Return of Private Foundation

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

Department of the Treasury

Do not enter social security numbers on this form as it may be made public. ► Go to www.irs.gov/Form990PFfor instructions and the latest information.

SCANNED JUN 1 1 2019

Open to Public Inspection For calendar year 2018 or tax year beginning 2018, and ending MICHAEL E HORN FAMILY FOUNDATION INC A Employer identification number Name of foundation 630029015 26-1375584 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number (see instructions) P.O. BOX 1944 270-313-0425 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here . . . OWENSBORO, KY 42302 G Check all that apply: Initial return Initial return of a former public charity D 1 Foreign organizations, check here . Final return Amended return 2 Foreign organizations meeting the 85% test, check here and attach Address change Name change computation H Check type of organization: | X | Section 501(c)(3) exempt private foundation E If private foundation status was terminated Other taxable private foundation Section 4947(a)(1) nonexempt charitable trust under section 507(b)(1)(A), check here . I Fair market value of all assets at J Accounting method: X Cash If the foundation is in a 60-month termination end of year (from Part II, col. (c), line Other (specify) under section 507(b)(1)(B), check here . > **16)** ▶ \$ 11,335,425. (Part I, column (d) must be on cash basis.) (d) Disbursements Part I Analysis of Revenue and Expenses (The (a) Revenue and total of amounts in columns (b), (c), and (d) (b) Net investment (c) Adjusted net for charitable expenses per income purposes may not necessarily equal the amounts in income hooks (cash basis only) column (a) (see instructions).) 309,000 Contributions, gifts, grants, etc., received (attach schedule) . if the foundation is not required to Check > attach Sch B. 3 Interest on savings and temporary cash investments. 289,387 289,387 STMT 4 Dividends and interest from securities . . . Gross rents Net rental income or (loss) 22,757 Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 1,668,062 22,757 Capital gain net income (from Part IV, line 2) . Net short-term capital gain. . . . Income modifications 10a Gross sales less returns and allowances . . Less Cost of goods sold . Gross profit or (loss) (attach schedule) 111 Other income (attach schedule) 12 621,144 312,144 Total. Add lines 1 through 11 94,822 896 92,926 13 Compensation of officers, directors, trustees, etc . . NONE NONE 14 Other employee salaries and wages NONE NONE 15 Pension plans, employee benefits 16a Legal fees (attach schedule) . . 4,000 600 NONE Accounting fees tattach schedule) STMT 2 3,400 Administrative Other professional fees atta 48,958 48,958 C 17 Interest . Taxes lattach Sched () see instructions 20,011 2,416 7,109 18 Depreciation Sattach Schedule Dang (Bleglet 19 20 Occupancy Travel, conferences and meetings NONE NONE and 21 22 Printing and publication NONE NONE rating 24 Other expenses (attach schedule) STMT. 5 50,549 631 50,937 Fotal operating and administrative expenses. 25 25 218,340 54,501 NONE Add lines 13 through 23. 154,372. 546,418 546,418 Contributions, gifts, grants paid 764,758 54,501 NONE 700.790 Notal expenses and disbursements Add lines 24 and 25 Subtract line 26 from line 12 27 а Excess of revenue over expenses and disbursements -143,614 b Net investment income (if negative, enter -0-) 257,643 c Adjusted net income (if negative, enter -0-). .

JSA For Paperwork Reduction Act Notice, see instructions.

