SCANNED MAY \$ 0 2021 - Ju"

Return of Private Foundation

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

▶ Do not enter social security numbers on this form as it may be made public.

		nent of the Treasury Revenue Service	Do not enter so ▶ Go to www.irs.		-					-		Op	<u>الاک</u> en to Publi	c Inspection	•
_			or tax year beginning				2019	, and end	ina					. 20	=
_		foundation	<u> </u>							A E	mploye	r identifi	cation numb		_
	יסידד.	B FOUNDATION	N INC							ĺ		82-	3184119	a	
N	ımber	and street (or PO box	number if mail is not delivered t	o street ad	dress)			Room/sur	te	ВТ	elephon		r (see instruc		_
														,	
	DΟ .	DOV 22167										50	2-696-!	5070	
		BOX 23167	country, and ZIP or foreign posts	al code				l				50	2-090-	39/0	-
٠.	., 0	oven, state of province,	country, und En or foreign post							C If	exemptic	n applicat	tion is		1 (
	7 3 T CT	HODAGE KV	4000							pe	ending, c	neck here		▶∟) \
_		HORAGE, KY 4	· · · · · · · · · · · · · · · · · · ·			-£ - £			_:					. —	٦
G	Cne	ck all that apply:	Initial return	\vdash	Initial return		mer p	ublic cha	rity	I	-	-	ons, check her		J
			Final return	-	Amended ref					2			ons meeting there and attach	·	1
_			Address change	()(0)	Name chang						comput	etion .		▶∟	j
Н			zation: X Section 501	$\overline{}$				M		E If	private fo	oundation	status was terr	ninated	1
Ţ			onexempt charitable trust		her taxable pr		_			ur	nder sect	on 507(b)	(1)(A), check h	are . ▶	J
ı		market value o		-	nethod: X C	asn	Acc	rual		I			n a 60-month te	ı	1
		of year (from Par		ther (spe	· ——					ur	ider sect	on 507(b))(1)(B), check h	ere	J
				1	d), must be on c	ash basis	})						(d) Diab	ursements	_
L	art		enue and Expenses (The n columns (b), (c), and (d)	(4) (1)	evenue and	(b) N	et inve	estment	1	c) Adı	usted	net		aritable	
		may not necessari	ily equal the amounts in		enses per books		incon				come			poses asis only)	
_	ı .	column (a) (see in	structions))										(casii b	asis only)	-
	1		ts, etc., received (attach schedule) . e foundation is not required to		200,000.				<u> </u>			_			-
	2	attac	ch Sch B		430			420						OMMO	1
	3	-	nd temporary cash investments.	_	439.			439.						STMT :	÷.
	4		rest from securities												-
	5a								-						-
	b	Net rental income or ((loss)												-
Ģ	6a b	Net gain or (loss) from Gross sales price for a	n sale of assets not on line 10												-
le l		assets on line 6a				F		RECE	IV	ED-					+
Revenue	7	• •	come (from Part IV, line 2) .			- 1	_		_		78				-}
_	8	-	ital gain			1	» 	11 IN 2	0 1	กวก	- 				-
	9 10a		ons			13	₹	JUN Z	Z. 6	<u> </u>	− 10	\vdash			
		and allowances				- 1	1				<u> </u>				-1
		Less Cost of goods so					-	OGDE	EN.	U 7					'
		•	s) (attach schedule)			L						•			┪
	11 12	,	through 11 · · · · · · ·		200,439.			439.							÷ i
_	13	·	•	-	200,433.			137.							<u> -</u>
S			cers, directors, trustees, etc					NONE	-			NONE			-
ns(15		ployee benefits					NONE				NONE			-
þ	14 15 16a b c 17 18 19 20 21	Legal fees (attach s	•												_
ŭ	b	-	ttach schedule)STMT 2		1,175.			588.				NONE		588	8.
Ve	,	-	fees (attach schedung . 3		3,825.			3,825.							≖.
rati	17	•			_, -,			<u>,, </u>							_
탏	18		dule) (see instructions)		***										_
Ē	19	•	h schedule) and depletion.							· · ·		_			1
Ę	20	•		<u> </u>										-	-
¥	21		, and meetings					NONE				NONE			_
anc.	22		ations					NONE	_			NONE			_
5	23		tach schedule) STMT. 4		127.									12	7 .
ij	23 24 25	•	d administrative expenses.		/ •	-									<u> </u>
era			gh 23		5,127.			4,413.				NONE		719	5.
Ö	25	`	, grants paid		10,000.			, - •						10,000	
	26	· -	oursements Add lines 24 and 25		15,127.			4,413.				NONE		10,715	
_	27	Subtract line 26 fro			,,			.,			-				<u>-</u> .
			er expenses and disbursements		185,312.										1
			come (if negative, enter -0-)					-0-							1
			me (if negative, enter -0-)]

JSA For Paperwork Reduction Act Notice, see instructions.
9E1410 1 000 HLX579 5889 04/22/2020 14:06:11

