			990-PF	or Section ▶ Do not enter so	turn of Private 4947(a)(1) Trust Trea cial security numbers on	ted as Priva	te Foundation	de public	anal	20 19	94
	<u>In</u>	ternal	Revenue Service	► Go to www.irs.	gov/Form990PFfor instru	uctions and th	e latest infor	mation	·	en to Public Insp	ection 🔑
				or tax year beginning	TAL BOIDING TON		and ending			, 2	<u> </u>
		ame of foundation MICHAEL E HORN FAMILY FOUNDATION INC 630029015						A En	•	ication number	S
	_			number if mail is not delivered to	n street address)		Room/suite	R Te		1375584 er (see instructions)	
			4.14 5.1. 66. 7. 6 56.	Chambor II IIIan 13 Not donvoida t	5 311 CCT 4041 CS37		11001117 Suite		iephone namb	er (see manuchons)	H
			. BOX 1944	210 or foreign and	T				27	0-313-0425	4. 4
			·	country, and ZIP or foreign posta	ii code				xemption applica iding, check here		-□&
			NSBORO, KY 4	-				4			
2	G	Che	ck all that apply:	Initial return Final return	Initial return of Amended ret	urn	ublic charity	2 1	Foreign organizat	ions, check here	• <u> </u>
りづく				Address change	Name change				85% test, check h computation .		-
% 1	, H			zation: X Section 501($\rho \rho$	E Ifp	rivate foundation	status was terminated	
U	L⊥			onexempt charitable trust	Other taxable pri)(1)(A), check here .	-
	ı		market value o		unting method X Ca	ash Acc	rual			n a 60-month termination	
			of year (from Par		ther (specify)	ale harris		- und	fer section 507(b)(1)(B), check here . •	-
				539,692. (Part I, created and Expenses (The	column (d), must be on ca	isn pasis.)	T			(d) Disburseme	ente
	_	rart	total of amounts in	n columns (b), (c), and (d) ily equal the amounts in	(a) Revenue and expenses per books	(b) Net inve	l l		isted net ome	for charitable purposes (cash basis or	е
-		1		ts, etc., received (attach schedule) .	318,270.						
2021		2	Check ▶ if the	e foundation is not required to ch Sch B				_			<u> </u>
2		3	Interest on savings an	nd temporary cash investments.							
0		4	Dividends and inter	rest from securities	292 <u>,</u> 473.	29	2,473.			ST	MT 1
-		5a	Gross rents	<i>.</i>							
AR		b	Net rental income or ((loss)					DEAE	WED]	,]
\geq	re	6a b	Net gain or (loss) from Gross sales price for a	m sale of assets not on line 10	155,762.		-	1.	RECE	IVED	
Ü	evenue	"	assets on line 6a	1,312,072.						N	
W	ě	7	Capital gain net ind	come (from Part IV, line 2) .		15	5,762.	6	OCT 0		
Z	Œ	8	Net short-term capi	ıtal gaın				ျက		S S	
SCANNED MAR		9	Income modificatio	ons				<u> </u>	OCDE		
$\widetilde{\mathbf{v}}$		100	and allowances			'			OGDE	IN, UI	
		į.	Less Cost of goods so								!
$\mathcal{K}_{\mathcal{K}}$		C		s) (attach schedule)			 			r ₄	!
2000		11	•	ch schedule)	866 505		0 005				
N	_	12		through 11	766,505.		8,235.				1
111	တ	13		cers, directors, trustees, etc	94,822.		1,896.	· · ·	NONE		<u>,926</u> .
	Administrative Expenses	14	• •	laries and wages			NONE		NONE NONE		
	per	15		oloyee benefits			NONE		NONE		
	EX	16a		schedule)	4,000.		600.		NONE	2	,400.
	ě	D	-	ttach schedule) STMT 2 . fees (attach scheding 3 .	49,975.		9,975.		NOINE	3	<u>,400</u> .
2021	aţi	47			49,913.	<u> </u>	9,913.		-		
	str	17			8,662.		1,553.			7	,109.
6 0	Ξ.	18 19		· · · · · · · · · · · · · · · · · · ·	0,002.		1,000.			<u> </u>	, 103. I
	두	20		h schedule) and depletion.	································	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				<u></u>	
FEB	₹	21		and meetings			NONE		NONE		
9	and	22		ations			NONE	***	NONE		
4 (tach schedule) STMT. 5.	58,310.		679.		140141		,631.
کا	Operating	24		d administrative expenses.	30,310.		,				, , , , , .
5	era			gh 23	215,769.	5	4,703.		NONE	161	,066.
κ	ğ	25		gn 23	542,975.		_,,	_	NONE		, 975.
3)	25 26		pursements Add lines 24 and 25	758,744.	5	4,703.		NONE		, 973. , 041.
W	_	27	Subtract line 26 from		730,744.	·	-1,00		110111	704	1011.
2			•	er expenses and disbursements	7,761		_		_		1
04				come (if negative, enter -0-)	- ', ', ', ', '	- રવ	3,532.				
				me (if negative, enter -0-)			-, -, -, -			 .	