630029015

Form 990-PF (2018) 928

Part II		l Dalama Charte	Attached schedules and amounts in the	Beginning of year	End o	End of year		
<u> </u>	art II	Balance Sneets	description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value		
	1"	Cash - non-interest-beari	ng	27,077.	49,034.	49,034		
	2	Savings and temporary	cash investments	578 <u>,</u> 975.	617,511.	617,511		
	3	Accounts receivable						
		Less allowance for doub	otful accounts >	1,000.				
	4	Pledges receivable ▶			-	•		
		Less allowance for doub	otful accounts >					
	5	Grants receivable						
	6	Receivables due from	officers, directors, trustees, and other		İ			
		disqualified persons (atta	ach schedule) (see instructions)					
	ľ		eceivable (attach schedule)					
		Less allowance for doub	otful accounts NONE					
ţs	8	Inventories for sale or us	se					
Assets	9		eferred charges			.		
4	100		government obligations (attack school)	286,883.				
	l	·	stock (attach schedule) . STMT .7	5,557,402.				
			bonds (attach schedule) . STMT .8	2,398,585.	2,414,676.	2,310,176		
		Investments - land, building and equipment basis Less accumulated deprecia (attach schedule)		•		- ·		
	12	Investments - mortgage	loans					
	13	Investments - other (atta	ch schedule)	935,560.	1,029,796.	923,534		
		Land, buildings, and equipment basis	-					
		Less accumulated deprecia (attach schedule)	tion					
	15	Other assets (describe	·)					
			completed by all filers - see the					
		instructions Also, see pa	age 1, item I)	9,785,482.	9,639,586.	11,335,425		
	17	Accounts payable and a	ccrued expenses					
	18	Grants payable				<u> </u>		
ies	19	Deferred revenue						
ij	20	Loans from officers, director	rs, trustees, and other disqualified persons.					
iab			tes payable (attach schedule)					
_	22	Other liabilities (describe	;▶}}					
	23	Takal liabilitiaa (add l.ma	- 17 through 20)		NONE	• -		
\dashv			s 17 through 22)		NONE	<u> </u>		
S			r SFAS 117, check here ▶ L					
ıces		•	, ·					
lar	24			-		<u></u>		
B	25		· · · · · · · · · · · · · · · · · · ·					
pu	20		t follow SFAS 117, check here ► X	· · · · · -				
교		and complete lines 27 t						
ō	27	•	ipal, or current funds	9,785,482.	9,639,586.	ι		
ţ			land, bldg , and equipment fund	2,703,402.	5,055,500.			
SSe	29		ated income, endowment, or other funds					
۲	30	=	I balances (see instructions)	9,785,482.	9,639,586.			
ē	31		net assets/fund balances (see	27,007,202.	3703373001	·		
				9,785,482.	9,639,586.			
P	art III		ges in Net Assets or Fund Bala			 		
$\overline{}$			palances at beginning of year - Part I	<u> </u>	nust agree with			
			d on prior year's return)		-	9,785,482.		
2			line 27a			-143,614.		
			led in line 2 (itemize) ▶ 2018 NON DIVI		3	22,185.		
						9,664,053.		
5			line 2 (Itemize) ► SEE STAT		5	24,467.		
_6			alances at end of year (line 4 minus li), line 30 6	9,639,586.		
						Farm 990-PE (2018)		

Par	t IV Capital Gains	and Losses for Tax on Inve	estment Income			
		scribe the kind(s) of property sold (for exrick warehouse, or common stock, 200	• •	- (b) How acquired P - Purchase D - Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr)
1 a	PUBLICLY TRADED	SECURITIES		B Bondien		
<u>b</u>						
<u>c</u>						
<u>d</u>	-	<u> </u>				
<u> </u>		(f) Dansandara allawad	(g) Cost or other basis		(1) (2) (3)	3
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	plus expense of sale		(h) Gain or (lo ((e) plus (f) mini	
a	1,668,062.		1,645,305.			22,757.
b						
<u>d</u>						
<u> e</u>						
	Complete only for assets sh	owing gain in column (h) and owned b	· · · · · · · · · · · · · · · · · · ·		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 t Losses (from co	
a						22,757.
b						
<u>c</u>	•					
<u>d</u>		·			- .	
<u>e</u> 2	Capital gain net income	Or thet canital local	in, also enter in Part I, line 7			
		(ii (ic	oss), enter -0- in Part I, line 7	2		22,757.
3		ain or (loss) as defined in sections f art I, line 8, column (c). See ins	_			
	_	· · · · · · · · · · · · · · · · · · ·		3		
Par		Inder Section 4940(e) for Redu	7.5			
Was		leave this part blank. the section 4942 tax on the distrib 't qualify under section 4940(e). Do		ase period	d?	Yes X No
1		nount in each column for each year		ng anv ent	tries.	·
Cale	(a) Base period years ndar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution ration (col (b) divided by	
	2017	653,373.	11,798,871.			0.055376
	2016	632,550.	11,238,832.			0.056283
	2015	759,507.	11,484,202.			0.066135
	2014	481,527.	8,869,059.			0.054293
	2013	445,548.	8,590,663.	-		0.051864
_	Takal aklima 4. saliman /	٠,١				0 000051
2		d)		2	 -	<u>0.283951</u>
3	_	foundation has been in existence i	· · · · · · · · · · · · · · · · · · ·	3		0.056790
4	Enter the net value of no	oncharitable-use assets for 2018 fro	om Part X, line 5	4	12,	063,738.
5	Multiply line 4 by line 3.			5		685,100.
6	Enter 1% of net investme	ent income (1% of Part I, line 27b) .		6		2,576.
7	Add lines 5 and 6			7 _		<u>687,676.</u>
8	If line 8 is equal to or g	tions from Part XII, line 4 greater than line 7, check the box		8 that part		700,790. rate. See the