82-3184119 Page 2

Part	: 11	Balance Sheets	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End	of year
		·	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
1	ì	Cash - non-interest-beari	ng	390,047.	575,359	575,359
2			cash investments			
3		Accounts receivable				_
		Less allowance for doub	otful accounts >			
4	ļ	Pledges receivable				_
		Less. allowance for doub	otful accounts >			
5						
6			officers, directors, trustees, and other			
		disqualified persons (atta	ach schedule) (see instructions)			
7	,	Other notes and loans re	eceivable (attach schedule) 🕨			
i			otful accounts NONE			
s t			ie			
Assets			eferred charges			
¥ 10		•	government obligations (attach schedule)	-		
			stock (attach schedule)			
		•	bonds (attach schedule)			
11	1	Investments - land, building and equipment basis	s, >			
		Less accumulated deprecia	ition >			
12		(attach schedule)	loans			
13			ch schedule)			
14		Land, buildings, and equipment basis	>			
		Less accumulated deprecia		·		
15		(attach schedule) Other assets (describe				
16			completed by all filers - see the			
			age 1, item I)	390,047.	575,359	575,359
17			ccrued expenses			1
18		• •				9
		• •				
三 三 20			rs, trustees, and other disqualified persons.			(
Liabilities 52 53 54 55 56 57			tes payable (attach schedule)			
تا 22) [-
	_					1
23	3	Total liabilities (add line	s 17 through 22)		NON	18
<u>«</u>			FASB ASC 958, check here			1
Balances 25		and complete lines 24,	·			
E 24	ı	Not assets without dono	r restrictions			
B 25			estrictions			1
			ollow FASB ASC 958, check here			
Fund		and complete lines 26 thre				
ි 26			ipal, or current funds	390,047.	575,359	, [
			land, bldg , and equipment fund.	•		
28			ated income, endowment, or other funds		-	Ţ.
Net Assets		•	balances (see instructions)	390,047.	575,359) .
a 30			net assets/fund balances (see			
2		instructions)		390,047.	575,359) <u> </u>
Part	: III	Analysis of Char	nges in Net Assets or Fund Bala			
			palances at beginning of year - Part		must agree with	
			d on prior year's return)		-	390,047.
		· -	line 27a			
					4	
		eases not included in			5	
			alances at end of year (line 4 minus li	ine 5) - Part II, column (b		

Form **990-PF** (2019)

(a) List an	d describe the kind(s) of property sold (for ory brick warehouse, or common stock, 200	example, real estate,	(b) How acquired P - Purchase D - Donation		(d) Date sold (mo , day, yr)
1 a					
b		<u> </u>	_		
			<u> </u>		_
d			 		
<u>e</u>			 -		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo ((e) plus (f) minu	
a					
b			 		
<u> </u>		·	<u> </u>		
<u>d</u>			<u> </u>		_
<u>e</u>		husba favordahan an 12/21/60	 		
Complete only for asse	ets showing gain in column (h) and owned			Gains (Col (h) ga	
(i) FMV as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col (i) over col (j), if any	COI	(k), but not less to Losses (from col	
a			1		
b			<u> </u>		
		 -	ļ		
<u>d</u>		<u> </u>	 		
e		<u> </u>			
2 Capital gain net inci	nme or (net canital loce)	gain, also enter in Part I, line 7			
· -	(IT (loss), enter -0- in Part I, line 7	2		
	tal gain or (loss) as defined in sections		1		
• •	in Part I, line 8, column (c). See in	f			
			3		
	on Under Section 4940(e) for Recestic private foundations subject to the				
	e for the section 4942 tax on the distri		ase perio	d?	Yes X No
<u> </u>	oesn't qualify under section 4940(e)				
1 Enter the appropria	te amount in each column for each ye		ng any er T	(d)	
Base period years	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		Distribution ra	
Calendar year (or tax year beginnin	g in) Adjusted qualifying distributions	Het value of Horicharitable-use assets	 	(col (b) divided by	col (c))
2018		 	+		· · · · · · · · · · · · · · · · · · ·
2017	-		 		
2016 2015		+-	+		
2013		-	†		
2014			+		
2 Tetal of line 1 colu	mn (d)		2		
	mn (d)		-		
<u> </u>	n ratio for the 5-year base period - divi		3		
the number of years	s the foundation has been in existence	il less than 5 years	-		
4 Enter the net value	of noncharitable-use assets for 2019 f	from Part X, line 5	4		
5 Multiply line 4 by lii	ne 3		5		_
6 Enter 1% of net inve	estment income (1% of Part I, line 27b))	6		
7 Add lines 5 and 6.			7		
8 Enter qualifying dist If line 8 is equal to Part VI instructions.	tributions from Part XII, line 4 or greater than line 7, check the box	x in Part VI, line 1b, and complete	that part	using a 1% tax	rate. See th