JSA For Paperwork Reduction Act Notice, see instructions. 9E1410 1 000 FZV517 978U 08/05/2020 13:12:41

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Form 990-PF (2019)

F3rm 990-PF (2019) 26-1375584 Page 2

Р	art II	Balance Sheets Attached schedules and amounts in the	Beginning of year	End (of year
		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-bearing	49,034.	29,234	. 29,234
		Savings and temporary cash investments	617,511.	656,776	
		Accounts receivable ▶			
	I	Less allowance for doubtful accounts ▶			
		Less allowance for doubtful accounts ▶			
	1	Grants receivable			
		Receivables due from officers, directors, trustees, and other			
		disqualified persons (attach schedule) (see instructions)			
		Other notes and loans receivable (attach schedule)			1
		Less allowance for doubtful accounts NONE		- 	
s		nventories for sale or use			
Assets		Prepaid expenses and deferred charges			
Asi		nvestments- US and state government obligations (attach actuals).	329,104.	316,785	. 344,531
_		nvestments - corporate stock (attach schedule) . STMT .7.			
		nvestments - corporate stock (attach schedule) . STMT .8.	2,414,676.	2,717,655	2,713,932
	11 1	nvestments - land, buildings,	2,414,070.	2,111,000	2,113,332
		and equipment basis Less accumulated depreciation			
	(attach schedule)			
	12	nvestments - mortgage loans	1 020 706	1 100 100	1,309,645
	13 14	and, buildings, and	1,029,796.	1,192,129	1,309,645
		equipment basis Less accumulated depreciation attach schedule)			·
	(attach schedule)			
		Other assets (describe >)	_		<u> </u>
		Total assets (to be completed by all filers - see the	0 630 506	0 655 465	12 520 600
_			9,639,586.	9,655,465.	13,539,692
		Accounts payable and accrued expenses			<u>i</u>
,		Grants payable			1
ties	19 [Deferred revenue			
Liabilities		oans from officers, directors, trustees, and other disqualified persons			!
iab		Mortgages and other notes payable (attach schedule) \dots			<u> </u>
_	22 (Other liabilities (describe -)			
_	23 1	Total liabilities (add lines 17 through 22)		NONE	<u> </u>
es		Foundations that follow FASB ASC 958, check here			i
nces		and complete lines 24, 25, 29, and 30.			İ
ᇛ	24 1	Net assets without donor restrictions			
Ö	25 N	Net assets with donor restrictions · · · · · · · · · · · · · · · · · · ·			
틸		Foundations that do not follow FASB ASC 958, check here			
ᆲ	8	and complete lines 26 through 30			
6	26 (Capital stock, trust principal, or current funds	9,639,586.	9,655,465.	
ţ	27 F	Paid-in or capital surplus, or land, bldg , and equipment fund $\dots\dots$			
še	28 F	Retained earnings, accumulated income, endowment, or other funds 🔒 💄			
Ğ	29 1	Total net assets or fund balances (see instructions)	9,639,586.	9,655,465.	[[
Net	30 1	Total liabilities and net assets/fund balances (see			ĺ
_	j	nstructions)	9,639,586.	9,655,465.	
P	art III	Analysis of Changes in Net Assets or Fund Balar	nces		
1	Total	net assets or fund balances at beginning of year - Part I	l, column (a), line 29 (r	nust agree with	
	end-c	of-year figure reported on prior year's return)		1	9,639,586.
2		amount from Part I, line 27a			7,761.
		r increases not included in line 2 (itemize) > SEE STAT		3	13,033.
		lines 1, 2, and 3		4	9,660,380.
		eases not included in line 2 (itemize) ▶ 2018 NON DIVIDENDS		5	4,915.
		net assets or fund balances at end of year (line 4 minus li), line 29 6	9,655,465.

Form **990-PF** (2019)

محا

Pa	rt IV Capital Gains	and Losses for Tax on Inve	estment Income			
		cribe the kind(s) of property sold (for e ick warehouse, or common stock, 200		(b) How acquired P - Purchase	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo , day, yr)
1 6	PUBLICLY TRADED			D - Donation		
	b					
	<u> </u>					
	<u> </u>					
	<u> </u>		1			<u> </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) mini	
	a 1,312,072.		1,156,310.			155,762.
	b					
	:			-		
	9					
5		owing gain in column (h) and owned b	v the foundation on 12/31/69.			
		(j) Adjusted basis	(k) Excess of col (i)	(I)	Gains (Col. (h) ga (k), but not less t	in minus han -0-) or
	(i) FMV as of 12/31/69	as of 12/31/69	over col (j), if any		Losses (from co	
	1		-			155,762.
t)					
	1					
)					
2	Capital gain net income of	or (net capital loss)	on, also enter in Part I, line 7 soss), enter -0- in Part I, line 7	2		155,762.
3		in or (loss) as defined in sections	_			-
		art I, line 8, column (c). See inst				
				3		
Was			utable amount of any year in the ba	ase period	d?	Yes X No
1			r; see the instructions before makin	ng any ent	ries.	
Cal	(a) Base period years endar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution rat (col (b) divided by	no col (c))
	2018	698,214.	12,063,738.			0.057877
	2017	653,373.	11,798,871.			0.055376
	2016	632,550.	11,238,832.			0.056283
	2015	759,507.	11,484,202.			<u>0.0661</u> 35
	2014	481,527.	8,869,059.			0.054293
_						
2		()		2		0.289964
3		for the 5-year base period - divide	• •			0 057000
	the number of years the f	foundation has been in existence i	fless than 5 years	3		<u>0.057993</u>
4	Enter the net value of no	ncharitable-use assets for 2019 fro	om Part X, line 5	4	12,	476,826.
5	Multiply line 4 by line 3.			5		723,569.
6	, , , ,			6		3,935.
7				7	-	727,504.
8			in Part VI, line 1b, and complete 1	8 that part		704 , 041 . rate. See the

