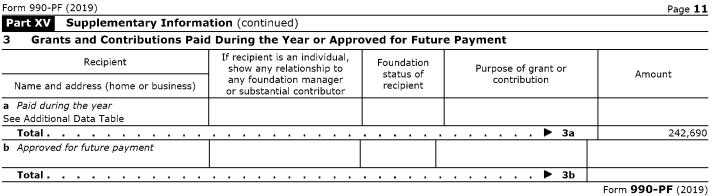
240.467

(b)

Years prior to 2018

(c)

2018



iter gros	s amounts unless otherwise indicated.	Unrelated b	usiness income	Excluded by section	512, 513, or 514	(e) Related or exempt
L Progra	m service revenue:	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions.)
	and contracts from government agencies					
. Memb	ership dues and assessments					
Intere invest	st on savings and temporary cash ments					
	nds and interest from securities					
	ntal income or (loss) from real estate:					
	-financed property					
	debt-financed property					
	investment income					
	r (loss) from sales of assets other than					
invent	ory					
	come or (loss) from special events:					
	profit or (loss) from sales of inventory					
. Other	revenue: a					
е						
2 Subto	tal. Add columns (b), (d), and (e).					
Subto	tal. Add columns (b), (d), and (e) Add line 12, columns (b), (d), and (e)			1	3	
Subto Total (See v	tal. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify calcu	lations.)			3	
Subto Total (See w	tal. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th	lations.) le Accomplisi	nment of Exem	pt Purposes		
Subto Total (See w	tal. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify calcu	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	ited importantly to	0
Subto Total (See v art XV	tal. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	ited importantly to	
Subto Total (See v art XV	tal. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	ited importantly to	
Subto Total (See v art XV	tal. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	ited importantly to	
Subto Total (See v art XV	tal. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	ited importantly to	
Subto Total (See v art XV	tal. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	ited importantly to	0
Subto Total (See v art XV	tal. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	ited importantly to	
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Subto Total (See v art XV	tal. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	ited importantly to	
Subto Total (See v art XV	tal. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	ited importantly to	
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Subto Total (See v art XV	tal. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	ited importantly to	
Subto Total. (See wart XV	tal. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	ited importantly to	
Subto Total. (See wart XV	tal. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	ited importantly to	
Subto Total. (See wart XV	tal. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	ited importantly to	
Subto Total (See v art XV	tal. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	ited importantly to	
Subto Total (See v art XV	tal. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	ited importantly to	
Subto Total. (See wart XV	tal. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	ited importantly to	
Subto Total (See v art XV	tal. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	ited importantly to	
Subto Total (See v Part XV	tal. Add columns (b), (d), and (e). Add line 12, columns (b), (d), and (e). orksheet in line 13 instructions to verify calcu I-B Relationship of Activities to th Explain below how each activity for which the accomplishment of the foundation's ex	lations.) le Accomplisi income is report	nment of Exem	pt Purposes f Part XVI-A contribu	ited importantly to	

Fo	rm 990-PF	(2019)				Pa	ge 13
	Part XVI	Information Re Exempt Organiz		ions and Relationships With Nonchari	table		
1			directly engage in any of the following with a organizations) or in section 527, relating to	any other organization described in section 501 political organizations?		Yes	No
a	Transfer	s from the reporting foun	dation to a noncharitable exempt organization	on of:			
	(1) Cas	sh			1a(1)		No
					1a(2)		No
Ŀ	Other tra	ansactions:					
	(1) Sal-	es of assets to a nonchari	itable exempt organization		1b(1)		No
					1b(2)		No
	(3) Rer	ntal of facilities, equipmer	nt, or other assets		1b(3)		No
	(4) Rei	mbursement arrangemen	ts		1b(4)		No
	(5) Loa	ns or loan guarantees.			1b(5)		No
	(6) Perf	ormance of services or m	embership or fundraising solicitations		1b(6)		No
c	Sharing	of facilities, equipment, n	nailing lists, other assets, or paid employees		1c		No
c	of the go	oods, other assets, or ser	vices given by the reporting foundation. If th	column (b) should always show the fair market one foundation received less than fair market values foundation received less than fair market values foundation assets, or services received.			
(a) Line No.	(b) Amount involved	(c) Name of noncharitable exempt organization	(d) Description of transfers, transactions, and sha	ring arra	ngemer	ts
_							
_							
_							
_							
_							
_							
_							
_							

	ectly affiliated with, or related to, one or more than section 501(c)(3)) or in section 527?	

b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than taxpayer) is based on all information of which preparer has any knowledge.

