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Form **990-PF**

Department of the Treasure

Return of Private Foundation

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

Treated as a Private Foundation

Note The foundation may be able to use a copy of this return to satisfy state reporting requirements.

2008

2009 For calendar year 2008, or tax year beginning 1. 2008 and ending APR 30 Final return Amended return Name change G Check all that apply: Initial return Address change A Employer identification number Name of foundation Use the IRS label. TALLGRASS FARM FOUNDATION, INC 20-1111988 Otherwise. print Number and street (or P.O. box number if mail is not delivered to street address) Room/suite B Telephone number or type. 502-456-1522 .295 BARDSTOWN ROAD See Specific City or town, state, and ZIP code C If exemption application is pending, check here Instructions. LOUISVILLE, KY 40204 1. Foreign organizations, check here Foreign organizations meeting the 85% test check here and attach computation H Check type of organization: X Section 501(c)(3) exempt private foundation Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation E If private foundation status was terminated I Fair market value of all assets at end of year J Accounting method: Accrual under section 507(b)(1)(A), check here Other (specify) (from Part II, col. (c), line 16) If the foundation is in a 60-month termination (Part I, column (d) must be on cash basis.) 473,487. under section 507(b)(1)(B), check here ▶\$ Part I Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) charitable purposes (cash basis only) expenses per books income income 14,120 Contributions, gifts, grants, etc., received Check if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 6a Net gain or (loss) from sale of assets not on line 10 Gross sales price for all assets on line 6a 0. 7 Capital gain net income (from Part IV, line 2) 0 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sole c Gross profit or (loss 11 Other income 14. 120 0 0 Total Add lines ev. 0. 0 0. 0 13 Compensation of office Other employee salaries and wages 15 Pension plans, employee benefits 16a Legal fees 1,514 0 0 1,514 STMT 1 b Accounting fees c Other professional fees 17 Interest 18 Taxes STMT 2 4 0 0 4. 3,675 0. 0 19 Depreciation and depletion 20 Occupancy 0. 0 490. 490 21 Travel, conferences, and meetings 22 Printing and publications 0 1,308. Operating STMT 3 1,308 0 23 Other expenses 24 Total operating and administrative 6,991 0. 0 3,316. expenses. Add lines 13 through 23 5,485 5,485. Contributions, gifts, grants paid 26 Total expenses and disbursements. 0 0 8,801. 12,476 Add lines 24 and 25 27 Subtract line 26 from line 12: 1,644 2 Excess of revenue over expenses and disbursements 0 b Net investment income (if negative, enter -0-) 0. C Adjusted net income (if negative, enter -0-)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

Form 990-PF (2008)

01-02-09

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1	Total net assets or fund balances at beginning of year - Part II, column (a), line 30		
	(must agree with end-of-year figure reported on prior year's return)	1	219,164.
2	Enter amount from Part I, line 27a	2	1,644.
3	Other increases not included in line 2 (itemize)	3	0.
4	Add lines 1, 2, and 3	4	220,808.
5	Decreases not included in line 2 (itemize) ▶	5	
6	Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30	6	220,808.
_			- 000 DE

(a) List and descr	ibe the kin	d(s) of property sold (e.ç r common stock, 200 sh	a., real estate,	t income	(b)	How ac - Purch) - Dona	quired nase ition	c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a									
b NOI	NE								
С					<u> </u>				
<u>d</u>					-			 .	
<u>e</u>	(f) D	epreciation allowed	(a) Co	st or other basis	1	Γ	l	(h) Com or (lo	
(e) Gross sales price		(or allowable)		expense of sale				(h) Gain or (lo: (e) plus (f) minu	
<u>a</u>						<u> </u>		<u>. </u>	
b c								 -	
d									
<u>e</u>									
Complete only for assets showin	g gain in c	olumn (h) and owned by	the foundation	n on 12/31/69				Gains (Col. (h) ga	
(i) F.M.V. as of 12/31/69		Adjusted basis as of 12/31/69		cess of col. (1) col. (j), if any				k), but not less th Losses (from col	
a									
_b						ļ			
C									
<u>d</u>									
<u>e</u>		C If goin, also ente	r in Dort I line		``	-		·	
2 Capital gain net income or (net cap	oital loss)	If gain, also ente If (loss), enter -0	r in Part I, line)- in Part I, line	7	}	2			
3 Net short-term capital gain or (los lf gain, also enter in Part I, line 8, o			nd (6):		}				
If (loss), enter -0- in Part I, line 8 Part V Qualification Ui	nder Se	ection 4940(e) for	r Reduced	Tay on Net	· Inv	3	ent Inco	me	
If section 4940(d)(2) applies, leave th Was the foundation liable for the sect If 'Yes," the foundation does not quali Enter the appropriate amount in e	ion 4942 ta fy under se	ax on the distributable an ection 4940(e). Do not co	omplete this pa	irt.					Yes X No
(a) Base period years Calendar year (or tax year beginnin		(b) Adjusted qualifying dis		Net value of no	(c)		use assets	Disti	(d) ribution ratio livided by col. (c))
2007	9 111)		2,438.				2,743.	\ \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	8.180095
2006			0,288.				2,820.		7.194326
2005			5,548.				1,743.		14.657487
2004		2	2,798.				3,068.		7.430900
2003	ļ.		0.				0.		.000000
2 Total of line 1, column (d)								2	37.462808
3 Average distribution ratio for the 5 the foundation has been in existen	-		on line 2 by 5,	or by the number	of ye	ears		3	7.492562
4 Enter the net value of noncharitable	e-use asse	ets for 2008 from Part X,	line 5					4	1,239.
5 Multiply line 4 by line 3								5	9,283.
6 Enter 1% of net investment incom	e (1% of P	art I. line 27b)						6	0.
7 Add lines 5 and 6	- (, 						7	9,283.
Enter qualifying distributions from	Dart VII I	na A						8	13,969.
If line 8 is equal to or greater than			t 1b, and comp	lete that part usin	g a 1	% tax ra	ate.	<u> </u>	19,303.
See the Part VI instructions.									