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - se	e insti	ruction	s)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1		•	1
	Date of ruling or determination letter (attach copy of letter if necessary - see instructions)		·	
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check		7,	<u>871.</u>
	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-)			NONE
3	Add lines 1 and 2			871.
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		7,3	871.
6	Credits/Payments			.
a	2019 estimated tax payments and 2018 overpayment credited to 2019 6a 2,576.			- 1
b	Exempt foreign organizations - tax withheld at source			
C	Tax paid with application for extension of time to file (Form 8868) 6c 10,000.	·		ı
d ~	Backup withholding erroneously withheld		10	576.
7	Total distance and payments, year miss of kindley, early in the control of kindley, early in the co		12,	<u> </u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached			
9	Tax data in the total of mice of the of the original mice // office amount of the			705.
10 11	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid		" ,	<u>/US.</u>
	t VII-A Statements Regarding Activities			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did	, T.	Yes	No
18	participate or intervene in any political campaign?	1a		X
ь.	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes? See the		1	
	Instructions for the definition	1ь		Х
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any material		1	
	published or distributed by the foundation in connection with the activities	,	-	
c	Did the foundation file Form 1120-POL for this year?	1c	-	X
	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. \$			
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, article	3	_	
	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		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	4b	<u> </u>	<u>↓</u>
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		X
	If "Yes," attach the statement required by General Instruction T.			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either			{
	By language in the governing instrument, or			
	• By state legislation that effectively amends the governing instrument so that no mandatory directions that	t	_	اــــا
	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. ▶			
		_		
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		-	اـــا
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	. 8b	X	↓ ,
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) of			.
	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> </u>
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			,,
	names and addresses			<u> </u>
		E Q	90-PF	/20101

Par	Statements Regarding Activities (continued)			,
			Yes	No
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the			
	meaning of section 512(b)(13)7 If "Yes," attach schedule See instructions	11		}
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	
	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			
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		X
	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	<u> </u>		
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	[Yes	No
10	During the year, did the foundation (either directly or indirectly):	-		-
10	(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			
			.*	1
				1
				1
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			-
	(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	•		
	termination of government service, if terminating within 90 days)			
b	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	-	X
	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 2019?	1c		Х
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))			i
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			;
b	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.			
	>			
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 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			
	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	ru		
J	charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2019?	4b		\overline{x}
			A DE	(2019)