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see	nstru	ction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)		·	~
Ь	Domestic foundations that meet the section 4940(e) requirements in Part V, check		2,5	<u> 76.</u>
	here X and enter 1% of Part I, line 27b			
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of J Part I, line 12, col (b).			
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		N	IONE
3	Add lines 1 and 2		2,5	76.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only, others, enter -0-)		N	<u>IONE</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0		2,5	<u> 76.</u>
6	Credits/Payments			
а	2018 estimated tax payments and 2017 overpayment credited to 2018 6a 8,244.			
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	-	8,2	<u> 44.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed			
10	Overpayment, If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	<u>. </u>		68.
11 Pos	Enter the amount of line 10 to be: Credited to 2019 estimated tax ▶ 2,576. Refunded ▶ 11 VII-A Statements Regarding Activities		_3,0	92.
			Yes	No
ıa	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in any political campaign?	1a	162	X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the			_ <u>^</u>
b	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.			
С	Did the foundation file Form 1120-POL for this year?	1c		Х
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year.			
	(1) On the foundation ▶ \$ (2) On foundation managers ▶ \$			
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed			
	on foundation managers. \$			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X
	if "Yes," attach a detailed description of the activities.			·
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles			
	of incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		<u>X</u>
	If "Yes," has it filed a tax return on Form 990-T for this year?	4b		v
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		<u> </u>
	If "Yes," attach the statement required by General Instruction T			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			
	By language in the governing instrument, or By language in t			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?	6	X	-
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col (c), and Part XV	7	X	
, 8a	Enter the states to which the foundation reports or with which it is registered. See instructions			
Ja	The states to mile the resident reports of that third it is registered out methodicing.			Í
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General			
_	(or designate) of each state as required by General Instruction G ² If "No," attach explanation	8b	Х	<u>.</u>
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or			
	4942(j)(5) for calendar year 2018 or the tax year beginning in 2018? See the instructions for Part XIV. If "Yes,"			· '
	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		X

Par	t VII-A Statements Regarding Activities (continued)			
		1	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		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	Х	
. •	Website address ► WWW.HORNFAMILYFOUNDATION.ORG			
14	The books are in care of ▶ SEE STATEMENT 11 Telephone no ▶			
	Located at ► ZIP+4 ►			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - check here			\Box
	and enter the amount of tax-exempt interest received or accrued during the year			ш
16	At any time during calendar year 2018, did the foundation have an interest in or a signature or other authority		Yes	No
	over a bank, securities, or other financial account in a foreign country?	16		Х
	See the instructions for exceptions and filing requirements for FinCEN Form 114 If "Yes," enter the name of			
	the foreign country			!
Par	t VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	Γ.	Yes	No
12	During the year, did the foundation (either directly)		-	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No	ì		
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a	ľ		
	disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? Yes X No	İ		
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			1 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			1
	termination of government service, if terminating within 90 days.)			
ь	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
-	section 53 4941(d)-3 or in a current notice regarding disaster assistance? See instructions	1b		Х
	Organizations relying on a current notice regarding disaster assistance, check here			
c	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that			<u> </u>
	were not corrected before the first day of the tax year beginning in 2018?	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))			ŀ
а	At the end of tax year 2018, did the foundation have any undistributed income (lines 6d and			•
	6e, Part XIII) for tax year(s) beginning before 2018?			
	If "Yes," list the years			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2)			1
	(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		
С	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	>			
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise			
	at any time during the year?			
b	If "Yes," did it have excess business holdings in 2018 as a result of (1) any purchase by the foundation or			
	disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the			
	Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of			
	the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the			لــــــــــــــــــــــــــــــــــــــ
	foundation had excess business holdings in 2018)	3b		
4a	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a	L	X
b	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its	<u> </u>	<u> </u>	لـــــــــــــــــــــــــــــــــــــ
	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2018?	4b		X