	1990-PF (2008) TALLGRASS FARM FOUNDATION, INC. 20-	11119	88 6		Page 4
Pa	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948	- see in	stru	ctio	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.				
	Date of ruling letter: (attach copy of ruling letter if necessary-see instructions)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%				0.
	of Part I, line 27b				
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-)				0.
3	Add lines 1 and 2				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-				0.
6	Credits/Payments:				
а	2008 estimated tax payments and 2007 overpayment credited to 2008 6a				
b	Exempt foreign organizations - tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d				
7	Total credits and payments. Add lines 6a through 6d				0.
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8				
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed				0.
10	Overpayment If line 7 is more than the total of lines 5 and 8, enter the amount overpaid				
11	Enter the amount of line 10 to be; Credited to 2009 estimated tax ▶ Refunded ▶ 11				
Pa	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	L		Yes	No
	any political campaign?		1a		X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for 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.	1			ļ
C	Did the foundation file Form 1120-POL for this year?		1c		X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year;				
	(1) On the foundation. ▶ \$ 0 . (2) On foundation managers. ▶ \$ 0 .				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers. ► \$0 .				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	L	2		X
	If "Yes," attach a detailed description of the activities		- 1		
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				İ
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	L	3		X
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	L	4a		X
b	If "Yes," has it filed a tax return on Form 990-T for this year?	/A _	4b		
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	L	5		X
	If "Yes," attach the statement required by General Instruction T.	1			
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or				ĺ
	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?	L	6	X	
7	Did the foundation have at least \$5,000 in assets at any time during the year?	Ĺ	7	X	
	If "Yes," complete Part II, col (c), and Part XV.				
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)				
	KY				1
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)	1	-		
	of each state as required by General Instruction G? If "No," attach explanation	L	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar			_	
	year 2008 or the taxable year beginning in 2008 (see instructions for Part XIV)? If "Yes," complete Part XIV	L	9	X	
10	Did any persons become substantial contributors during the tax year? if "Yes," attach a schedule listing their names and addresses		10		X
		Form	990	-PF	(2008)

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b If "Yes," did it have excess business holdings in 2008 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,

b Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that

Form 4720, to determine if the foundation had excess business holdings in 2008.)

had not been removed from jeopardy before the first day of the tax year beginning in 2008?

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

N/A

3b

4a

4b Form 990-PF (2008)

X

Х

Form 990-PF (2008) TALLGRASS FARM FOUNDATION Part VII-B Statements Regarding Activities for Which I		Poguirod (control	20-11119	988 Page 6
	OTTH 4720 Way De F	reduited (contin	lueu)	
5a During the year did the foundation pay or incur any amount to:(1) Carry on propaganda, or otherwise attempt to influence legislation (section)	1 4945(e\\2		es X No	
(2) Influence the outcome of any specific public election (see section 4955); of		•	3 22 10	
any voter registration drive?	i to carry on, uncomy or main		es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	2		es X No	
(4) Provide a grant to an individual for traver, study, or other similar purposes		1	.3 .22 .10	
509(a)(1), (2), or (3), or section 4940(d)(2)?	11 000011000 111 00011011		es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational numbers or f		3 (22) 110	1 1
the prevention of cruelty to children or animals?	or educational purposes, or i		es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	fer the excentions described i		3 (21) 110	
section 53.4945 or in a current notice regarding disaster assistance (see instru		ii negalations	N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	•			-
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ınad		
expenditure responsibility for the grant?		i/A □ Ye	es No	
If "Yes," attach the statement required by Regulations section 53 494		/A		
	* *			
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	□ v .	es X No	
a personal benefit contract?	aroanal hanafit aantraat?	10	S LAJ NO	6b X
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			00 1
If you answered "Yes" to 6b, also file Form 8870.	haltor transaction O		es X No	
7a At any time during the tax year, was the foundation a party to a prohibited tax s		T6	_	76
b If yes, did the foundation receive any proceeds or have any net income attribut Doct VIII Information About Officers, Directors, Trust		nagam Highli		7b
Part VIII Paid Employees, and Contractors	ees, roundation wa	inagers, riigini	, 	
1 List all officers, directors, trustees, foundation managers and their				
/-1 Name and address	(b) Title, and average hours per week devoted	(c) Compensation (if not paid,	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
(a) Name and address	to position	enter -0-)	and deterred compensation	allowances
TIMOTHY C. PETERS	PRESIDENT/DIR	ECTOR		
334 SOUTH EWING				
LOUISVILLE, KY 40206	0.00	0.	0.	0.
LOIS MATEUS PETERS	SEC/TREAS/DIR	ECTOR		
334 SOUTH EWING				[
LOUISVILLE, KY 40206	0.00	0.	0.	0.
DONNA M. BERRY	DIRECTOR			
12740 WOODSHIRE PLACE				
BATON ROUGE, LA 70816	0.00	0.	0.	0.
TIMOTHY DUNCAN PETERS	DIRECTOR			
SIERRA PLACE, NE				
ALBUQUERQUE, NM	0.00	0.	0.	0.
2 Compensation of five highest-paid employees (other than those inc		enter "NONE."		
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other allowances
NONE				
		_		
		<u> </u>	[<u></u>
Total number of other employees paid over \$50,000			<u>▶</u>	0