Par	VIES Statements Regarding Activities f	or which Form 4	720 May be nequ	uned (continued)			
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 (section	n 4945(e))?	Yes X No	o (` `		١. ١
	(2) Influence the outcome of any specific public ele	ection (see section 4	1955), or to carry on	,		' .	
	directly or indirectly, any voter registration drive?			Yes X No	ο ,		-1
	(3) Provide a grant to an individual for travel, study, or o	ther similar purposes?	,	X Yes No			<u> </u>
	(4) Provide a grant to an organization other than a				 .		1
	section 4945(d)(4)(A)? See instructions	_			o		-
	(5) Provide for any purpose other than religious, ch				٠,	- '	ļ
	purposes, or for the prevention of cruelty to children				o	_	-}
b	If any answer is "Yes" to 5a(1)-(5), did any of the				n		
	Regulations section 53.4945 or in a current notice regar						X
	Organizations relying on a current notice regarding disas	ter assistance, check	here		. 🔲 🔽		<u> </u>
С	If the answer is "Yes" to question 5a(4), does the						
	because it maintained expenditure responsibility for the				o		1
	If "Yes," attach the statement required by Regulations se						٠. ا
6a	Did the foundation, during the year, receive any fur		ectly, to pay premium	ns		-	
	on a personal benefit contract?	•		Yes X No	。		
b	Did the foundation, during the year, pay premiums, direct			ct?	. 6b		X
	If "Yes" to 6b, file Form 8870				-		
7a	At any time during the tax year, was the foundation a pa	rty to a prohibited tax	shelter transaction?.	Yes X No	ه ا <u></u>		<u> </u>
b	If "Yes," did the foundation receive any proceeds or have	any net income attrib	outable to the transaction	on?	. 7ь		
8	Is the foundation subject to the section 4960 tax on pay	ment(s) of more than	\$1,000,000 in				-
	remuneration or excess parachute payment(s) during the						
Par	Information About Officers, Directo and Contractors	rs, Trustees, Fou	ndation Managers	s, Highly Paid Em	ployees,		
1	List all officers, directors, trustees, and foundation	n managers and th	-ii	See instructions			
	List all dilicels, dilectors, trastees, alla rodilatio	ii iiiaiiayeis aliu ti	ieir compensation. 🤻	see manachona.			
<u> </u>		(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expens	e accou	ınt,
	(a) Name and address				(e) Expens	e accou	int, s
Micha	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expens other all	se accou	int,
Micha PO Bo	(a) Name and address el E Horn x 1944, Owensboro, KY 42302	(b) Title, and average hours per week devoted to position Director	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans	(e) Expens other all	se accou	-0-
Micha PO Bo Micha	(a) Name and address el E Horn x 1944, Owensboro, KY 42302 el Andrew Horn	(b) Title, and average hours per week devoted to position Director 10 Director	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation - () -	(e) Expens other all	e accou	unt, es
Micha PO Bo Micha PO Bo	(a) Name and address el E Horn x 1944, Owensboro, KY 42302 el Andrew Horn x 1944, Owensboro, KY 42302	(b) Title, and average hoursper week devoted to position Director 10 Director 10	(c) Compensation (If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation	(e) Expens other all	se accou	-0-
Micha PO Bo Micha PO Bo Kayla	(a) Name and address el E Horn x 1944, Owensboro, KY 42302 el Andrew Horn x 1944, Owensboro, KY 42302 Horn Walker	(b) Title, and average hours per week devoted to position Director 10 Director 10 Director	(c) Compensation (if not paid, enter -0-) -0-	(d) Contributions to employee benefit plans and deferred compensation - 0 -	(e) Expens other all	se accou	-0- -0-
Micha PO Bo Micha PO Bo Kayla PO Bo	(a) Name and address el E Horn x 1944, Owensboro, KY 42302 el Andrew Horn x 1944, Owensboro, KY 42302 Horn Walker x 1944, Owensboro, KY 42302	(b) Title, and average hours per week devoted to position Director 10 Director 10 Director 20	(c) Compensation (if not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred compensation - () -	(e) Expens other all	e accou	-0-
Micha PO Bo Micha PO Bo Kayla PO Bo Kathr	(a) Name and address el E Horn x 1944, Owensboro, KY 42302 el Andrew Horn x 1944, Owensboro, KY 42302 Horn Walker x 1944, Owensboro, KY 42302 yn R Crowe	(b) Title, and average hours per week devoted to position Director 10 Director 10 Director 20 Director	(c) Compensation (if not paid, enter -0-) -00- 37,622.	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 -	(e) Expens other all	se accou	-0- -0-
Micha PO Bo Micha PO Bo Kayla PO Bo Kathr	(a) Name and address el E Horn x 1944, Owensboro, KY 42302 el Andrew Horn x 1944, Owensboro, KY 42302 Horn Walker x 1944, Owensboro, KY 42302 yn R Crowe x 1944, Owensboro, KY 42302	(b) Title, and average hours per week devoted to position Director 10 Director 10 Director 20 Director 40	(c) Compensation (if not paid, enter -0-) -0- 37,622.	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 -	other all	owance	-0- -0- -0-
Micha PO Bo Micha PO Bo Kayla PO Bo Kathr PO Bo	(a) Name and address el E Horn x 1944, Owensboro, KY 42302 el Andrew Horn x 1944, Owensboro, KY 42302 Horn Walker x 1944, Owensboro, KY 42302 yn R Crowe x 1944, Owensboro, KY 42302 Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position Director 10 Director 10 Director 20 Director 40	(c) Compensation (if not paid, enter -0-) -0- 37,622.	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 -	other all	owance	-0- -0-
Micha PO Bo Micha PO Bo Kayla PO Bo Kathr PO Bo	(a) Name and address el E Horn x 1944, Owensboro, KY 42302 el Andrew Horn x 1944, Owensboro, KY 42302 Horn Walker x 1944, Owensboro, KY 42302 yn R Crowe x 1944, Owensboro, KY 42302	(b) Title, and average hoursper week devoted to position Director 10 Director 10 Director 20 Director 40 (other than thos	(c) Compensation (if not paid, enter -0-) -0- 37,622.	(d) Contributions to employee benefit plans and deferred compensation -0- -0- 1 - see instruction	other all	one, (-0- -0- -0- enter
Micha PO Bo Micha PO Bo Kayla PO Bo Kathr PO Bo	(a) Name and address el E Horn x 1944, Owensboro, KY 42302 el Andrew Horn x 1944, Owensboro, KY 42302 Horn Walker x 1944, Owensboro, KY 42302 yn R Crowe x 1944, Owensboro, KY 42302 Compensation of five highest-paid employees	(b) Title, and average hours per week devoted to position Director 10 Director 20 Director 40 (other than thos	(c) Compensation (if not paid, enter -0-) -0- 37,622.	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 - 1 - see instruction (d) Contributions to employee benefit plans and deferred	other all	one, (-0- -0- -0- enter
Micha PO Bo Micha PO Bo Kayla PO Bo Kathr PO Bo	(a) Name and address el E Horn x 1944, Owensboro, KY 42302 el Andrew Horn x 1944, Owensboro, KY 42302 Horn Walker x 1944, Owensboro, KY 42302 yn R Crowe x 1944, Owensboro, KY 42302 Compensation of five highest-paid employees "NONE."	(b) Title, and average hoursper week devoted to position Director 10 Director 10 Director 20 Director 40 (other than thos	(c) Compensation (if not paid, enter -0-) -0- 37,622. 57,200. e included on line	(d) Contributions to employee benefit plans and deferred compensation -00- 1 - see instruction (d) Contributions to employee benefit	ons). If no	one, (-0- -0- -0- enter
Micha PO Bo Micha PO Bo Kayla PO Bo Kathr PO Bo (a)	(a) Name and address el E Horn x 1944, Owensboro, KY 42302 el Andrew Horn x 1944, Owensboro, KY 42302 Horn Walker x 1944, Owensboro, KY 42302 yn R Crowe x 1944, Owensboro, KY 42302 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position Director 10 Director 20 Director 40 (other than thos	(c) Compensation (if not paid, enter -0-) -0- 37,622. 57,200. e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 - 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one, (-0- -0- -0- enter
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Micha PO Bo Micha PO Bo Kayla PO Bo Kathr PO Bo (a)	(a) Name and address el E Horn x 1944, Owensboro, KY 42302 el Andrew Horn x 1944, Owensboro, KY 42302 Horn Walker x 1944, Owensboro, KY 42302 yn R Crowe x 1944, Owensboro, KY 42302 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position Director 10 Director 20 Director 40 (other than thos	(c) Compensation (if not paid, enter -0-) -0- 37,622. 57,200. e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 - 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	one, (-0- -0- -0- enter
Micha PO Bo Micha PO Bo Kayla PO Bo Kathr PO Bo (a)	(a) Name and address el E Horn x 1944, Owensboro, KY 42302 el Andrew Horn x 1944, Owensboro, KY 42302 Horn Walker x 1944, Owensboro, KY 42302 yn R Crowe x 1944, Owensboro, KY 42302 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position Director 10 Director 20 Director 40 (other than thos	(c) Compensation (if not paid, enter -0-) -0- 37,622. 57,200. e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 - 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	one, (-0- -0- -0- enter
Micha PO Bo Micha PO Bo Kayla PO Bo Kathr PO Bo (a)	(a) Name and address el E Horn x 1944, Owensboro, KY 42302 el Andrew Horn x 1944, Owensboro, KY 42302 Horn Walker x 1944, Owensboro, KY 42302 yn R Crowe x 1944, Owensboro, KY 42302 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position Director 10 Director 20 Director 40 (other than thos	(c) Compensation (if not paid, enter -0-) -0- 37,622. 57,200. e included on line (c) Compensation	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 - 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If no (e) Expens other all	one, (-0- -0- -0- enter
Micha PO Bo Micha PO Bo Kayla PO Bo Kathr PO Bo (a)	(a) Name and address el E Horn x 1944, Owensboro, KY 42302 el Andrew Horn x 1944, Owensboro, KY 42302 Horn Walker x 1944, Owensboro, KY 42302 yn R Crowe x 1944, Owensboro, KY 42302 Compensation of five highest-paid employees "NONE." Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position Director 10 Director 20 Director 40 (other than thos	(c) Compensation (iff not paid, enter -0-) -0- 37,622 57,200 e included on line NONE	(d) Contributions to employee benefit plans and deferred compensation - 0 - - 0 - - 0 - 1 - see instruction (d) Contributions to employee benefit plans and deferred compensation	ons). If no	one, (-0- -0- -0- enter