Par	VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see i	nstru	ctions	<u>s) </u>	
1a	Exempt operating foundations described in section 4940(d)(2), check here				
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)				
Ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check		N	ONE	
	here and enter 1% of Part I, line 27b			1	
c	All other domestic foundations enter 2% of line 27b Exempt foreign organizations, enter 4% of Part I, line 12, col (b)				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		N	ONE	
3	Add lines 1 and 2		N	ONE	
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)	NONE			
5	Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0		N	ONE	
6	Credits/Payments				
а	2019 estimated tax payments and 2018 overpayment credited to 2019 6a				
b	Exempt foreign organizations - tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868) 6c NONE				
d	Backup withholding erroneously withheld				
7	Total credits and payments Add lines 6a through 6d		N	ONE	
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		N	ONE	
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be: Credited to 2020 estimated tax ► NONE Refunded ► 11				
	t VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it		Yes	No	
	participate or intervene in any political campaign?	1a		<u>X</u>	
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the				
	instructions for the definition	1b		X	
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials				
	published or distributed by the foundation in connection with the activities			پ	
	Did the foundation file Form 1120-POL for this year?	1c		<u>X</u>	
d	d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year				
	(1) On the foundation ►\$(2) On foundation managers ►\$				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			1	
	on foundation managers. \$			i	
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2	-		
_	If "Yes," attach a detailed description of the activities.				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles	3		<u>_</u>	
_	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	4a	-	$\frac{X}{X}$	
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4b			
	If "Yes," has it filed a tax return on Form 990-T for this year?	5		X	
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?			 i	
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either				
·	By language in the governing instrument, or				
	By state legislation that effectively amends the governing instrument so that no mandatory directions that				
	conflict with the state law remain in the governing instrument?	6	<u>X</u>		
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X		
8a	Enter the states to which the foundation reports or with which it is registered. See instructions				
	KY				
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General				
	(or designate) of each state as required by General Instruction G? If "No," attach explanation STMT .5	8b		X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or				
	4942(j)(5) for calendar year 2019 or the tax year beginning in 2019? See the instructions for Part XIV If "Yes,"				
	complete Part XIV	9		<u>X</u>	
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their				
	names and addresses	10	Х		
	Fr	.m 99	0-PF	20101	

Par	t VII-A Statements Regarding Activities (continued)			
	`		Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)? If "Yes," attach schedule See instructions	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified			
	person had advisory privileges? If "Yes," attach statement See instructions	12		<u> </u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	l
	Website address ► N/A			
14	The books are in care of ► MARK BROWN Telephone no. ► (502) 696-	-597	8	
	Located at ► 2303 EVERGREEN ROAD, LOUISVILLE, KY ZIP+4 ► 40223			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here		•	ـــا
	and enter the amount of tax-exempt interest received or accrued during the year		Yes	Bio
16	At any time during calendar year 2019, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16	L	χ
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country			<u> </u>
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required	-	Yes	No
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		162	140
1a	During the year, did the foundation (either directly or indirectly) (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person?			
		1		
	(5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No" if the			
	foundation agreed to make a grant to or to employ the official for a period after			
L				
D	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in	1b		<u> </u>
	Regulations section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions			
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			
٠	were not corrected before the first day of the tax year beginning in 2019?	1c		X
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private			
-	operating foundation defined in section 4942(j)(3) or 4942(j)(5))			
а	At the end of tax year 2019, did the foundation have any undistributed income (Part XIII, lines			
_	6d and 6e) for tax year(s) beginning before 2019?			
	If "Yes," list the years			
h	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			
_	(relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to			
	all years listed, answer "No" and attach statement - see instructions)	2b		
c	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here			
	•			
3а	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year? Yes X No			
b	If "Yes," did it have excess business holdings in 2019 as a result of (1) any purchase by the foundation or			·
-	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the	1		
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Form 4720, Schedule C, to determine if the			
	foundation had excess business holdings in 2019.)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		Х
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its			
_	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		X
		rm 99	0-PF	