May the IRS discuss this 2020-07-13 return

Paid	
Preparent of the Prepar	

Sign Here \ with the preparer shown Title Signature of officer or trustee Date (see instr.) 🗹 Yes 🗆 No PTIN Print/Type preparer's name Preparer's Signature Date Check if self-P00905768 employed ▶ 🔲 LEONARD F ADCOCK CPA 2020-07-13 er Firm's name ▶ YORK NEEL & ASSOCIATES LLP Firm's EIN ▶81-2718635 nly 1113 BETHEL ST Firm's address ▶

HOPKINSVILLE, KY 422402051

Phone no. (270) 886-0206

Form 990PF Part XV Line 1a - List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000).

J WAYNE HUNT

I J WAYNE HUNT - BRIGHTHOUSE LIFE DIS

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

a Paid during the year			
GRACE & MERCY1507 S MAIN ST HOPKINSVILLE, KY 42240		EMPOWERING WOMEN IN CRISIS BY LOVE	10,000
STILIKES EREE CLINIC		PROVIDES FREE OUALITY	5 200

ST LUKES FREE CLINIC 408 W 17TH STREET HOPKINSVILLE, KY 42240		PROVIDES FREE QUALITY MEDICAL CARE	5,200
OLIVET BAPTIST CHURCH 13741 PALMYRA ROAD		IMPACT NEIGHBORS & WORLD FOR CHRIST	7,500

HOPKINSVILLE, KY 42240			
OLIVET BAPTIST CHURCH 13741 PALMYRA ROAD HERNDON, KY 42236		IMPACT NEIGHBORS & WORLD FOR CHRIST	7,500

Total .

242,690

■ 3a

Recipient If recipient is an individual, show any relationship to status of contribution status of status

recipient

▶ 3a

242,690

any foundation manager

or substantial contributor

Name and address (home or business)

HOPKINSVILLE, KY 42240

Total .

	or substantial contributor		
a Paid during the year			
BUSH BIBLES BELIVERS 1104 PEACHTREE PLACE HOPKINSVILLE, KY 42240		FOCUSED ON THE SENIOR & HANDICAPPED	5,000
LIVING WATERS COMMUNITY CHURCH 285 HUGH HUNTER ROAD OAK GROVE, KY 42266		SERVE GOD, LOVE PEOPLE, CHANGE LIVES	5,000
HOPKINSVILLE CHRISTIAN YMCA 7805 EAGLE WAY		TO STRENGTHEN COMMUNITY	4,500

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)	or substantial contributor	recipient		
a Paid during the year				
COMMONWEALTH POLICY FOUNDATION			PRESERVE BEDROCK VALUES OF	5,000

PO BOX 4172 FRANKFORT, KY 40604		LIFE	,
MIAMI PROJECT TO CURE PARALYSIS 1095 NW 14TH TERRACE MIAMI, FL 33136		TO FIND A CURE FOR PARALYSIS	25,000

MIAMI PROJECT TO CURE PARALYSIS 1095 NW 14TH TERRACE MIAMI, FL 33136		TO FIND A CURE FOR PARALYSIS	25,000
MSU FOUNDATION -CLARA GILLIAM FUND 200 HERITAGE HALL		DEVELOPMENT OF HEMP & CBD INDUSTRY	2,500

MIAMI, FL 33136			
MSU FOUNDATION -CLARA GILLIAM FUND 200 HERITAGE HALL MURRAY, KY 42071		DEVELOPMENT OF HEMP & CBD INDUSTRY	2,500

MSU FOUNDATION -CLARA GILLIAM FUND 200 HERITAGE HALL MURRAY, KY 42071		DEVELOPMENT OF HEMP & CBD INDUSTRY	2,500
Total	 	▶ 3a	242,690

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

- Daid during the year

Total .