	VIES Statements Regarding Activities 1	OI WILLIAM TOTAL	1720 Iviay be ned	uneu (continueu)			
5a	During the year, did the foundation pay or incur any amo	ount to	-			Yes	No
	(1) Carry on propaganda, or otherwise attempt to influe	nce legislation (sectio	n 4945(e))?	. Yes X No	,		
	(2) Influence the outcome of any specific public ele	ection (see section	4955), or to carry or				
	directly or indirectly, any voter registration drive?			. Yes X No	,		
	(3) Provide a grant to an individual for travel, study, or o	ther similar purposes		. X Yes No	•		
	(4) Provide a grant to an organization other than a	_					
	section 4945(d)(4)(A)? See instructions)		
	(5) Provide for any purpose other than religious, cl						
	purposes, or for the prevention of cruelty to children						
	If any answer is "Yes" to 5a(1)-(5), did any of the		•	·	l l		
	Regulations section 53.4945 or in a current notice regar				<u>5b</u> _		X
	Organizations relying on a current notice regarding disas				\sqcup		
	If the answer is "Yes" to question 5a(4), does the		•				
	because it maintained expenditure responsibility for the	-		Yes No	'		
	If "Yes," attach the statement required by Regulations se						
	Did the foundation, during the year, receive any ful	•					
	on a personal benefit contract?				' 6b		Х
b	If "Yes" to 6b, file Form 8870.	iny of manechy, on a	personal benefit contra		- 65		Λ
7a	At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?	. Yes X No	.		
	If "Yes," did the foundation receive any proceeds or have	•		· — —	7b		
	Is the foundation subject to the section 4960 tax on pay	•			12		
	remuneration or excess parachute payment(s) during the	* *		. Yes X No	,		
	VIII Information About Officers, Directo	rs, Trustees, Fou	ndation Manager	s, Highly Paid Emp	oloyees,	···	
1 1	and Contractors List all officers, directors, trustees, and foundatio	n managers and th	neir compensation	See instructions			
	(a) Name and address	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expens	e accou	ınt.
	(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	employee benefit plans and deferred compensation	other all	owance	s
<u>ichae</u>	el E Horn	Director					
	x 1944, Owensboro, KY 42302	10	-0-	-0-			-0-
i ahar	el Andrew Horn	Director					
		1 10 1	-0-	-0-			-0-
0 Вох	x 1944, Owensboro, KY 42302	10					
O Box ayla	Horn Walker	Director	-				_
O Box ayla O Box	Horn Walker x 1944, Owensboro, KY 42302	Director 20	37,622.	-0-			-0-
O Box ayla O Box athry	Horn Walker K 1944, Owensboro, KY 42302 Vn R Crowe	Director 20 Director	37,622.	-0-			
O Box ayla O Box athry O Box	Horn Walker K 1944, Owensboro, KY 42302 m R Crowe K 1944, Owensboro, KY 42302	Director 20 Director 40	37,622. 57,200.	-0- -0-	une) If no	200	-0-
O Box ayla O Box athry O Box	Horn Walker K 1944, Owensboro, KY 42302 Vn R Crowe	Director 20 Director 40	37,622. 57,200.	-0- -0-	ons). If no	one, (-0-
O Box ayla O Box athry O Box	Horn Walker k 1944, Owensboro, KY 42302 m R Crowe k 1944, Owensboro, KY 42302 Compensation of five highest-paid employees 'NONE."	Director 20 Director 40 (other than thos	37,622. 57,200. e included on line	-0- -0- - 1 - see instructio			-0- enter
O Box ayla O Box athry O Box	Horn Walker k 1944, Owensboro, KY 42302 m R Crowe k 1944, Owensboro, KY 42302 Compensation of five highest-paid employees	Director 20 Director 40 (other than thos	37,622. 57,200.	-0- 2 1 - see instructio (d) Contributionsto employee benefit plans and deferred	(e) Expens	e accou	-0- enter
O Box ayla O Box athry O Box	Horn Walker k 1944, Owensboro, KY 42302 m R Crowe k 1944, Owensboro, KY 42302 Compensation of five highest-paid employees 'NONE."	Director 20 Director 40 (other than thos	37,622. 57,200. e included on line	-00- 1 - see instructio (d) Contributionsto employee benefit	(e) Expens	e accou	-0- enter
O Box ayla O Box athry O Box 2 (Horn Walker k 1944, Owensboro, KY 42302 m R Crowe k 1944, Owensboro, KY 42302 Compensation of five highest-paid employees 'NONE." Name and address of each employee paid more than \$50,000	Director 20 Director 40 (other than thos	37,622. 57,200. e included on line (c) Compensation	-0- 2 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all	e accou	-0- enter
O Box ayla O Box athry O Box	Horn Walker k 1944, Owensboro, KY 42302 m R Crowe k 1944, Owensboro, KY 42302 Compensation of five highest-paid employees 'NONE." Name and address of each employee paid more than \$50,000	Director 20 Director 40 (other than thos	37,622. 57,200. e included on line	-0- 2 1 - see instructio (d) Contributionsto employee benefit plans and deferred	(e) Expens other all	e accou	-0- enter
O Box ayla O Box athry O Box 2 (Horn Walker k 1944, Owensboro, KY 42302 m R Crowe k 1944, Owensboro, KY 42302 Compensation of five highest-paid employees 'NONE." Name and address of each employee paid more than \$50,000	Director 20 Director 40 (other than thos	37,622. 57,200. e included on line (c) Compensation	-0- 2 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all	e accou	-0- enter
O Box ayla O Box athry O Box 2 (Horn Walker k 1944, Owensboro, KY 42302 m R Crowe k 1944, Owensboro, KY 42302 Compensation of five highest-paid employees 'NONE." Name and address of each employee paid more than \$50,000	Director 20 Director 40 (other than thos	37,622. 57,200. e included on line (c) Compensation	-0- 2 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all	e accou	-0- enter
O Box ayla O Box athry O Box 2 (Horn Walker k 1944, Owensboro, KY 42302 m R Crowe k 1944, Owensboro, KY 42302 Compensation of five highest-paid employees 'NONE." Name and address of each employee paid more than \$50,000	Director 20 Director 40 (other than thos	37,622. 57,200. e included on line (c) Compensation	-0- 2 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all	e accou	-0- enter
O Box ayla O Box athry O Box 2 (Horn Walker k 1944, Owensboro, KY 42302 m R Crowe k 1944, Owensboro, KY 42302 Compensation of five highest-paid employees 'NONE." Name and address of each employee paid more than \$50,000	Director 20 Director 40 (other than thos	37,622. 57,200. e included on line (c) Compensation	-0- 2 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all	e accou	-0- enter
O Box ayla O Box athry O Box 2 (Horn Walker k 1944, Owensboro, KY 42302 m R Crowe k 1944, Owensboro, KY 42302 Compensation of five highest-paid employees 'NONE." Name and address of each employee paid more than \$50,000	Director 20 Director 40 (other than thos	37,622. 57,200. e included on line (c) Compensation	-0- 2 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all	e accou	-0- enter
O Box ayla O Box athry O Box 2 (Horn Walker k 1944, Owensboro, KY 42302 m R Crowe k 1944, Owensboro, KY 42302 Compensation of five highest-paid employees 'NONE." Name and address of each employee paid more than \$50,000	Director 20 Director 40 (other than thos	37,622. 57,200. e included on line (c) Compensation	-0- 2 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all	e accou	-0- enter
O Box ayla O Box athry O Box 2 (Horn Walker k 1944, Owensboro, KY 42302 m R Crowe k 1944, Owensboro, KY 42302 Compensation of five highest-paid employees 'NONE." Name and address of each employee paid more than \$50,000	Director 20 Director 40 (other than thos	37,622. 57,200. e included on line (c) Compensation	-0- 2 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	(e) Expens	e accou	-0- enter