Page 6

Par	t VII-B Statements Regarding Activities to	or which form 4	720 May Be Requ	uirea (continuea)		,	
5a	During the year, did the foundation pay or incur any amou	unt to				Yes	No
	(1) Carry on propaganda, or otherwise attempt to influen	ce legislation (section	n 4945(e))?	, YesX No	,		
	(2) Influence the outcome of any specific public ele-	ction (see section 4	955); or to carry on	,		ŀ	}
	directly or indirectly, any voter registration drive?			. Yes X No	,		
	(3) Provide a grant to an individual for travel, study, or ot	her similar purposes?	·	,YesX No	,		l
	(4) Provide a grant to an organization other than a						
	section 4945(d)(4)(A)? See instructions			Yes XNo	,		
	(5) Provide for any purpose other than religious, ch	arıtable, scientific, l	iterary, or educationa				
	purposes, or for the prevention of cruelty to children	or animals?	. .	. Yes X No	,		
ь	If any answer is "Yes" to 5a(1)-(5), did any of the	transactions fail to	qualify under the ex	ceptions described in	·		
	Regulations section 53 4945 or in a current notice regard	ding disaster assistan	ce? See instructions		5b		
	Organizations relying on a current notice regarding disast	ter assistance, check	here				
С	If the answer is "Yes" to question 5a(4), does the	foundation claim ex	xemption from the ta	ax			
	because it maintained expenditure responsibility for the g	jrant?		Yes No	,		
	If "Yes," attach the statement required by Regulations sec	tion 53 4945-5(d)					
6a	Did the foundation, during the year, receive any fun	ds, directly or indire	ectly, to pay premiun	ns			
	on a personal benefit contract?		<i></i> .	Yes X No	·		
b	Did the foundation, during the year, pay premiums, direct	ly or indirectly, on a p	personal benefit contra	ct?	6b		X
	If "Yes" to 6b, file Form 8870						
7a	At any time during the tax year, was the foundation a par	ty to a prohibited tax	shelter transaction?.	. Yes X No	·		
b	If "Yes," did the foundation receive any proceeds or have	any net income attrib	outable to the transaction	on ⁷	7b		<u> • </u>
8	Is the foundation subject to the section 4960 tax on payr	ment(s) of more than	\$1,000,000 in				
	remuneration or excess parachute payment(s) during the					<u></u>	
Par	t VIII Information About Officers, Director and Contractors	s, Trustees, Fou	ndation Manager	s, Highly Paid Emp	pioyees,		
1	List all officers, directors, trustees, and foundation	managers and th	eir compensation.	See instructions.			
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expens	se acco	unt,
		devoted to position	enter -0-)	and deferred compensation	Other an	UWance	
-	BROWN	DIRECTOR					•
	EVERGREEN ROAD, LOUISVILLE, KY 40223	5	-0-	-0-			-0-
	E BROWN	DIRECTOR					^
	EVERGREEN ROAD, LOUISVILLE, KY 40223	5	0-	-0-	-		-0-
	AS W BROWN	DIRECTOR					^
	ARBAREE WAY, TIBURON, CA 94920	5	-0-	-0-			-0-
	EL E BROWN	DIRECTOR					^
	COTTAGE, POTTERY LANE, Compensation of five highest-paid employees	/other than thes	-0-	-0-	ne) If n	000	-U-
2	"NONE."	totilei tilali tilos	e iliciaaea on iliic	e i - see msuucuc	/11 3 }. II II	one,	Cittei
(a)	Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expens		
		devoted to position		compensation			
			MONTE	NONE	ν.		
<u>NON</u>	<u> </u>		NONE	NONE		<u>IONE</u>	
			-	_			
					_		
Tate	number of other employees paid over \$50,000				18	ONE	
870 I	number of other employees paid over \$50,000	· · · · · · · · · · · ·	<u> </u>			VBE	

3 Five highest-paid independent contractors for professional services. 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	NONE
otal number of others receiving over \$50,000 for professional services	▶ NONE
Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the nur organizations and other beneficiaries served, conferences convened, research papers produced, etc.	nber of Expenses
1NONE	- ' ''
2	
	
3	
	-
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1NONE	
2	
All other program-related investments. See instructions	
3 NONE	
	 [
Total. Add lines 1 through 3	

Par	t X	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign four	idations,
1	Fa	ir market value of assets not used (or held for use) directly in carrying out charitable, etc.,		
	pu	irposes:		
a	Α١	verage monthly fair market value of securities	1a	NONE NONE
b	Α١	verage of monthly cash balances	1b	454,811.
C	Fa	r market value of all other assets (see instructions)	1c	NONE
d	To	otal (add lines 1a, b, and c)	1d	454, <u>811.</u>
e		eduction claimed for blockage or other factors reported on lines 1a and		
		(attach detailed explanation)		
2	Αc	equisition indebtedness applicable to line 1 assets	2	NONE
3		ubtract line 2 from line 1d	3	454,811.
4	Ca	ash deemed held for charitable activities Enter 1 1/2% of line 3 (for greater amount, see		
		structions)	4	6,822.
5		et value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	447,989.
6_	Mi	inimum investment return. Enter 5% of line 5	6	22,399.
Par	t X	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foun	dations	
		and certain foreign organizations, check here ▶ and do not complete this part)		
1		ınimum investment return from Part X, line 6	1	22,399.
2 a	Ta	ox on investment income for 2019 from Part VI, line 5	1	
b	In	come tax for 2019. (This does not include the tax from Part VI.)		
C	Αc	dd lines 2a and 2b	2c	NONE
3	Di	stributable amount before adjustments Subtract line 2c from line 1	3	22,399.
4	Re	ecoveries of amounts treated as qualifying distributions	4	NONE
5	Αc	dd lines 3 and 4	5	22,399.
6	De	eduction from distributable amount (see instructions)	6	NONE
7	Di	stributable amount as adjusted. Subtract line 6 from line 5 Enter here and on Part XIII,	Ì	
	lın	<u>ie 1</u>	7	22,399.
Par	t X	Qualifying Distributions (see instructions)		
1	Ar	mounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Ex	penses, contributions, gifts, etc total from Part I, column (d), line 26	1a	10,715.
b	Pr	ogram-related investments - total from Part IX-B	1b	
2	Ar	mounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,		
	рu	rrposes	2	NONE
3	Ar	mounts set aside for specific charitable projects that satisfy the:		
а	Su	utability test (prior IRS approval required)	3a	NONE
ь		ash distribution test (attach the required schedule)	3Ь	NONE
4		ualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8; and Part XIII, line 4	4	10,715.
5		oundations that qualify under section 4940(e) for the reduced rate of tax on net investment income		
		nter 1% of Part I, line 27b. See instructions	5	N/A
6		ijusted qualifying distributions. Subtract line 5 from line 4	6	10,715.
		ote: The amount on line 6 will be used in Part V, column (b), in subsequent years when ca		
		qualifies for the section 4940(e) reduction of tax in those years	3	