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Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)	
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
NONE	
	·
· · · · · · · · · · · · · · · · · · ·	
Total number of others recently a giver \$50,000 for professional contract	▶ 0
Total number of others receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities	
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical information such as the	
number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
DURING THE YEAR, THE FOUNDATION HAD FENCING PUT UP	
AROUND NEW LAND THAT WAS ADDED TO THE FOUNDATION IN DECEMBER	R
2007.	5,168.
THROUGHOUT THE YEAR, THE FOUNDATION MADE SEVERAL EXPENDITURE	ES
IN THE DEVELOPMENT OF THE FOUNDATION WEB SITE.	
	1,308.
3 THE FOUNDATION HOSTED NATIVITY ACADEMY 6TH GRADERS AT SHAKE	<u>R-</u>
TOWN, A NATIONAL HISTORIC LANDMARK.	
	490.
4	_
Part IX-B Summary of Program-Related Investments	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2.	Amount
1N/A	
2	
All other program-related investments. See instructions.	
3	_

Total. Add lines 1 through 3

_F	art X Minimum Investment Return (All domestic foundations must complete this part Fore	ign foundations, see	instructions)
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	0.
b	Average of monthly cash balances	1b	1,258.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	1,258.
е	Reduction claimed for blockage or other factors reported on lines 1a and		
	1c (attach detailed explanation)	0.	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	1,258.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	19.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,239.
6	Minimum investment return Enter 5% of line 5	6	62.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations of the x and do not complete this part.)	ations and certain	
1	Minimum investment return from Part X, line 6	1	
2a	Tax on investment income for 2008 from Part VI, line 5		
b	Income tax for 2008. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	
6	Deduction from distributable amount (see instructions)	6	
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	
P	art 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	1a	8,801.
b	Program-related investments - total from Part IX-B	1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	5,168.
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)	3a	
b	Cash distribution test (attach the required schedule)	3b	<u> </u>
4	Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	13,969.
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	5	0.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	13,969.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the four	ndation qualifies for the	section

4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2007	(c) 2007	(d) 2008
1 Distributable amount for 2008 from Part XI,		·	-	
line 7				0.
2 Undistributed income, if any, as of the end of 2007			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
a Enter amount for 2007 only			0.	
b Total for prior years:				
,		0.		
3 Excess distributions carryover, if any, to 2008:				
a From 2003				
b From 2004				
c From 2005				
d From 2006				
e From 2007				
f Total of lines 3a through e	0.			
4 Qualifying distributions for 2008 from				
Part XII, line 4: ► \$ N/A				
a Applied to 2007, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2008 distributable amount				0.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2008 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
2 Corpus Add lines 3f, 4c, and 4e Subtract line 5	0.			
b Prior years' undistributed income. Subtract				
line 4b from line 2b		0.		
c Enter the amount of prior years' undistributed income for which a notice of		-		
deficiency has been issued, or on which				
the section 4942(a) tax has been previously		•		
assessed		0.		
d Subtract line 6c from line 6b. Taxable		0.		
amount - see instructions		<u> </u>		
e Undistributed income for 2007. Subtract line 4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2008. Subtract	-		<u> </u>	
lines 4d and 5 from line 1. This amount must				
be distributed in 2009				0.
7 Amounts treated as distributions out of				<u> </u>
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3)	0.			
8 Excess distributions carryover from 2003				
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2009.				
Subtract lines 7 and 8 from line 6a	0.			
10 Analysis of line 9:				
a Excess from 2004				
b Excess from 2005				
c Excess from 2006				
d Excess from 2007				
e Excess from 2008				
				5 000 DE