Part VIII Information About Officers, Directors, Trustees, Foundation Ma and Contractors (continued)	anagers, Highly Paid Emplo	yees,
3 Five highest-paid independent contractors for professional services. See inst	ructions. If none, enter "NONE	"
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		NONE
Trade with full control of the contr		
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		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	d information such as the number of	
organizations and other beneficiaries served, conferences convened, research papers produced, etc.	il imprimation such as the number of	Expenses
1NONE		<u> </u>
	<u>-</u>	
2		
	· · · · · · · · · · · · · · · · · · ·	
3	 	_ -
4		
		
Don't IV D. Common of Dramon Dalated Investments (see instantion)		
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	and 2.	Amount
2		
All other program-related investments See instructions		
3NONE		
ONOTE:		
Total. Add lines 1 through 3		

Par	Minimum Investment Return (All domestic foundations must complete this part. For see instructions.)	reign found	ations,
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:	_	
а	Average monthly fair market value of securities	1a	11,721,073.
b			526,377.
c	Fair market value of all other assets (see instructions)		NONE
d			12,247,450.
е			
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	. 2	NONE
3	Subtract line 2 from line 1d		12,247,450.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	. 4	183,712.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	12,063,738.
6	Minimum investment return. Enter 5% of line 5	. 6	603,187.
Par	TXI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating for and certain foreign organizations, check here ▶ and do not complete this part.)	undations	
1	Minimum investment return from Part X, line 6	. 1	603,187.
2 a	1		
b	Income tax for 2018. (This does not include the tax from Part VI.) 2b		
С	Add lines 2a and 2b	. 2c	2,576.
3	Distributable amount before adjustments. Subtract line 2c from line 1		600,611.
4	Recoveries of amounts treated as qualifying distributions	. 4	NONE
5	Add lines 3 and 4	. 5	600,611.
6	Deduction from distributable amount (see instructions)	. 6	NONE
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII,	,	
	line 1	. 7	600,611.
Par	↑ XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
а	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	_ · · · ·	700,790.
b	Program-related investments - total from Part IX-B	. 1b	
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	,	
	purposes	. 2	NONE
3	Amounts set aside for specific charitable projects that satisfy the		
а	Suitability test (prior IRS approval required)	. 3a	NONE
b	Cash distribution test (attach the required schedule)	. 3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	1 4	700,790.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	.	- · · - · · · · · · · · · · · · · · · ·
	Enter 1% of Part I, line 27b. See instructions	. 5	2,576.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	. 6	698,214.
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when of	calculating v	vhether the foundation

Form **990-PF** (2018)