Page 9

Pai	t.XIII Undistributed Income (see instr	uctions)			
		(a)	(b)	(c)	(d)
1	Distributable amount for 2019 from Part XI,	Corpus	Years prior to 2018	2018	2019
	line 7				22,399.
2	Undistributed income, if any, as of the end of 2019				
а	Enter amount for 2018 only			none	i
b	Total for prior years 20,20,20		NONE		
	Excess distributions carryover, if any, to 2019				
а	From 2014 NONE				
Ь	From 2015 NONE				
C	From 2016 NONE				
d	From 2017 NONE				
	From 2018 NONE				<u> </u>
f	Total of lines 3a through e	NONE		_	
4	Qualifying distributions for 2019 from Part XII,				
	line 4 ▶ \$10,715			110115]
а	Applied to 2018, but not more than line 2a			NONE	<u> </u>
b	Applied to undistributed income of prior years		NONE		
	(Election required - see instructions)		NONE		<u> </u>
C	Treated as distributions out of corpus (Election	NONE			
	required - see instructions)	NONE			10,715.
	Applied to 2019 distributable amount	NONE			10,713.
	Remaining amount distributed out of corpus Excess distributions carryover applied to 2019	NONE			<u> </u>
	(If an amount appears in column (d), the same	NONE			NONE
_	amount must be shown in column (a))	110112			1,0112
6	Enter the net total of each column as indicated below:				i
а	Corpus. Add lines 3f, 4c, and 4e Subtract line 5	NONE]
	Prior years' undistributed income Subtract			•	
_	line 4b from line 2b		NONE		
C	Enter the amount of prior years' undistributed	1			
	income for which a notice of deficiency has been issued, or on which the section 4942(a)				
	tax has been previously assessed		NONE		<u> </u>
d	Subtract line 6c from line 6b Taxable				
_	amount - see instructions		NONE		<u>_</u>
е	Undistributed income for 2018 Subtract line 4a from line 2a Taxable amount - see			NONE	
	instructions			NONE	<u></u>
f	Undistributed income for 2019 Subtract lines		•		
	4d and 5 from line 1 This amount must be				11,684.
_	distributed in 2020				11,004.
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				i
	required - see instructions)	NONB			
8	Excess distributions carryover from 2014 not				
-	applied on line 5 or line 7 (see instructions)	NONE			
9	Excess distributions carryover to 2020.				
	Subtract lines 7 and 8 from line 6a	NONB			
10	Analysis of line 9	İ			Ī
а	Excess from 2015 NONE				
b	Excess from 2016 NONE				
	Excess from 2017 NONE				!
d	Excess from 2018 NONE				
е	Excess from 2019 NONE				ŀ

rm 990-PF (2019)	82-3184119	Page 10

Par	t XIV Private Ope	erating Foundations	(see instructions ar	nd Part VII-A, questi	on 9)	NOT APPLICABLE		
	If the foundation has					/ 		
	foundation, and the ruling is effective for 2019, enter the date of the ruling							
L	Check box to indicate whether the foundation is a private operating foundation described in section 4942(j)(3) or 4942(j)(5)							
			is a private operating i		<u>section 4342()</u>	137 01 4342()/(3)		
Za	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total		
	justed net income from Part I or the minimum investment	(a) 2019	(b) 2018	(c) 2017	(d) 2016			
	return from Part X for each							
	year listed							
ь	85% of line 2a							
	Qualifying distributions from Part							
٠	XII, line 4, for each year listed .							
d	Amounts included in line 2c not							
	used directly for active conduct							
	of exempt activities				_			
е	Qualifying distributions made directly for active conduct of							
	exempt activities Subtract line		/					
•	2d from line 2c							
3	Complete 3a, b, or c for the alternative test relied upon							
а	"Assets" alternative test - enter				:			
	(1) Value of all assets							
	(2) Value of assets qualifying							
	under section 4942(j)(3)(B)(i)							
b	"Endowment" alternative test-							
	enter 2/3 of minimum invest-		/					
	ment return shown in Part X,		/					
	line 6 for each year listed							
٠	"Support" alternative test - enter (1) Total support other than	/						
	gross investment income							
	(interest, dividends, rents,							
	payments on securities loans (section 512(a)(5)),							
	or royalties)							
	(2) Support from general public and 5 or more	/						
	exempt organizations as							
	provided in section 4942 (j)(3)(B)(iii)							
	(3) Largest amount of sup-							
	port from an exempt organization	/						
	(4) Gross investment income .	Z						
Pai	rt XV Supplemer	tary Information (Complete this part	only if the founda	tion had \$5,000 o	r more in assets at		
		uring the year - see		•				
1	Information Regarding	Foundation Manager	's:					
a	List any managers of	the foundation who I	nave contributed more	e than 2% of the total	al contributions receiv	ed by the foundation		
	before the close of any	tax year (but only if th	ney have contributed n	nore than \$5,000) (S	ee section 507(d)(2).)			
	N/A							
h	List any managers of	the foundation who	own 10% or more of	the stock of a corn	oration (or an equal)	v large portion of the		
_	ownership of a partner					y large pertion of the		
	ourioroup or a partito	omp or other omary, or		mas a veye ex greater				
	37 / B							
_	N/A Information Regarding	0 4 1 4 - 0	Oit Lass Cabalasabi	4- Dua-mana				
2								
						and does not accept		
				nts, etc., to individua	als or organizations u	nder other conditions,		
	complete items 2a, b,							
а	The name, address, an	d telephone number o	r email address of the	person to whom appl	ications should be add	dressed:		
b	The form in which app	lications should be sul	omitted and information	n and materials they	should include:			
				·				
_	Any submission deadli	nes:						
U	Any submission deadin	1100.						
	A			ublad 1: 1	ble fields lited.	in addition and a second		
d	Any restrictions or li	mitations on awards	, such as by geogra	ipnicai areas, charita	ible tielas, kinds of	institutions, or other		
	factors:							