Form 990-PF (2008) TALLGRA Part XIV Private Operating F	SS FARM FOUR			20-11	11988 Page 1
1 a If the foundation has received a ruling of			A, question o)		
foundation, and the ruling is effective for			► 087	18/04	
b Check box to indicate whether the found		-			942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	1 louridation described in	Prior 3 years	1342())(3) 01 43	42()(3)
income from Part I or the minimum	(a) 2008	(b) 2007	(c) 2006	(d) 2005	(e) Total
investment return from Part X for	(2) 2000	(5) 250.	(4) 2000	(0) 2000	(0) / 012.
	0.	0.	0.	0.	0.
each year listed b 85% of line 2a	0.	0.	0.	0.	0
	0.				<u>_</u>
c Qualifying distributions from Part XII,	12 060	22 420	20 200	25 540	02 242
line 4 for each year listed	13,969.	22,438.	20,288.	25,548.	82,243
d Amounts included in line 2c not					
used directly for active conduct of	5 405	14 000	17 010	00 050	50 630
exempt activities	5,485.	14,092.	17,810.	22,252.	59,639
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c	8,484.	8,346.	2,478.	3,296.	22,604
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets	486,945.	481,626.	211,548.	<u>208,636.</u>	1,388,755
(2) Value of assets qualifying					
under section 4942(j)(3)(B)(i)	485,968.	480,800.	207,000.	<u> 207,000.</u>	1,380,768
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					0 .
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)				;	0.
(2) Support from general public					
and 5 or more exempt organizations as provided in					
section 4942(j)(3)(B)(III)					0.
(3) Largest amount of support from					
an exempt organization					0.
(4) Gross investment income					0.
Part XV Supplementary Info	rmation (Complet	e this part only i	f the foundation i	had \$5,000 or mo	
at any time during t	he year-see the ir	nstructions.)			
1 Information Regarding Foundatio	n Managers:				
a List any managers of the foundation who	=	nan 2% of the total contr	butions received by the fo	oundation before the clos	se of any tax
year (but only if they have contributed in					
SEE STATEMENT 5					
b List any managers of the foundation who	o own 10% or more of the	stock of a corporation (c	or an equally large portion	of the ownership of a pa	artnership or
other entity) of which the foundation has			or any oquality has go postero.	, or and owner on a p	
NONE					
2 Information Regarding Contributi Check here ► X if the foundation o the foundation makes gifts, grants, etc.	nly makes contributions to	preselected charitable o	rganizations and does no		
	·			inprote itemo za, o, e, and	<u></u>
a The name, address, and telephone numl	per of the person to whom	applications should be a	aaaressea.		
b The form in which applications should b	e submitted and information	on and materials they sh	ould include:		
c Any submission deadlines:					

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

3 Grants and Contributions Paid During th	e Year or Approved for Future	Payment		
Recipient	If recipient is an individual,		D	<u></u>
Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of recipient	Purpose of grant or contribution	Amount
a Paid during the year	Or Substantial Contributor	Todiplont		
c raid coming the year				
			1	
			1	
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	j			
SEE STATEMENT 6				
Total	· · · · · · · · · · · · · · · · · · ·		<u>▶</u> 3a	5,485
h Approved for future payment			i l	
	<u> </u>			
NONE			į	
	1			
		1		
		!		
Total			▶ 3b	0
23611 01-02-09			Fo	rm 990-PF (2008

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelat	ed business income		ided by section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	Code				
a			 		·
b			ļ		
c		<u> </u>	ļ		
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			L		
4 Dividends and interest from securities					
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property			İ .		
6 Net rental income or (loss) from personal			<u> </u>		
• •					
property			-	- 	
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			ļ		
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a			ļ		
b					
C			<u> </u>		
d					
e					
12 Subtotal. Add columns (b), (d), and (e)		0.		0.	
13 Total. Add line 12, columns (b), (d), and (e)				13	0.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	/emn	t Pumoses	
Telationship of Activities to	, tile 700		·CIIIp		
Line No. Explain below how each activity for which incom	ne is reported	in column (e) of Part XVI-A	contri	buted importantly to the accor	nplishment of
the foundation's exempt purposes (other than b	y providing fu	unds for such purposes).			
	•				
					· · · · · · · · · · · · · · · · · · ·
	•				
					
					
			_		
					
	 -		_	····	
	 				
					
823621 01-02-09					Form 990-PF (2008)