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Page	

3	Five highest-paid independent contractors for professional services. See instructions. If none, enter "NON!	"
	(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
IONE		NON
		<u> </u>
_		
otal	number of others receiving over \$50,000 for professional services	NON
	X-A Summary of Direct Charitable Activities	110111
	the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the number of nizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1 N C	NE	
2		
_		
		· · · · · · · · · · · · · · · · · · ·
3_		
-		
_		
art	X-B Summary of Program-Related Investments (see instructions)	
	ribe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 NC	NE	
2		
_		
All o	they program related in instance. See instructions	
	ther program-related investments. See instructions	
3 <u>NC</u>	IND	

Par	Minimum Investment Return (All domestic foundations must complete this part. Fore see instructions.)	ign 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	12,046,553.
ь		1b	620,275.
С		1c	NONE
d		1d	12,666,828.
е			
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	NONE
3	Subtract line 2 from line 1d	3	12,666,828.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	4	190,002.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	12,476,826.
6	Minimum investment return. Enter 5% of line 5	6	623,841.
Par	t XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foun and certain foreign organizations, check here ▶ and do not complete this part.)	dations	
1	Minimum investment return from Part X, line 6	1	623,841.
2a	Tax on investment income for 2019 from Part VI, line 5 2a 7,871.		
b			
С	Add lines 2a and 2b	2c	7,871.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	615,970.
4	Recoveries of amounts treated as qualifying distributions	4	NONE
5	Add lines 3 and 4	5	615,970.
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	615,970.
	t XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a		1a	704,041.
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		
a	Suitability test (prior IRS approval required)	3a	NONE
ь		3b	NONE
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	704,041.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income.	_	37 /3
_	Enter 1% of Part I, line 27b. See instructions	5	N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	704,041.
	Note: 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.	iculating \	wnether the foundation

Form **990-PF** (2019)

Form 990-PF (2019)			. 	Page 9
Part XIII Undistributed Income (see instru				
1 Distributable amount for 2019 from Part XI,	(a) Corpus	(b) Years prior to 2018	(c) 2018	(d) 2019
line 7				<u>615,970.</u>
2 Undistributed income, if any, as of the end of 2019				
a Enter amount for 2018 only			NONE	<u> </u>
b Total for prior years 20,20,20		NONE		
3 Excess distributions carryover, if any, to 2019				
a From 2014				
b From 2015				
c From 2016 82,582.				
d From 2017				
e From 2018				(
f Total of lines 3a through e	494,195.			
4 Qualifying distributions for 2019 from Part XII,				ļ
line 4 ▶ \$				ļ
a Applied to 2018, but not more than line 2a			NONE	
b Applied to undistributed income of prior years		- "		1
(Election required - see instructions)		NONE		ļ
c Treated as distributions out of corpus (Election				
required - see instructions)	NONE			į
d Applied to 2019 distributable amount				615,970.
e Remaining amount distributed out of corpus	88,071.			1
5 Excess distributions carryover applied to 2019	•			
(If an amount appears in column (d), the same amount must be shown in column (a))	NONE			NONE
6 Enter the net total of each column as indicated below:				
	582,266.			
a Corpus Add lines 3f, 4c, and 4e. Subtract line 5	302,200.			<u>`</u>
b Prior years' undistributed income. Subtract		NONE		
c Enter the amount of prior years' undistributed		NONE		
income for which a notice of deficiency has				
been issued, or on which the section 4942(a)		NONE		
tax has been previously assessed		NONE		1
d Subtract line 6c from line 6b. Taxable		NONE		
e Undistributed income for 2018 Subtract line		NONE		
4a from line 2a. Taxable amount - see			NONE	ļ
instructions			NONE	1
f Undistributed income for 2019. Subtract lines				
4d and 5 from line 1. This amount must be				MONE
distributed in 2020				NONE
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	NONTR			Ì
required - see instructions)	NONE			
8 Excess distributions carryover from 2014 not	45 040			
applied on line 5 or line 7 (see instructions)	45,040.			<u>i</u>
9 Excess distributions carryover to 2020.	F3B 336			1
Subtract lines 7 and 8 from line 6a	537,226.			
10 Analysis of line 9.	'			į
a Excess from 2015 194,735.				
b Excess from 2016 82,582.]
c Excess from 2017				
d Excess from 2018 100, 179.				ĺ
e Excess from 2019 88,071.				
			-	orm 990-PF (2019)