a Palu during the year	
SAMARITAN'S PURSEPO BOX 3000 BOONE, NC 28607	PROVIDE SPIRITUAL & 13,500 PHYSICAL AID
NEW DAY CHURCH1551 KING STREET ENGIELD, CT 06082	TO MAKE, MARK, AND MATURE 10,000 DISCIPLES

NEW DAY CHURCH1551 KING STREET ENGIELD, CT 06082		TO MAKE, MARK, AND MATURE DISCIPLES	10,00
TODD ALLEN FAMILY MINISTRIES HOPE'S CRY INTERNATIONAL 45177 RIVER ROAD		TO LIBERATE PEOPLE FROM POVERTY	5,00

ENGIELD, CT 00002		DISCH LLS	
TODD ALLEN FAMILY MINISTRIES HOPE'S CRY INTERNATIONAL 45177 RIVER ROAD HAMMOND, LA 70401		TO LIBERATE PEOPLE FROM POVERTY	5,000

242,690

■ 3a

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

Total .

a Paid during the year			
WNKJ-CHRISTIAN RADIO STATION		TO EVANGELIZE, EDUCATE,	2

HOPKINSVILLE, KY 42241		ENCOURAGE	
SALVATION ARMY701 S CLAY ST		REACHING THE LOST & HURT	

SALVATION ARMY701 S CLAY ST HOPKINSVILLE, KY 42240		REACHING THE LOST & HURT WITH LOVE	1
RADICAL MISSION150 RICHVIEW RD		CHANGING CLARKSVILLE WITH	

HOI KINSVILLE, KT 42240		WITH LOVE	
RADICAL MISSION150 RICHVIEW RD CLARKSVILLE, TN 37043		CHANGING CLARKSVILLE WITH LOVE	7,500

2,500

15,000

242,690

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

a Paid during the year

Total .

u . u.u uu,y / ou.			
PAT SUMMITT FOUNDATION 520 W SUMMIT HILL DR KNOXVILLE, TN 37902		FIND A CURE OF ALZHEIMER'S DISEASE	5,000

KNOXVILLE, TN 37902			
OPERATION SMILE3641 FACULTY BLVD VIRGINIA BEACH, VA 23453		PROVIDE SAFE SURGERY TO CHILDREN	5,000
NASHVILLE RESCUE MISSION		PROVIDE HOPE TO HUNGRY,	5,000

VIRGINIA BEACH, VA 23453		CHILDREN	
NASHVILLE RESCUE MISSION 639 LAFAYETTE ST NASHVILLE, TN 372034226		PROVIDE HOPE TO HUNGRY, HOMELESS ETC	5,000

242,690

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

	or substantial contributor		
a Paid during the year			
MISSION VOICE NETWORKPO BOX 3337		SUPPORTING MISSIONARIES IN	10,000

CLARKSVILLE, TN 37043		INDIA	
LIVING HOPE BAPTIST CHURCH 6305 EAGLE WAY		SUPPORT MISSIONS ABROAD & LOCAL	
LIODIZINGVIII E IZV. 433.40	l .	l .	

LIVING HOPE BAPTIST CHURCH 6305 EAGLE WAY HOPKINSVILLE, KY 42240		SUPPORT MISSIONS ABROAD & LOCAL	7,500

HOPKINSVILLE, KY 42240		150712	
IN TOUCH MINISTRIESPO BOX 7900		LEAD PEOPLE WORLDWIDE TO	7,500

N TOUCH MINISTRIESPO BOX 7900 ATLANTA, GA 30357	LEAD PEOPLE WORLDWIDE TO CHRIST	7,500
--	---------------------------------	-------

ATLANTA, GA 30357		CHRIST	,
Total	 	▶ 3a	242,690

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

recipient

▶ 3a

242,690

Form 990PF Part XV Line 3 - Grants and Contributions Paid During the Year or Approved for Future Payment

any foundation manager

or substantial contributor

Name and address (home or business)

Total .

a Paid during the year			
HAPPY TRAILS COWBOY CHURCH 9530 AUGUSTA RD PELZER, SC 29669		MEET NEEDS OF COMMUNITY TO WORSHIP	5,000
GLOBAL IMPACT MINISTRIES		TO WIN MILLIONS OF SOULS TO	5,000