					DATION,				-1111988		ige 13
	art X	VII Information R Exempt Organ		ransfers To	and Transa	ictions an	nd Relations	ships With N	oncharitable	e 	
1		ne organization directly or ind		-	-			tion 501(c) of		Yes	No
		ode (other than section 501(c		•		olitical organiza	ations?				
a Transfers from the reporting foundation to a noncharitable exempt organization of:											
(1) Cash										ļ	X
		Other assets							1a(2)		X
		transactions: Sales of assets to a noncharita	ahla avamnt oro	anization					16(1)		X
		Purchases of assets from a no							1b(1)		X
		Rental of facilities, equipment,		-					1b(3)		X
		Reimbursement arrangements							1b(4)		X
		oans or loan guarantees							1b(5)		X
	(6) F	Performance of services or me	embership or fu	ndraising solicitat	tions				1b(6)		X
(ng of facilities, equipment, ma							_1c_		X
(answer to any of the above is rvices given by the reporting f								sets,	
(a)	colun	nn (d) the value of the goods, (b) Amount involved	1 .		d. ble exempt organı	zation	(d) Description	on of transfers, transac	tions and sharing ar	rangeme	
<u>\-/</u>		(2) ************************************	(0)	N/A			(a) beautiplie	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	alono, and one ing a	rango no	
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				· · · · · · · · · · · · · · · · · · ·					~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
_											
2 <i>a</i>	ls the	foundation directly or indirec	tly affiliated with	h, or related to, or	ne or more tax-ex	empt organizat	tions described				_
		ction 501(c) of the Code (othe		01(c)(3)) or in se	ection 527?				Yes	X] No
	If Ye	s," complete the following sch (a) Name of org			(b) Type of or	nanization		(c) Description of	relationshin		
		N/A	ganization		(b) Type of or	garnzation		(c) Description of	relationship		
		14/21_			 -					-	
_											
_											
		enalties of perjury. I declare that I have been because the property of the pr						of my knowledge and t	belief, it is true, corre	ct,	
		N VV		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				. 0	-		
ø	X-	1 1 1 1			<u> </u>	<u>- 10-70</u>		edila	<u> </u>		
Her	7. 31	gnature of officer or frustee	7/\ -1 ~		/ Wate	Date	Title C	heck if	Preparer's identify	/ino num	ber
Sign Here	aid arer's Only	Preparer's signature	AH	, CPM		3.	. に り 186	neck ii elf- nployed ►)		
	Paid Preparer' Use Only	Firm's name (or yours LOUI		TH & CO	., PLLC			EIN ►			
1	Prepa Use			NER LANE	207						
		address, and ZIP code LOUI	SVILLE,	KENTUC	KY 40205			Phone no.	(502)459		
									Form 990	-PF (20081

Schedule B (Form 990, 990-EZ,

or 990-PF)
Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, 990-EZ, and 990-PF.

OMB No 1545-0047

2008

Employer identification number Name of the organization 20-1111988 TALLGRASS FARM FOUNDATION, Organization type (check one) Filers of: Section: Form 990 or 990-EZ 501(c)() (enter number) organization 4947(a)(1) nonexempt chantable trust not treated as a private foundation 527 political organization Form 990-PF X 501(c)(3) exempt private foundation 4947(a)(1) nonexempt chantable 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 For organizations filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor Complete Parts I and II **Special Rules** For a section 501(c)(3) organization filing Form 990, or Form 990-EZ, that met the 33 1/3% support test of the regulations under sections 509(a)(1)/170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on Form 990, Part VIII, line 1h or 2% of the amount on Form 990-EZ, line 1. Complete Parts I and II "Ј For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, aggregate contributions or bequests of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990, or Form 990-EZ, that received from any one contributor, during the year, some contributions for use exclusively for religious, chantable, etc., purposes, but these contributions did not aggregate to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year.)

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990. These instructions will be issued separately.

certify that they do not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)

Schedule B (Form 990, 990-EZ, or 990-PF) (2008)

Caution. Organizations that are not covered by the General Rule and/or the Special Rules do not file Schedule B (Form 990, 990-EZ, or 990-PF), but they must answer "No" on Part IV, line 2 of their Form 990, or check the box in the heading of their Form 990-EZ, or on line 2 of their Form 990-PF, to

Name of organization

Employer identification number

TALLGRASS	FARM	FOUNDATION,	INC.

20-1111988

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	TIM AND LOIS MATEUS PETERS 1229 CENTRAL PIKE HARRODSBURG, KY 40330	\$13,500.	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No. 2	Name, address, and ZIP + 4	Aggregate contributions \$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Aggregate contributions \$	Person Payroll Complete Part II if there is a noncash contribution)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Aggregate contributions \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
	raine, and ess, are all TT	\$\$	Person Payroll Complete Part II if there is a noncash contribution.)

2008 DEPRECIATION AND AMORTIZATION REPORT FORM 990-PF PAGE 1

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C	7

Asset	Description	Date Acquired	Method	Lıfe	No o	Unadjusted Cost Or Basis	Bus % Excl	Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
H C3 E2 44	THISTORIC BARN 2DONATED LAND FENCE - LAND 3IMPROVEMENT * TOTAL 990-PF PG 1 DEPR	050204SL 122807L 032808SL 071008SL	д д д	39.0017 15.0017 15.0019E	日 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	126,750. 97,571. 3,800. 5,168. 233,289.		o	126,750. 97,571. 3,800. 5,168. 233,289.	9,750.	o	3,250. 0. 253. 3,675.
828102 04-25-08				<u>(</u>	Asset o	(D) - Asset disposed] :	C, Section 179	* ITC, Section 179, Salvage, Bonus, Commercial Revitalization Deduction, GO Zone	Commercial Revi	talization De	duction, GO Zone