, Fårn	, n 990-PF (2019)	•		26_1	.375584	Page J·O
		erating Foundations	s (see instructions	and Part VII-A, question		NOT APPLICABI
	If the foundation has	received a ruling or o	determination letter t	hat it is a private opera	eting	
L				ng		1/2) - (
	Enter the lesser of the ad-	·	is a private operation	g foundation described in	section 4942(j)(3) of 4942(j)(5)
2 a	justed net income from Part	(a) 2019	(b) 2018	Prior 3 years (c) 2017	(4) 2016	(e) Total
	I or the minimum investment		(6) 2018	(6) 2017	(d) 2016	
	return from Part X for each					
	year listed				/	
	85% of line 2a			-		
С	Qualifying distributions from Part XII, line 4, for each year listed .					
d	Amounts included in line 2c not				-	
	used directly for active conduct					
۵	of exempt activities					
·	directly for active conduct of					
	exempt activities Subtract line 2d from line 2c					
3	Complete 3a, b, or c for the				,,	
9	alternative test relied upon "Assets" alternative test - enter					
u	(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					
C	"Support" alternative test - enter				-	
	(1) Total support other than					
	gross investment income (interest, dividends, rents,					
	payments on securities loans (section 512(a)(5)),					
	or royalties)					
	(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	;/				
Pai		tary Information (Complete this pa	rt only if the founda	tion had \$5,000 o	r more in assets at
	any time di	uring the year - see	instructions.)			
1	Information Regarding	_				
а				ore than 2% of the tota I more than \$5,000). (Se		ed by the foundation
		tax year (but only it ti	ley have contributed	more man \$5,000). (Se	e section 507(u)(2).)	
h	N/A	the foundation who	own 10% or more	of the stock of a corpo	aration for an agually	large marting of the
D				on has a 10% or greater		r large portion of the
		p,,		u , v , v o. g. outo.		
	N/A					
2	Information Regarding	Contribution, Grant,	Gift, Loan, Scholars	hip, etc., Programs:		
	Check here ▶ if t	he foundation only	makes contribution	s to preselected charit	able organizations a	ind does not accept
				rants, etc., to individual		
	complete items 2a, b, o	c, and d. See instruction	ns.			
а	The name, address, and	d telephone number o	r email address of th	ne person to whom appli	cations should be add	ressed.
	SEE STATEMENT 1					
b	The form in which appl	lications should be sub	omitted and informa	tion and materials they s	hould include:	
	SEE ATTACHED ST	TATEMENT FOR LI	NE 2			
	A					
С	Any submission deadling					
	SEE ATTACHED ST	CATEMENT FOR LI	.NE 2			
d	Any restrictions or li	mitations on awards	such as by geor	graphical areas, charital	hle fields kinds of	institutions or other
_	factors:		, 3.0 40 5, 900	, spinous arous, charitai	2.5 HOISO, KINGS OF	
	SEE ATTACHED ST	PATEMENT FOR LI	NE 2			

Recipient	If recipient is an individual,	Foundation	Purpose of grant or	
3 Grants and Contributions Paid Du Recipient 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				
Cholarships (See Attached)			SEE ATTACHED	53,000
			SEE ATTACHED	33,000
Frant Allocations (See Attached)				
			SEE ATTACHED	489,975
	,			
Total		<u> </u>	▶ 3a	542,975
b Approved for future payment				

gross a	amounts unless otherwise indicated.	Unrela	ated business income	Excluded by	section 512, 513, or 514	(e)
rogram	service revenue.	(a) Business code	(b) Amount	(c) Exclusion code	(d) Amount	Related or exemple function income (See instructions
=						(000
Fees a	and contracts from government agencies					
1embers	ship dues and assessments			 -		<u>-</u>
iterest on	n savings and temporary cash investments •			114	000 470	
	s and interest from securities		· · · · · · · · · · · · · · · · · · ·	14	292,473.	
	al income or (loss) from real estate			+		
	financed property					
	ebt-financed property			1		
	I income or (loss) from personal property					
	restment income			18	155 762	
	ess) from sales of assets other than inventory		<u> </u>	10	155,762.	-
	ne or (loss) from special events					 -
	ofit or (loss) from sales of inventory			 		
	/enue a		<u> </u>	 		
				-		
			., .,			
				<u> </u>		
				1	i	
				1	448 235	
ubtotal.	Add columns (b), (d), and (e)				448,235.	448 2
ubtotal.	Add columns (b), (d), and (e)					448,2
ubtotal. otal. Ad workshe	Add columns (b), (d), and (e) lid line 12, columns (b), (d), and (e) eet in line 13 instructions to verify calcu	lations.)		• • • • • •	13	448,2
ubtotal. otal. Ad workshe	Add columns (b), (d), and (e)	lations.) to the Ac	ccomplishment of E	xempt Purp	13	
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ubtotal. otal. Ad workshe	Add columns (b), (d), and (e)	to the Ac	ccomplishment of E	xempt Purp	ooses of Part XVI-A contribut	ed importantly t
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ubtotal. otal. Ad workshe	Add columns (b), (d), and (e)	to the Ac	ccomplishment of En income is reported it purposes (other than	xempt Purp in column (e by providing	ooses of Part XVI-A contribut	ed importantly t
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ubtotal. otal. Ad workshe	Add columns (b), (d), and (e)	to the Ac	ccomplishment of En income is reported it purposes (other than	xempt Purp in column (e by providing	ooses of Part XVI-A contribut	ed importantly t