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

Page 9

Part	XIII Undistributed Income (see instr	uctions)			
		(a)	(b)	(c)	(d)
1 (Distributable amount for 2018 from Part XI,	Corpus	Years prior to 2017	2017	2018
ı	ine 7				600,611.
2 (Undistributed income, if any, as of the end of 2018	,			
	Enter amount for 2017 only			NONE	
	Total for prior years 20,20,20		NONE		
	Excess distributions carryover, if any, to 2018				•
	From 2013				
	From 2014				
	From 2015				
	From 2016				
	Fotal of lines 3a through e	414,921.			.
	Qualifying distributions for 2018 from Part XII,	111,521.			_
	ine 4 ▶ \$ 700,790.				
	Applied to 2017, but not more than line 2a			NONE	
b /	Applied to undistributed income of prior years	,			
	Election required - see instructions)		NONE		
	Freated as distributions out of corpus (Election				
ľ	equired - see instructions)	NONB			
	Applied to 2018 distributable amount	100 170			600,611.
	Remaining amount distributed out of corpus	100,179.	_		
(If an amount appears in column (d), the same	NONE			NONE
	amount must be shown in column (a).)	NONE		-	NONE
	Enter the net total of each column as ndicated below:				
a (Corpus Add lines 3f, 4c, and 4e. Subtract line 5	<u>515</u> ,100.			
b F	Prior years' undistributed income. Subtract				
	ine 4b from line 2b		NONE		
	Enter the amount of prior years' undistributed ncome for which a notice of deficiency has				
t	peen issued, or on which the section 4942(a)		NONE		
	ax has been previously assessed		NOINE		
	Subtract line 6c from line 6b. Taxable amount - see instructions		NONE		
еl	Indistributed income for 2017. Subtract line				
	ta from line 2a. Taxable amount - see nstructions			NONE	
f 1	Undistributed income for 2018. Subtract lines				
	4d and 5 from line 1. This amount must be				
C	distributed in 2019			·	NONE
7 /	Amounts treated as distributions out of corpus				
	o satisfy requirements imposed by section			İ	
	170(b)(1)(F) or 4942(g)(3) (Election may be	NONE			
	equired - see instructions)	NONB	-		
	excess distributions carryover from 2013 not applied on line 5 or line 7 (see instructions)	20,905.			
	excess distributions carryover to 2019.				
	Subtract lines 7 and 8 from line 6a	494,195.			
10 /	Analysis of line 9.				
a E	excess from 2014 45, 040 .				
	Excess from 2015 194, 735 .				
	Excess from 2016 82,582				
	Excess from 2017				
<u>e t</u>	Excess from 2018				

Form	990-PF (2018)			26-1	1375584	Page 10
Par	t XIV Private Ope	erating Foundations	s (see instructions a	nd Part VII-A, questi	on 9)	NOT APPEÏCABL
1 a	If the foundation has	received a ruling or d	etermination letter tha	t it is a private oper	ating ,	
	foundation, and the ruling	is effective for 2018, en	ter the date of the ruling			_/
þ	Check box to indicate v	whether the foundation	is a private operating	foundation described in	n section 4942(j)(3) or 4942(j)(5)
2 a	Enter the lesser of the ad-	Tax year		Prior 3 years		(e) Total
	justed net income from Part I or the minimum investment	(a) 2018	(b) 2017	(c) 2016	(d) 2015	1,7,7,7,7
	return from Part X for each					
	year listed					
b	85% of line 2a					
С	Qualifying distributions from Part					
	XII, line 4 for each year listed .					
ď	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 "Assets" alternative test - enter					
-	(1) Value of all assets					
	(2) Value of assets qualifying					
	under section 4942(j)(3)(B)(i)					
Ь	"Endowment" alternative test-			-		
	enter 2/3 of minimum invest-					
	ment return shown in Part X,				,	
c	Ine 6 for each year listed "Support" alternative test - enter					
Ū	(1) Total support other than			ļ		
	gross investment income					
	(interest, dividends, rents, payments on securities	/				
	loans (section 512(a)(5)),					
	or royalties)					
	public and 5 or more					
	exempt organizations as provided in section 4942				İ	ì
	(j)(3)(B)(iii)					
	(3) Largest amount of sup- port from an exempt					
	organization				+	+
Day	(4) Gross investment income .	itary Information (0	Complete this port	anly if the found	tion had \$5 000 a	r mara in acceta et
Гаг		uring the year - see		only if the lounds	ation nad \$5,000 0	i iliole ili assets at
1	Information Regarding	<u> </u>				
	List any managers of	•		e than 2% of the tot	al contributions receiv	ed by the foundation
-	before the close of any					ou by the realituation
		, , ,	•	. , , ,		
	N/A List any managers of	the foundation who	own 10% or more o	f the stock of a corn	poration for an equally	v large portion of the
D	ownership of a partner					y large portion of the
	ownership of a partitor	simp or other charge or	Willow the loundation	That a Toyo or greater	microot.	
	NT / 70					
2	N/A Information Regarding	Contribution Grant	Gift Loan Scholarch	in etc Programs:		
2	, in the second			•		
	Check here ▶ if t					
	unsolicited requests for complete items 2a, b, c			ants, etc., to individua	als or organizations u	ider other conditions,
_				norson to whom one	lications should be ad-	
а	The name, address, an	•	r email address of the	person to whom app	lications should be add	iressea
	SEE STATEMENT				ale and all the almost an	
D	The form in which app			on and materials they	snoula include:	
	SEE ATTACHED ST	PATEMENT FOR L1	.NE 2			
	A					<u> </u>
С	Any submission deadling					
	SEE ATTACHED ST	PATEMENT FOR LI	.NE 2			
						* ** **
d	Any restrictions or li factors:	mitations on awards,	, such as by geogr	apnicai areas, charita	able tields, kinds of	institutions, or other
10 ^	SEE ATTACHED ST	<u> FATEMENT FOR LI</u>	NE 2	.	<u> </u>	
JSA BE 149	30 1 000	L				Form 990-PF (2018)