FORM 990-PF	ACCOUNT	ING FEES		•	STATEMENT	1
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO	T- 2	(C) ADJUSTED ET INCOME		
ACCOUNTING FEES	1,514	•	0.	0	. 1,5	14.
TO FORM 990-PF, PG 1, LN 16B	1,514	•	0.	0	1,5	14.
FORM 990-PF	TAX	KES			STATEMENT	2
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO	T- 2	(C) ADJUSTED ET INCOME	(D) CHARITA PURPOS	
FILING FEE	4 .	•	0.	0	•	4.
TO FORM 990-PF, PG 1, LN 18 =	4.	•	0.	0	•	4.
FORM 990-PF	OTHER I	EXPENSES			STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES' MENT INCO		(C) ADJUSTED ET INCOME		
OFFICE EXPENSE	1,308	•	0.	0 .	1,3	08.
TO FORM 990-PF, PG 1, LN 23	1,308.		0.	0 .	1,3	08.
FORM 990-PF DEPRECIATION OF	' ASSETS NOT	HELD FOR	INVESTN	MENT S	STATEMENT	4
DESCRIPTION			ACCUMUI DEPRECI		BOOK VALU	E
HISTORIC BARN DONATED LAND FENCE - LAND IMPROVEMENT FENCE - LAND IMPROVEMENT		126,750. 97,571. 3,800. 5,168.	1	0. 285. 172.	113,7 97,5 3,5 4,9	71. 15.
TOTAL TO FM 990-PF, PART II,	LN 14	233,289.	1		219,8	32.

TALLGRASS FARM FOUNDATION, INC		2	0-1111988
	RT XV - LINE 1A FOUNDATION MANAGERS	STAT	EMENT 5
NAME OF MANAGER			
TIMOTHY C. PETERS LOIS MATEUS PETERS			
	S AND CONTRIBUTIONS DURING THE YEAR	STAT	EMENT 6
RECIPIENT NAME AND ADDRESS	RECIPIENT RELATIONSHIP AND PURPOSE OF GRANT	RECIPIENT STATUS	AMOUNT
21C FOUNDATION, 710 WEST MAIN ST., STE 201, LOUISVILLE, KY 40202	NONE GENERAL FUND	PUBLIC CHARITY	500.
COMMUNITY FARM ALLIANCE, 2130 PORTLAND AVE, LOUISVILLE, KY 40212	NONE GENERAL FUND	PUBLIC CHARITY	500.
JAMES HARROD TRUST, 225 SOUTH MAIN ST., HARRODSBURG, KY 40330	NONE GENERAL FUND	PUBLIC CHARITY	100.
PUBLIC RADIO PARTNERSHIP, 619 S. 4TH ST., LOUISVILLE, KY 40202	NONE GENERAL FUND	PUBLIC CHARITY	3,500.
UNIVERSITY OF KENTUCKY RURAL JOURNALISM INSTITUTE 122 GREHAN BUILDING UK, LEXINGTON, KY 40506	NONE GENERAL FUND	PUBLIC CHARITY	35.

GENERAL FUND

PUBLIC

CHARITY

250.

SAN FRANCISCO, CA 94105

SIERRA CLUB, 85 2ND ST 2ND FLOOR, NONE

TALLGRASS FARM FOUNDATION, INC.			20-1111988
AMERICAN FARMLAND TRUST, 1200 18TH ST, NW STE 800, WASHINGTON,	NONE	PUBLIC CHARITY	100
D.C. 20036	GENERAL FUND		100.
PRESERVATION KENTUCKY, INC, P.O. BOX 5192, FRANKFORT, KY 40602	NONE	PUBLIC CHARITY	500.
	GENERAL FUND		
TOTAL TO FORM 990-PF, PART XV, LI	NE 3A		5,485.

Department of the Treasury Internal Revenue Service (99) Name(s) shown on return

Depreciation and Amortization 990-PF (Including Information on Listed Property)

▶ See separate instructions.

► Attach to your tax return.