Form 99	0-PF (2	019)					26-1375584	:			Pa	ge 1 :
Part)	XVII	Information Re Organizations	egarding Tra	nsfers to and	Transactions	and	Relationships	With	Nonchar	ritable	e Ex	emp
ır	n sect	organization direct tion 501(c) (other tations?			_						Yes	No
		ers from the reporting										
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-	-	er assets								1a(2)		X
		ransactions	ali authala aras									
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		ital of facilities, equi										X
		mbursement arrange										X
		ns or loan guarantee										X
		formance of services									<u> </u>	X
		of facilities, equipm										X
		answer to any of the first the goods, other										
		n any transaction or		· ·								
(a) Line	no.	(b) Amount involved	(c) Name of	noncharitable exempt	organization	(d) De	escription of transfers	, transacti	ons, and shar	ing arra	ngeme	nts
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d	escrib	foundation directly ed in section 501(c) "complete the follov	(other than se					-	tions [Y	es 🔼	X No
-		(a) Name of organizatio	n	(b) Type	of organization		(c)	Description	on of relations	ship		
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Here	Sign	ature of officer or trustee	V . O . O . O . O . O . O . O . O . O .	Date 201	time filing	Title	= //= 3 -1/5	<u> </u>	See instruction		Yes	N
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502-426-9660 Form **990-PF** (2019)

Phone no

LOUISVILLE, KY

40222-5187

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

► Attach to Form 990, Form 990-EZ, or Form 990-PF. ► Go to www.irs.gov/Form990for the latest information. OMB No 1545-0047

2019

Name of the organization **Employer identification number** MICHAEL E HORN FAMILY FOUNDATION INC 26-1375584 Organization type (check one): RECEIVED Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization OCT 0 5 2020 4947(a)(1) nonexempt charitable trust not treated as a private foundation OGDEN 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 (1) Form 990, Part VIII, line 1h; or (1i) 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, 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)

Name of organization MICHAEL E HORN FAMILY FOUNDATION INC Employer identification number 26-1375584

Part I	Contributors	(see instructions).	Use duplicate of	copies of Part I	if additional space is needed.
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(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	\$ 318,270.	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	Trume, address, and En ++	\$	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.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroli Noncash (Complete Part II for noncash contributions)

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

DESCRIPTION

2019 NON DIVIDEND DISTRIBUTIONS
TIMING DIFFERENCES-MUTUAL FUNDS
FEDERAL TAX REFUND

TOTAL

AMOUNT

1,751

1,751

13,033.

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

Recipient Name	2019 Grants	Grant Amount	Purpose
American Legion Bas c/o Larry Vanover, D 2825 Summer Valley Owensboro, KY. 423 Tax ID# 61-0389253	irector Lane	22,000.00	Youth baseball programs
Bluegrass Music Mus 311 West Second Str Owensboro, KY 4230 Attention: Chris Josl Tax ID # 61-1229037	reet D3 in	45,000.00	ROMP, Bluegrass in the Schools Education Group Museum Volunteer Development ROMP streamline at Museum Kathryn donation
Carenet 922 Triplett Street St Owensboro, KY 4230 Attention: Lisa Hylar Tax ID # 20-0736119	ol nd	95,000.00	Sexual Ingegrity Classes in local high schools Capital Campaign
Carmel Home 2501 Old Hartford Ro Owensboro, KY. 423 Attention: Sister Fra Tax ID #61-0487564	03	8,000 00	Donation
CASA of Ohio Valley 415 St Ann Street Owensboro, KY 423 Attention: Roseman Tax ID #61-1303511		5,000.00	Community Partner Super Child Hero Fund
Casting A Net, Inc. 50 Brooks School Ho Calhoun, KY 42327 Attention: Layla Tho Tax ID # 46-2373489	·	3,500.00	Programs for Youth
Catholic Mens Confe 600 Locust Street Owensboro, KY. 423 Attention. Robert Ec Tax ID # 53-0196617		1,000.00	Educational Support for Conferences for Men Dir Donation
Catholic Prison Minis 600 Locust Street Owensboro, KY. 423 Attention: Fr. Ray Cl Tax ID # 53-0196617	01 ark	725.00	Ed materials
Chaplin Ministry for 600 Locust Street Owensboro, KY. 423 Attention: Fr. Richar Tax ID # 53-0196617	01 d Cash	5,200 00	Materials and supplies for chapel
Cliff Hagan Boys & G 3415 Buckland Squar Owensboro, KY. 423 Attention: Steve Wir Tax ID #61-0663746	re 01	32,500.00	Upgrade to security and refinish gym floor Operating Expenses for Mike Horn Unit

Community Dental Clinic of Owensboro 2811 New Hartford Rd. Suite A Owensboro, KY. 42303 Attention: Dr. Brandon Taylor Tax ID # 26-2343126	7,500.00	Capital Campign for purchase of building
Daviess County Public School Health Program 1622 Southeastern Pkwy Owensboro, KY. 42303 Attention: Wendi Kozel, RN	5,000.00	Ed materials and supplies for health rooms
Tax ID # 61-1346930 Diocese of West KY Office Family Life 600 Locust Street Owensboro, KY. 42301	6,600.00	Clean Heart Inititive Program
Attention: Danny May Tax ID # 53-0196617		
DreamRiders P.O. Box 172 Philpot, KY 42366 Attention: Kelly Flick	5,000.00	Programing for Special Needs Children
Tax ID#01-0802025 FOCUS Fellowship of Catholic University Students 601 Cascadig Creek Ln	7,500.00	Ministry work at Western Ky Univ and Murray St Univ
Winter Garden, FL 34787 Attention: Andy Day Tax ID # 84-1522811		
Franciscan University of Stubenville 1235 University Boulevard Steubenville, Ohio 43952-1763 Tax ID# 34-0714818	500.00	Scholarships General Funds
Fraternal Order of Police Lodge #16 P.O. Box 401 Owensboro, KY. 42302-0401 Tax ID # 23-7238401	500.00	Shop with a Cop Christmas
Gennesaret Retreat Ministries of Dioceses of West KY c/o Tom Payne 2251 Becklynn Dr Owensboro, KY. 42303 Tax ID# 53-0196617	2,500.00	retreats for chronically ill patients
Gospel Community Church P.O. Box 22668 Owensboro, KY. 42304 Attention: Joseph D. Hinton, Pastor	5,000.00	update security and repair HVAC system
Tax ID# 81-2755376 Green River Area Down Syndrome (GRADSA) P.O. Box 2031 Owensboro, KY. 42302 Attention: Tiffany Thrash	5,000.00	Programming for Youth with Special needs
Tax ID #61-1312541 Honor Flight-Bluegrass Chapter 222 St. Ann Street	450.00	Donation