3 Grants and Contributions Paid Duri	ng the Year or App	roved for	Future Payment	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation	1	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Purpose of grant or contribution	Amount
a Paid during the year				
HOPE SCARVES INC.				
141 N SHERRIN AVE. STE 227 LOUISVILLE KY 402	NONE	PC	PROGRAM SUPPORT	5,000.
GILDA'S CLUB KENTUCKIANA		20	DDOGDLY GEDDONE	F 000
2440 GRINSTEAD DR LOUISVILLE KY 40204	NONE	PC	PROGRAM SUPPORT	5,000.
			•	
			i	
			1	
Total			▶ 3a	10,000.
b Approved for future payment				
.,				
Total	L	L	▶ 3b	<u> </u>

Enter gross amounts unless otherwise indicated		ated business income		y section 512, 513, or 514	Related or exempt
1 Program service revenue	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	function income (See instructions)
a					
b					
c					
d					
е					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments	_				
•			14	439.	NONE
3 Interest on savings and temporary cash investments.4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income					
• • • • • • • • • • • • • • • • • • • •					
8 Gain or (loss) from sales of assets other than inventory		-		-	
9 Net income or (loss) from special events · · · · · · · · · · · · · · · · · · ·					_ -
1 Other revenue. a					
			-		
c			1		
d					
e			† 	439.	NONE
12 Subtotal Add columns (b), (d), and (e) 13 Total. Add line 12, columns (b), (d), and (e)					439.
Explain below how each activity accomplishment of the foundation					
					·
		NOT APPLICABL	.0		
		NOT AFFIICABL			
			· · · · · · · · · · · · · · · · · · ·		