OMB No 1545-0172

Attachment Sequence No 67

Business or activity to which this form relates

Identifying number

TALLGRASS FARM FOUNDAT						F PAGE			20-1111988
Part I Election To Expense Certain Proper	ty Under Section 1	79 Note: If you ha	ave any list	ted pro	operty, c	complete Pai	t V be	fore y	
1 Maximum amount. See the instructions	for a higher limit	for certain busin	esses					1	250,000.
2 Total cost of section 179 property place	ed in service (see	instructions) .						2	
3 Threshold cost of section 179 property	before reduction	ın lımıtatıon						3	800,000.
4 Reduction in limitation Subtract line 3 f	rom line 2. If zero	or less, enter -0-	-					4	
5 Dollar limitation for tax year Subtract line 4 from line	1 If zero or less, enter	-0- If married filing se	eparately, see	instruct	ions			5	
6 (a) Description of pro	perty	(б) Cost (busine	ess use	only)	(c) Elect	ed cost		
7 Listed property. Enter the amount from	line 29				7				
8 Total elected cost of section 179 prope	rty. Add amounts	s ın column (c), lır	nes 6 and	7				8	
9 Tentative deduction Enter the smaller	of line 5 or line 8							9	
10 Carryover of disallowed deduction from	line 13 of your 2	007 Form 4562						10	
11 Business income limitation. Enter the sr			s than zer	o) or li	ne 5			11	
12 Section 179 expense deduction. Add lir	nes 9 and 10, but	do not enter mo	ore than lin	e 11				12	
13 Carryover of disallowed deduction to 20	009. Add lines 9 a	and 10, less line	12	▶	13				
Note: Do not use Part II or Part III below for	listed property l	nstead, use Part	V						N
Part II Special Depreciation Allowa	nce and Other D	epreciation (Do	not includ	de liste	ed prope	erty)			
14 Special depreciation for qualified prope	rtv (other than lis	ted property) pla	ced in ser	vice d	uring th	e tax vear		14	
15 Property subject to section 168(f)(1) ele	• •					,		15	
16 Other depreciation (including ACRS)							16		
Part III MACRS Depreciation (Do no	t include listed pi	operty.) (See ins	tructions))					
· · · · · · · · · · · · · · · · · · ·	•	Section							
17 MACRS deductions for assets placed in	service in tax ve	ears beginning be	efore 2008	3				17	3,503.
18 If you are electing to group any assets placed in serv	-				neck here	▶ [\neg		
Section B - Assets						neral Deprec	iation	Syste	em
(a) Classification of property	(b) Month and year placed in service	(c) Basis for depi (business/investi only - see instru	reciation ment use	(d) l	Recovery period	(e) Conventio		lethod	(g) Depreciation deduction
19a 3-year property							\top		· · · · · · · · · · · · · · · · · · ·
b 5-year property	_						1		
c 7-year property						 			
d 10-year property						_			· · · · · · · · · · · · · · · · · · ·
45		5	,168.	15	YRS	. ну	SL		172.
	-		, 100.		1100	****	700		1/20
f 20-year property g 25-year property	-		-	21	5 yrs.		١,	 S/L	
g 25-year property	,				5 yrs	ММ		3/L S/L	
h Residential rental property	<u>'</u>				5 yrs	MM	_	3/L 3/L	
	' ,					MM	_	3/L 3/L	
 Nonresidential real property 				3.	9 yrs	MM	1 -	5/L	
Section C - Assets P	laced in Service	During 2008 Ta	x Year Us	ina th	ne Alter				tem
20a Class Irfe							Τ.	S/L	
b 12-year				1	2 yrs.			S/L	· · · · · · · · · · · · · · · · · · ·
c 40-year	/				0 yrs	ММ		S/L	
Part IV Summary (See instructions)	· · · · · · · · · · · · · · · · · · ·	L							
21 Listed property Enter amount from line	28							21	
22 Total. Add amounts from line 12, lines 1		es 19 and 20 in a	column (a)	Landi	line 21				
Enter here and on the appropriate lines						r		22	3,675.
23 For assets shown above and placed in				ا دارد.	200 1131	···			3,0,3.
23 FUL assets SHOWH ADOVE AND PIACED IN	eanuca duinna th	a current veer or	nter the						
portion of the basis attributable to secti		e current year, er	nter the		23				

Form 4562 (2008) 20-1111988 TALLGRASS FARM FOUNDATION, Listed Property (Include automobiles, certain other vehicles, cellular telephones, certain computers, and property used for entertainment. Note: For any vehicle for which you are using the standard mileage rate or deducting lease expense, complete only 24a, 24b, columns (a) through (c) of Section A, all of Section B, and Section C if applicable Section A - Depreciation and Other Information (Caution: See the instructions for limits for passenger automobiles) 24a Do you have evidence to support the business/investment use claimed? No 24b If "Yes," is the evidence written? Yes Yes No (b) (c) (e) (1) (f) (h) (a) Date Business/ Elected Type of property Recovery Method/ Depreciation Cost or (business/investment section 179 placed in investment (list vehicles first) period deduction Convention other basis service use percentage use only) cost 25 Special depreciation allowance for qualified listed property placed in service during the tax year and used more than 50% in a qualified business use 26 Property used more than 50% in a qualified business use: % % Property used 50% or less in a qualified business use S/L % S/L S/L· % 28 Add amounts in column (h), lines 25 through 27 Enter here and on line 21, page 1 28 29 Add amounts in column (i), line 26. Enter here and on line 7, page 1 29 Section B - Information on Use of Vehicles Complete this section for vehicles used by a sole propnetor, partner, or other "more than 5% owner," or related person If you provided vehicles to your employees, first answer the questions in Section C to see if you meet an exception to completing this section for those vehicles (a) (b) (c) (d) (e) (f) Vehicle Vehicle Vehicle Vehicle Vehicle Vehicle 30 Total business/investment miles driven during the year (do not include commuting miles) 31 Total commuting miles driven during the year 32 Total other personal (noncommuting) miles driven 33 Total miles driven during the year Add lines 30 through 32 34 Was the vehicle available for personal use Yes No No No during off-duty hours? 35 Was the vehicle used primarily by a more than 5% owner or related person? 36 Is another vehicle available for personal use? Section C - Questions for Employers Who Provide Vehicles for Use by Their Employees Answer these questions to determine if you meet an exception to completing Section B for vehicles used by employees who are not more than 5% owners or related persons 37 Do you maintain a written policy statement that prohibits all personal use of vehicles, including commuting, by your Yes No employees? 38 Do you maintain a written policy statement that prohibits personal use of vehicles, except commuting, by your employees? See the instructions for vehicles used by corporate officers, directors, or 1% or more owners 39 Do you treat all use of vehicles by employees as personal use? 40 Do you provide more than five vehicles to your employees, obtain information from your employees about the use of the vehicles, and retain the information received? 41 Do you meet the requirements concerning qualified automobile demonstration use? Note: If your answer to 37, 38, 39, 40, or 41 is "Yes," do not complete Section B for the covered vehicles. Part VI Amortization (f) (a) (c) (d) (e)

| Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | Column | C

816252 11-08-08

Form **4562** (2008)

(Rev April 2009)

Department of the Treasury

Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

OMB No 1545-1709

Form 8868 (Rev. 4-2009)

 If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this 		.	X
Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously 1 Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed)	ilea Fo	m 8868	
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and corporat I only	nplete	I	▶ □
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a to file income tax returns.	n exten	sion of time	
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extensionated below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electron (not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or conjugate the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic factor www.irs.gov/efile.and.click.on.e-file.for.Chanties & Nonprofits.	ically if	(1) you want the ated Form 990-T	additional
Type or Name of Exempt Organization print	Emp	loyer identification	on number
TALLGRASS FARM FOUNDATION, INC.	2	0-1111988	3
Number, street, and room or suite no. If a P O. box, see instructions 1295 BARDSTOWN ROAD			
City, town or post office, state, and ZIP code For a foreign address, see instructions. LOUISVILLE, KY 40204	· · · · · · · · · · · · · · · · · · ·	_	
Form 990	227 069 870	1	——— ► □
• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the box ▶ and attach a list with the names and EINs of all			
I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un		The extension	
2 If this tax year is for less than 12 months, check reason Initial return Final return		Change in accour	nting period
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	\$	0.
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated	Ja		
tax payments made Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance Due. Subtract line 3b from line 3a Include your payment with this form, or, if required, deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	\$	0.
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form			

LHA

For Privacy Act and Paperwork Reduction Act Notice, see Instructions.

Form 8	8868 (Rev. 4-2009)		· · · · · · · · · · · · · · · · · · ·	Page 2
• If y	ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this bo	X	▶ [X
	Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed	Form	8868.	
	ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1).			
Par				
Туре	Name of Exempt Organization	Emp	loyer identification n	umber
print		,	0-1111988	
File by				
extende due dat		For II	RS use only	
filing th	1275 BANDSTOWN KOAD	<u> </u>		
instruct	LOUISVILLE, KY 40204			
Choo	k type of return to be filed (File a separate application for each return):			
	Form 990 Form 990-EZ Form 990-T (sec. 401(a) or 408(a) trust) Form 1041-A		orm 5227 For	m 8870
H	Form 990-BL X Form 990-PF Form 990-T (trust other than above) Form 4720	_	orm 6069	007 0
	- CHILOSO DE LA TORROSOTT LOS TORROSOTT (MASTERIA ABOTO)			
STOP	Do not complete Part II if you were not already granted an automatic 3-month extension on a previou	sly file	d Form 8868.	
	TIMOTHY C. PETERS			
• Th	e books are in the care of > 1295 BARDSTOWN ROAD - LOUISVILLE, KY 40	204		
	ephone No. ► 502-456-1522 FAX No. ►			
	he organization does not have an office or place of business in the United States, check this box		 	
• If t	his is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the	s is fo	the whole group, che	ck this
box	If it is for part of the group, check this box > and attach a list with the names and EINs of all	<u>me</u> mb	ers the extension is fo	or.
4	request an additional 3-month extension of time until MARCH 15, 2010	<u> </u>		
5	For calendar year, or other tax year beginning MAY 1, 2008 , and ending _	APR	30, 2009	
6	If this tax year is for less than 12 months, check reason Initial return Final return		Change in accounting	period
7	State in detail why you need the extension			
	THE TAXPAYER NEEDS MORE TIME TO COMPILE THE INFORMATIO	<u> </u>	ECESSARY TO	<u> </u>
	FILE A COMPLETE AND ACCURATE RETURN.			
8a	If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any			_
	nonrefundable credits See instructions.	8a	\$	0.
b	If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated			
	tax payments made Include any prior year overpayment allowed as a credit and any amount paid			_
	previously with Form 8868.	8b	\$	0.
C	Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit			•
	with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions	8c	\$ <u>_</u>	0.
	Signature and Verification			
	penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the le, correct, and complete, and that I am authorized to prepare this form.	best o	f my knowledge and beli	et,
it is ut	e, correct, and complete, and train authorized to prepare this form.			

Signature >

Title ►

Date ► 12 · 11 · 07

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