3 Grants and Contributions Paid Duri	ng the Year or Appr	oved for	Future Payment -	
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation		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				
Scholarships (See Attached)				
			SEE ATTACHED	61,168.
Grant Allocations (See Attached)	,			
Grant Allocations (See Attached)			SEE ATTACHED	485,250.
				105,250.
MICHAEL E HORN FAMILY FOUNDATION INC	,			
KETHRYN CROWE, DIRECTOR OWENSBORO KY 42303		_		
				`
			,	
		1		
Total				546,418.
b Approved for future payment	<u> </u>	<u></u>	<u>► 3a</u>	340,410.
b Approved for fature payment				
Total		L	▶ 3b	
11/161			30	

Form **990-PF** (2018)

Part XVI-A Analysis of Income-Production	ucing Acti	vities			
Enter gross amounts unless otherwise indicated.	Unrela	(b)	Excluded by	y section 512, 513, or 514 (d)	Related or exempt function income
1 Program service revenue.	Business code	Amount	Exclusion code	Amount	(See instructions.)
a			<u> </u>		
b				-	
c				 .	
d					·
e			•		
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments -					
4 Dividends and interest from securities			14	289,387.	
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	ļ		18	22,757.	<u>-</u>
9 Net income or (loss) from special events · · ·					
10 Gross profit or (loss) from sales of inventory .					
11 Other revenue. a				-	
b					
c					
d					
e			ļ		
12 Subtotal Add columns (b), (d), and (e)			<u> </u>	312,144.	
13 Total. Add line 12, columns (b), (d), and (e)			• • • • •	13	312,144.
(See worksheet in line 13 instructions to verify calcilonary Part XVI-B Relationship of Activities			A D		
Line No. Explain below how each activit accomplishment of the foundation					· · · · · · · · · · · · · · · · · · ·
-					
					
		NOT APPLICABL			
		NOT THE ELEMEN		#1.V	
					
	•				
			.		·-
					200
	•				

101111111111111111111111111111111111111	,				
Part XVII	Information Regarding Tr	ransfers to and	Transactions	and Relationships	With Noncharitable
	Exempt Organizations				

1	Did th	e organization direct	ly or indirectly	engage in any of the	following with	any other organization	described -	Yes	No
		·			_	ection 527, relating t		100	
		izations?				9			
а	_		n foundation to	a noncharitable exem	nnt organization	i of:			
_			-						_ X_
									X
h		transactions.					14(2)		
U			aharitahla ayar				45.44		v
				X					
									X
		_							X
		•				· • • • • • • • • • • • • • • • • • • •			X
				· -		· · · · · · · · · · · · · · · · · · ·			X
									<u>X</u>
d						e. Column (b) should a			
		=			-	on. If the foundation re			
	1					ue of the goods, other			
(a) L	ine no	(b) Amount involved	(c) Name of	noncharitable exempt organ	ization (d)	Description of transfers, transa	ctions, and sharing arr	ngeme	nts
							<u> </u>		
					ľ				
		-							
							.		
	descri		(other than se			nore tax-exempt organi		es 📝	No
		(a) Name of organization		(b) Type of org	anization	(c) Descrip	otion of relationship		
							, .		
-									
Sigr	corre			taxpayer) is based on all informa		and statements, and to the best has any knowledge	of my knowledge and May the IRS discu	s this	return
Here	e Sig	mature of officer or trustee		Date	Title	. (_	Yes	No
De:-		Print/Type preparer's nai	me	Preparer's signature	W. C	Date CI	heck If PTIN		
Paid -		BEATRICE M.	ROSENBERG	the the the the the the the the the the	MARANA ,	1115 See	elf-employed P004	<u>5</u> 503	36
Prep	parer		MING MALO	NE LIVESAY OST	ROFF (Firm's El			
Use	Only		00 SHELBY		100				
	•		UISVILLE,	KY	40222-5	5187 Phone no	502-426-9	660	
			<u> </u>				Form 99		(2018)

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

or 990-PF)

Department of the Treasury
Internal Revenue Service

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

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

OMB No 1545-0047

2018

Employer identification number Name of the organization MICHAEL E HORN FAMILY FOUNDATION INC 26-1375584 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) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I (entering "N/A" in column (b) instead of the contributor name and address), 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,

Schedule of Contributors

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) (2018)

990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization
MICHAEL E HORN FAMILY FOUNDATION INC

Employer identification number 26-1375584

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1_	Michael E Horn Clat #1 4969 US Hwy 42 Ste 2000 Louisville, KY 40222	- \$ 309,000. -	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 Payroli Noncash (Complete Part II for noncash contributions.)