value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exemptorganization (d) Description of transfers, transactions, and sharing arrangements (e) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions, and sharing arrangements (e) Description of relationship (e) Descript	Form 990)-PF (20					82-318					e 13
in section 501(c) (ather than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash. (2) Other assests. 5 Under renascitions: (1) Sales of assests to a noncharitable exempt organization. (2) Purchases of assests from a noncharitable exempt organization. (3) Rental of facilities, equipment, or other assets. (4) Reimbursement arrangements. (5) Loans or loan guarantees. (6) Loans or loan guarantees. (6) Loans or loan guarantees. (6) Performance of services or membership or fundrasing solicitations. (7) Sharing of facilities, equipment, maining lists, other assets, or paid employees. (8) Performance of services or membership or fundrasing solicitations. (8) Performance of services or membership or fundrasing solicitations. (9) Loans or loan guarantees. (10) Loans or loans o	,		Organizations	_						able	Exe	empt
a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash	in	sect	ion 501(c) (other							_	Yes	No
22 Other assets		-		g foundation to	a noncharitable	exempt organ	ization of:					
b Other transactions: (1) Sales of assets to a noncharitable exempt organization. (2) Purchases of assets from a noncharitable exempt organization. (3) Rental of facilities, equipment, or other assets. (4) Reimbursement arrangements (5) Loans or loan guarantees (6) Performance of services or membership or fundraising solicitations (6) Performance of services or membership or fundraising solicitations (7) Sharing of facilities, equipment, mailing lists, other assets, or paid employees. (8) Performance of services or membership or fundraising solicitations (9) Performance of services or membership or fundraising solicitations (10) Performance of services or membership or fundraising solicitations (11) Sharing of facilities, equipment, mailing lists, other assets, or services given by the reporting foundation if the foundation received less than fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangements. (a) Inno (b) Amount involved (c) Name of nonchartable exempt organization (d) Description of transfers, transactions, and sharing arrangements (d) Description of reasters, transactions, and sharing arrangements (d) Description of reasters, and sharing arrangements (d) Name of organization (d) Description of reasters, and sharing arrangements (d) Name of organization (d) Description of relationship (e) Description of relationship (d) Description of relationship (e) Description				_					<u> 1</u> :	a(1)		
(1) Sales of assets to a noncharitable exempt organization	(2) Oth	er assets						<u> 1</u> :	a(2)		X
(a) Purchases of assets from a noncharitable exempt organization												••
(3) Rental of facilities, equipment, or other assets	-	-			. •							
(4) Reimbursement arrangements												
(5) Loans or loan guarantees												
(6) Performance of services or membership or fundraising solicitations. c Sharing of facilities, equipment, mailing lists, other assets, or paid employees. d if the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangements which is any transaction or sharing arrangements. (a) Line no (b) Amount involved (d) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements described in section 501(c) (other than section 501(c)(3)) or in section 527?												
c Sharing of facilities, equipment, mailing lists, other assets, or paid employees			-									
value of the goods, other assets, or services given by the reporting foundation if the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements (e) Description of transfers, transactions, and sharing arrangements (d) Description of transfers, transactions, and sharing arrangements (e) Description of relationship (e) Descrip					-							
value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (a) Line no (b) Amount involved (d) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements 2a is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 527?												
(a) Line no (b) Amount involved (c) Name of noncharitable exempt organization (d) Description of transfers, transactions, and sharing arrangements 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 52??												
2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described in section 501(c) (other than section 501(c)(3)) or in section 52??										_		
described in section 501(c) (other than section 501(c)(3)) or in section 527?	(a) Line	no	(b) Amount involved	(c) Name of	noncharitable exempt	organization	(d) Description of t	ransters, transact	ions, and sharing	arran	geme	nts
described in section 501(c) (other than section 501(c)(3)) or in section 527?		+										
described in section 501(c) (other than section 501(c)(3)) or in section 527?							-					
described in section 501(c) (other than section 501(c)(3)) or in section 527?					•	***		•	•			
described in section 501(c) (other than section 501(c)(3)) or in section 527?												
described in section 501(c) (other than section 501(c)(3)) or in section 527?												
described in section 501(c) (other than section 501(c)(3)) or in section 527?												
described in section 501(c) (other than section 501(c)(3)) or in section 527?		-				.						
described in section 501(c) (other than section 501(c)(3)) or in section 527?		-+		-								-
described in section 501(c) (other than section 501(c)(3)) or in section 527?		\dashv		 								
described in section 501(c) (other than section 501(c)(3)) or in section 527?		_				<u> </u>						
described in section 501(c) (other than section 501(c)(3)) or in section 527?			••									
described in section 501(c) (other than section 501(c)(3)) or in section 527?												
described in section 501(c) (other than section 501(c)(3)) or in section 527?					-							
described in section 501(c) (other 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 Viring Director May the IRS discuss this return with the preparer shown below? See instructions X Yes Nowledge Nowledg			•	-						٦		a
(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 Sign Here Print/Type preparer's name VIRAG H. SHAH Preparer's signature VIRAG H. SHAH Virag Shak Firm's name FIFTH THIRD BANK N.A. Firm's address P O BOX 630858 CINCINNATI, OH 45263-0858 Phone no 513-534-8622					ection 501(c)(3)) o	or in section 5	27?	• • • • • • •	• • • • • • -	_ Yes	s <u>X</u>	No
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 Sign	D_IT	Yes,			(h) Type (of organization		(c) Descripti	on of relationshi			
Sign Here Signature of officer or trustee Paid Preparer Firm's name Firm's address P O BOX 630858 CINCINNATI, OH PSIGNATURE of officer or the than taxpayer) is based on all information of which preparer has any knowledge Director Title May the IRS discuss this return with the preparer shown below? See instructions X Yes No Date O5/21/20 Self-employed P01835622 Firm's name Firm's address Phone no 513-534-8622			(a) Number of organization		(5) 1700	or organization		(e) Besonpti	011 011 101011011011011	<u>- </u>		
Sign Here Signature of officer or trustee Paid Preparer Firm's name Firm's address P O BOX 630858 CINCINNATI, OH PSIGNATURE of officer or the than taxpayer) is based on all information of which preparer has any knowledge Director Title May the IRS discuss this return with the preparer shown below? See instructions X Yes No Date O5/21/20 Self-employed P01835622 Firm's name Firm's address Phone no 513-534-8622												
Sign Here Signature of officer or trustee Paid Preparer Firm's name Firm's address P O BOX 630858 CINCINNATI, OH PSIGNATURE of officer or the than taxpayer) is based on all information of which preparer has any knowledge Director Title May the IRS discuss this return with the preparer shown below? See instructions X Yes No Date O5/21/20 Self-employed P01835622 Firm's name Firm's address Phone no 513-534-8622												
Sign Here Signature of officer or trustee Paid Preparer Firm's name Firm's address P O BOX 630858 CINCINNATI, OH PSIGNATURE of officer or the than taxpayer) is based on all information of which preparer has any knowledge Director Title May the IRS discuss this return with the preparer shown below? See instructions X Yes No Date O5/21/20 Self-employed P01835622 Firm's name Firm's address Phone no 513-534-8622	-											
Sign Here Signature of officer or trustee Paid Preparer Firm's name Firm's address P O BOX 630858 CINCINNATI, OH PSIGNATURE of officer or the than taxpayer) is based on all information of which preparer has any knowledge Director Title May the IRS discuss this return with the preparer shown below? See instructions X Yes No Date O5/21/20 Self-employed P01835622 Firm's name Firm's address Phone no 513-534-8622					L							
Here Signature of officer or trustee Date Title Print/Type preparer's name VIRAG H. SHAH Preparer Firm's name FIFTH THIRD BANK N.A. Firm's address P O BOX 630858 CINCINNATI, OH Date 05/21/20 Check if PTIN 901835622 Firm's EIN Firm's EIN 13-0676865 Phone no 513-534-8622									f my knowledge	and be	lief, it	is true,
Paid Print/Type preparer's name VIRAG H. SHAH Virag Shah Virag Shah 05/21/20 Prim's name ►FIFTH THIRD BANK N.A. Preparer Use Only Firm's address Property Signature Virag Shah 05/21/20 Firm's Firm's EIN ■ 31-0676865 Phone no 513-534-8622	Sign	.	11- 6 8-		15/20	1/2000	Director					
Paid Print/Type preparer's name VIRAG H. SHAH Virag Shah Virag Shah 05/21/20 Self-employed PO1835622 Preparer Use Only Firm's address P O BOX 630858 CINCINNATI, OH 45263-0858 Phone no 513-534-8622	Here	Sign	ature of officer or trustee	~ /-	Date	12020						_
Paid VIRAG H. SHAH Virag Shah 05/21/20 self-employed P01835622 Preparer Firm's name ►FIFTH THIRD BANK N.A. Firm's EIN ► 31-0676865 Use Only Firm's address ►P O BOX 630858 CINCINNATI, OH 45263-0858 Phone no 513-534-8622		O.g.	atare or officer of tradice		20.0		1110			<u> </u>		
Paid VIRAG H. SHAH Virag Shah 05/21/20 self-employed P01835622 Preparer Firm's name ►FIFTH THIRD BANK N.A. Firm's EIN ► 31-0676865 Use Only Firm's address ►P O BOX 630858 CINCINNATI, OH 45263-0858 Phone no 513-534-8622			Print/Type preparer's na	ame	Preparer's signar	ture	Date	Che	ck If PTI	N		
Use Only Firm's name			VIRAG H. SHA	/H	Vis	ag Sha	£ 05/			183	562	2
CINCINNATI, OH 45263-0858 Phone no 513-534-8622	•			FTH THIRD	BANK N.A.	0						
	Use O	nly										
Form 990-PF (2010)			[<u>C</u>]	<u>INCINNATI,</u>	OH	45	263-0858	Phone no				