TELEER, SC 23003			
GLOBAL IMPACT MINISTRIES PO BOX 1644 BROKEN ARROW, OK 740131644		TO WIN MILLIONS OF SOULS TO JESUS	5,000
CHRISTIAN CO BAPTIST ASSOCIATION 905 NORTH DRIVE		EVANGELIZE WITNESS & PROCLAIM GOSPEL	5,000

PO BOX 1644 BROKEN ARROW, OK 740131644		JESUS	5,00
CHRISTIAN CO BAPTIST ASSOCIATION 905 NORTH DRIVE HOPKINSVILLE, KY 42240		EVANGELIZE WITNESS & PROCLAIM GOSPEL	5,00

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.

	or substantial contributor		
a Paid during the year			
CHRISTIAN APPALACHIAN PROJECT PO BOX 55911 LEXINGTON, KY 405555911		ASSIST PEOPLE IN APPALACHIA, KY	7,500

CHALLENGE HOUSE1605 PHELPS AVE HOPKINSVILLE, KY 42240		TO HELP INNER-CITY CHILDREN & ADULTS	10,000
PO BOX 55911 LEXINGTON, KY 405555911		KY	

CHALLENGE HOUSE1605 PHELPS AVE HOPKINSVILLE, KY 42240		TO HELP INNER-CITY CHILDREN & ADULTS	10,000
BRIGHT LIGHT FARMS 10200 FARMERSVILLE RD PRINCETON, KY 42445		PROVIDE CARE FOR MENTALLY CHALLENGED	5,000

BRIGHT LIGHT FARMS 10200 FARMERSVILLE RD PRINCETON, KY 42445		PROVIDE CARE FOR MENTALLY CHALLENGED	5,000
Total	 	▶ 3a	242,690

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

1	BOYC & CIBI C CILIB			ENABLE VOLING BEODLE	F 000
	a Paid during the year				
	Name and address (home or business)	or substantial contributor	recipient		

1600 WALNUT PO BOX 1071 HOPKINSVILLE, KY 42240	ENABLE YOUNG PEOPLE	5,000
ALPHA ALTERNATIVE1705 S MAIN ST	MINISTER THOSE MAKING LIFE	7,500

1101 (2110 1122), (11 122 10		
ALPHA ALTERNATIVE1705 S MAIN ST HOPKINSVILLE, KY 42240	MINISTER THOSE MAKING LIFE CHOICES	7,500
ST JUDE'S RESEARCH HOSPITAL	TO FIND A CURE FOR	7,500

	HOPKINSVILLE, KY 42240		CHOICES	,,555
П	ST JUDE'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS, TN 38105		TO FIND A CURE FOR CHILDHOOD CANCER	7,500

ST JUDE'S RESEARCH HOSPITAL 262 DANNY THOMAS PLACE MEMPHIS,TN 38105	TO FIND A CURE FOR CHILDHOOD CANCER	7,500
Total	 ▶ 3a	242,690

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

	or substantial contributor		
a Paid during the year			
WYCLIFFE BIBLE TRANSLATORS		TO TRANSLATE BIBLES INTO	7,500

ORLANDO, FL 32832		OTHER LANGO
UNITED WAY OF THE PENNYRILE		UNITING TO IMPROVE LIVES &

or substantial contributor

Name and address (home or business)

UNITED WAY OF THE PENNYRILE		UNITING TO IMPROVE LIVES &	14,
PO BOX 587		COMMUNITI	
HOPKINSVILLE, KY 422410587			

DO DOV 507	UNITING TO IMPROVE LIVES &	14,490
PO BOX 587 HOPKINSVILLE, KY 422410587	COMMUNITI	

242,690

efile GRAPHIC print - DO NOT PROCESS As Filed Data - DLN: 9349				: 93491197023660		
TY 2019 Other Expenses Schedule						
Name:	Name: HUNT FAMILY FOUNDATION INC					
EIN:	EIN: 45-5276361					
Other Expenses Schedule				4		
Description	Revenue and Expenses per Books	Net Investment Income	Adjusted Net Income	Disbursements for Charitable Purposes		
EXPENSES						
SEC OF STATE FILING FEE	15					