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

	NET	/ESTMENT	INCOME	, ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	53,089.	236,298.	1 1 1 1 1 1 1 1 1 1 1 1	289,387.	
REVENUE			PER BOOKS		53,089.	236,298.	l l	289,387.	
								TOTAL	
			DESCRIPTION		TOTAL INTEREST	TOTAL DIVIDENDS			

STATEMENT

FORM 990PF, PART I - ACCOUNTING FEES

CHARITABLE PURPOSES	3,400.
ADJUSTED NET INCOME	NONE
NET INVESTMENT INCOME	600.
REVENUE AND EXPENSES PER BOOKS	4,000. 4,000. ==================================
	TOTALS
DESCRIPTION	ACCOUNTING FEES

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FEES	
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', PART I - (
', PART I - (
', PART I - (

	NET	INVESTMENT	INCOME	1 1 1 1	48,958.	1111111111	48,958.	
REVENUE	AND	EXPENSES	PER BOOKS	1 1 1 1 1 1 1	48,958.		48,958.	H H H H H H
					,		TOTALS	
			DESCRIPTION	 	TRUSTEE FEES			

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FORM 990PF, PART I - TAXES

CHARITABLE PURPOSES	7,109.
NET INVESTMENT INCOME	2,271. 145. 2,416. ===========
REVENUE AND EXPENSES PER BOOKS	5,486. 5,000. 2,271. 7,254. 20,011.
	TOTALS
DESCRIPTION	FEDERAL EXTIMATES FEDERAL EXTENSIONS FOREIGN TAXES PAYROLL TAXES

FORM 990PF, PART I - OTHER EXPENSES

CHARITABLE PURPOSES	1,087. 2,561. 2,087. 1,259. 8,679. 3,591. 3,591.	50,937.
NET INVESTMENT INCOME	631.	631.
REVENUE AND EXPENSES PER BOOKS	1,087. 1,542. 2,087. 1,259. 8,679. 3,591. 3,591. 31,543.	50,549.
DESCRIPTION	TELEPHONE LIABILITY INSURANCE POSTAL PRINTING OFFICE SUPPLIE BOARD & LUNCHEON MEETING FOUNDATION CONFERENCE & DUES PO BOX 990 PF PREP FEE SUBCRIPTIONS NOTARY FEE HEALTH INSURANCE	TOTALS

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- U.S. AND STATE OBLIGATIONS FORM 990PF, PART II

	; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;
BOOK VALUE	DESCRIPTION
ENDING	

TOTALS

US GOVERNMENT OBLIGATIONS STATE MUNICIPAL BONDS

FMV	!!!	188,764 159,772	348,536.	
BOOK VALUE	!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!!	181,7	 	

ENDING

630029015

9

- CORPORATE STOCK FORM 990PF, PART II

DESCRIPTION

CORPORATE STOCK

ENDING BOOK VALUE

7,086,634. ENDING FMV 1

> 5,199,465. 5,199,465.

7,086,634.

FORM 990PF, PART II - CORPORATE BONDS STATEMENT

ω

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BOOK VALUE ENDING

ENDING FMV 1

2,310,176. 2,310,176.

2,414,676. 2,414,676.

TOTALS

CORPORATE BONDS

DESCRIPTION

26

MICHAEL E HORN FAMILY FOUNDATION INC

	ENDING BOOK VALUE	890,000.
NTS ===	COST/ FMV C OR F	ບບຸ
FORM 990PF, PART II - OTHER INVESTMENTS	DESCRIPTION	ALTERNATIVE INVESTMENTS MISCELLANEOUS

TOTALS

Q

FORM 990PF,	PART III -	OTHER DECREASES	IN NET WORTH	OR FUND BALANCES
=========	========	=======================================		=======================================

DESCRIPTION AMOUNT

RETURN OF CAPITAL CLASSIFED AS DIVIDENDS 17,270.
TIMING DIFFERENCES-MUTUAL FUNDS 7,197.

TOTAL 24,467.

FORM 990PF, PART VII-A, LINE 14 - BOOKS ARE IN THE CARE OF

NAME: THE GLENVIEW TRUST COMPANY

ADDRESS: 4969 US HIGHWAY 42, SUITE 2000

LOUISVILLE, KY 40222

TELEPHONE NUMBER: (502)212-7814

RECIPIENT NAME:

KATHRYN CROWE

ADDRESS:

PO BOX 1944

OWENSBORO, KY 42302

RECIPIENT'S PHONE NUMBER: 270-313-0245

FORM, INFORMATION AND MATERIALS:

GRANT AND SCHOLARSHIP APPLICATIONS-SPECIFIC INFORMATION

TO INCLUDE IS STATED IN THE APPLICATION

SUBMISSION DEADLINES:

SCHOLARSHIP APPLICATION DEADLINE IS MARCH 1ST

FOUNDATION GRANT DEADLINE IS OCTOBER 15TH

RESTRICTIONS OR LIMITATIONS ON AWARDS:

SEE ATTACHED STATEMENT