Owensboro, KY. 42301 Tax ID # 26-2237257

Owenboro, KY. 42303 Attention: Jennie Boggess Tax ID # 61-1040701

Imagination Library of Daviess County 2,500.00 book program for children 0-5 years of age 1700nWest Fifth Street Owensboro, KY, 42301 Attention: Diane Bowers Tax ID # 23-7364935 Immaculate Conception Catholic Church 3,000.00 Mothers of Mercy Messengers speaking c/o McRaith Catholic Center Event at Cathedral March 27, 28, 2019 **600 Locust Street** Owensboro, KY. 42301 Tax ID# 53-0196617 Institute for Young Musicians 2,500.00 Youth Programming P.O. Box 1714 Owensboro, KY, 42302 Attention: Cheston Hoover Tax ID #61-1153717 Maximilian Montessori Academy 12,500 00 **Educational Programming** 1401 B Spring Bank Dr. Owensboro, KY. 42303 Attention: Amy Kemper Tax ID # 26-2559147 **Mentor Kids Kentucky** 2,000.00 office supplies/building materials 2815 Veach Road Owensboro, KY 42303 Attention. Berly Sullivan Tax ID # 61-1222299 **Murray State University** 5,000.00 Scholarship general fund 102 Curris Center Murray, KY. 42071 Tax ID # 61-6053844 Owensboro Catholic High School 2,500.00 **Project graduation** 1524 West Parrish Avenue Owensboro, KY 42301 Attention: Jennifer Westerfield Tax ID # 53-0196617 **Owensboro Catholic Consolidated Schools** Ed materials health room supplies 2,000.00 1524 West Parrish Avenue (School Health Program) Owensboro, KY. 42301 Attention: Sherry Krampee, RN, BSN Tax ID # 53-0196617 Owensboro Community & Tech College 5,000.00 Scholarship Program 4800 New Hartford Road Owensboro, KY 42303 Tax ID #61-1109704 Owensboro Dance Theatre, Inc. 5,000.00 Dance for Life Projects with special need students 2705 Breckenridge Street

Owensboro Museum of Fine Arts 901 Frederica St. Owensboro, KY. 42301 Attention: Mary Bryan Hood Tax ID# 31-0896672	20,000.00	Artland Program
Owensboro Symphony Orchestra, Inc 211 East Second Street Owensboro, KY. 42303 Attention: Dan Griffith Tax ID # 61-6055984	5,000.00	Underwrite String Residency Program with elem schools
Passionist Nuns 8564 Crisp Rd Whitesville, KY. 42378 Tax ID# 53-0196617	6,000.00	Men and Women Retreats
Pleasant Valley Community Church 800 Pleasant Valley Rd. Owensboro, KY. 42303 Attention: Jamus Edwards Tax ID # 31-1571467	57,500.00	Love Loud and various youth projects Director Donation to be used in youth projects
Right to Life of Owensboro Ed Program 1115 Tamarack Rd. Suite 200 Owensboro, KY. 42301 Attention: Stacey Davis Tax ID# 30-0007710	16,000.00	various ed program and materials Bus trip ed to Washington, DC
RiverPark Center 101 Daviess Street Owensboro, KY. 42303 Attention: Roxi Witt Tax ID # 61-1147328	5,000 00	support arts and education programs Art Teach Kıds
St Bernard Preparatory School, Inc 1600 St. Bernard Drive SE Cullman, AL 35055 Attention: Fr. Marcus J. Voss, OSB Tax ID# 53-0196617	13,000.00	Update various heating and water systems
St Mary of the Woods Church P.O. Box 1 Whitesville, KY. 42378 Attention: Fr. Brian Roby Tax ID # 53-0196617	5,000.00	Youth Programs Dir Donation
St Mary of the Woods Catholic School 10521 Franklin Street Whitesville, KY. 42378 Attention: Emily Hernandez, Principal Tax ID # 53-0196617	10,000.00	Update computer labs and library
Thruston Philpot Volunteer Fire Dept 2592 Reid Road Owensboro, KY 42303 Attention: Chief Bob Newman Tax ID # 61-1007649	5,000 00	Operational Expenses -Drew Dir Donation
Trinity High School 10510 Main Cross Street	25,000.00	Tuition Suppliment Assistance

Whitesville, KY. 42378

Attn: Emily Hernandex/ Principal

Tax ID# 53-0196617

University of Kentuciy Newman Center

c/o Lisa Bivins 320 Rose Ln

Lexington, KY. 40508

Tax ID #61-1132894

Youth 2000-Marian Shrine Committee

c/o Diocese of Owensboro

601 Locust Street

Owensboro, KY. 42301

Tax ID# 53-0196617

Total Grant Dollars for 2019

2,000.00

Youth Programming

15,000.00

Youth Programs

489,975.00