efile GRAPHIC print - DC	NOT PROCESS As Filed Data	-		DLN: 93491197023660	
Schedule B Schedule of Contribute		lule of Contributors		OMB No. 1545-0047	
or 990-PF) Department of the Treasury Internal Revenue Service	-PF) Attach to Form 990, 990-EZ, or 990-PF. ent of the Treasury Go to www.irs.gov/Form990 for the latest information.		2019		
Name of the organization HUNT FAMILY FOUNDATION	N INC		Employer i	identification number	
Organization type (chec			45-5276363	1	
organization type (onco	(Ono).				
Filers of:	Section:				
Form 990 or 990-EZ	☐ 501(c)() (enter number)	organization			
	4947(a)(1) nonexempt cha	aritable trust not treated as a pi	ivate foundation		
	☐ 527 political organization				
Form 990-PF	☑ 501(c)(3) exempt private f	foundation			
	4947(a)(1) nonexempt charitable trust treated as a private foundation				
	☐ 501(c)(3) taxable private foundation				
	ion filing Form 990, 990-EZ, or 990 property) from any one contributor.				
Special Rules					
under sections 50 received from any	on described in section 501(c)(3) filin 9(a)(1) and 170(b)(1)(A)(vi), that ch one contributor, during the year, to 1h, or (ii) Form 990-EZ, line 1. Cor	necked Schedule A (Form 990 cotal contributions of the greater of	or 990-EZ), Part II, line 13	3, 16a, or 16b, and that	
during the year, to	on described in section 501(c)(7), (8 tal contributions of more than \$1,00 te prevention of cruelty to children o	00 <i>exclusively</i> for religious, chai	ritable, scientific, literary,		
during the year, c If this box is chec purpose. Don't co	on described in section 501(c)(7), (8 contributions exclusively for religious ked, enter here the total contribution mplete any of the parts unless the (le, etc., contributions totaling \$5,000 kers.	s, charitable, etc., purposes, but ns that were received during the General Rule applies to this org	no such contributions tot year for an <i>exclusively</i> r panization because it rece	taled more than \$1,000. religious, charitable, etc., eived <i>nonexclusively</i>	
990-EZ, or 990-PF), but i	that isn't covered by the General R must answer "No" on Part IV, line rt I, line 2, to certify that it doesn't m	2, of its Form 990; or check the	box on line H of its Form	orm 990, n 990-EZ	
For Paperwork Reduction Action Form 990, 990-EZ, or 990-	t Notice, see the Instructions PF.	Cat. No. 30613X	Schedule B (Form 99	0, 990-EZ, or 990-PF) (2019)	

(d)

Type of contribution

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(b)

Name, address, and ZIP + 4

(a)

No.

(a)

No.

(a)

No.

Employer identification number 45-5276361

(c)

Total contributions

	✓ Person
	☐ Payroll
\$ 320,071	Noncash
	(Complete Part II for noncash contributions.)
(c) Total contributions	(d) Type of contribution
	Person
	 ☐ Payroll
\$	□ Noncash
	(Complete Part II for noncash contributions.)
(c)	(d)
Total contributions	Type of contribution
	Person
	☐ Payroll
\$	Noncash
	(Complete Part II for noncash contributions.)
(c) Total contributions	(d)
Total contributions	Type of contribution
	☐ Person
\$	∐ Payroll —
	Noncash
	(Complete Part II for noncash contributions.)
(c) Total contributions	(d)
lotal contributions	Type of contribution
	Person
\$	Payroll
Ψ	Noncash
	(Complete Part II for noncash contributions.)
(c) Total contributions	(d) Type of contribution
Total Collaborations	Person
	Payroll
\$	☐ Noncash
	(Complete Part II for noncash contributions.)
Schedule B (Fo	orm 990, 990-EZ, or 990-PF) (201

Schedule	B (Form 990, 990-EZ, or 990-PF) (2019)			Page 4
	rganization ILY FOUNDATION INC			mployer identification number
Part III	than \$1,000 for the year from any one cont	ibutor. Complete colu total of exclusively re instructions.) ► \$	ons described i mns (a) throug ligious, charital	n section 501(c)(7), (8), or (10) that total more
(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 z	(e) Transf	•	onship 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 z	(e) Transf		onship 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 z	(e) Transf		onship 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 2	(e) Transf		onship of transferor to transferee
			Scl	nedule B (Form 990, 990-EZ, or 990-PF) (2019)