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

Department of the Treasury Internal Revenue Service Name of the organization

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF.

For to www.irs.gov/Form990for the latest information.

OMB No 1545-0047

2019

Employer identification number

JTSB FOUNDATION, INC 82-3184119 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule X For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. **Special Rules** For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1 Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filling Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

JSA

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)
Name of organization
JTSB FOUNDATION, INC.

Employer identification number

82-3184119

Part I	Contributors (see instructions). Use duplicate cop	pies of Part I if additional space is	needed.
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	Mark Brown 2303 Evergreen Rd Louisville, KY 40223-1315	\$\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions)

FORM 990PF, PART I - INTEREST ON TEMPORARY CASH INVESTMENTS

TN	439.
NET INVESTMENT INCOME	439.
REVENUE AND EXPENSES PER BOOKS	439.
	TOTAL
	INTEREST
DESCRIPTION	MONEY MARKET INTEREST

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STATEMENT

FORM 990PF, PART I - ACCOUNTING FEES

	CHARITABLE PURPOSES	! ! ! !	588.	588.	11 11 11 11 11 11 11 11 11 11
	ADJUSTED NET INCOME	1 1 1 1		NONE	
	NET INVESTMENT INCOME	1 1 1 1 1	588.	588.	
1	REVENUE AND EXPENSES PER BOOKS	1 1 1 1 1 1	1,175.	1,175.	
	DESCRIPTION	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	TAX PREPARATION FEE (NON-ALLOC	TOTALS	

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STATEMENT

FORM 990PF, PART I - OTHER PROFESSIONAL FEES

NET INVESTMENT INCOME	3,825.
REVENUE AND EXPENSES PER BOOKS	3,825.
	ES (NON-DED TOTALS
DESCRIPTION	INVESTMNT MNGMNT FEES (NON-DED

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STATEMENT

OTHER EXPENSES	
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DESCRIPTION	PER

EXPENSES PER BOOKS	AND	REVENUE
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OTHER MISC. EXPENSES

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

KENTUCKY DOES NOT REQUIRE A COPY OF THE RETURN

JTSB FOUNDATION, INC.

FORM 990PF, PART VII-A - NEW SUBSTANTIAL CONTRIBUTORS

NAME AND ADDRESS

Mark Brown 2303 Evergreen Rd Louisville, KY 40223-1315