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Form 990-PF

Department of the Treasury

Internal Revenue Service

Return of Private Foundation

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

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

2009

For calendar year 2009, or tax year beginning and ending Initial return of a former public charity Final return Initial return G Check all that apply Address change Amended return Name change A Employer identification number Name of foundation Use the IRS label. Otherwise, L. P. AND SALLY MOORE FOUNDATION, INC. 26-1523193 Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number print or type. 502-551-9566 703 RUGBY PLACE See Specific City or town, state, and ZIP code C If exemption application is pending, check here Instructions. LOUISVILLE, KY 40222-5617 D 1. Foreign organizations, check here 2. Foreign organizations meeting the 85% test, check here and attach computation X Section 501(c)(3) exempt private foundation H Check type of organization Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation If private foundation status was terminated I Fair market value of all assets at end of year | J Accounting method X Cash under section 507(b)(1)(A), check here Accrual Other (specify) (from Part II, col. (c), line 16) If the foundation is in a 60-month termination 287, 229. (Part I, column (d) must be on cash basis.) ▶\$ under section 507(b)(1)(B), check here Part | 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)) for charitable purposes (cash basis only) expenses per books income income 100,000 N/A Contributions, gifts, grants, etc., received Check I if the foundation is not required to attach Sch B Interest on savings and temporary cash investments 15 15 STATEMENT 4,680. 4,680. STATEMENT 4 Dividends and interest from securities 5a Gross rents D Net rental income or (loss) 392 62 Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 9,888. 392 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain Income modifications 10a Gross sales less returns and allowances b Less: Cost of goods sold c Gross profit or (loss) 11 Other income 105,087. 5,087 12 Total. Add lines 1 through 11 0. 0 0 Compensation of officers, directors, trustees, etc. 14 Other employee salaries and wages 15 Pension plans, employee benefits 909. 909. 0 STMT 3 16a Legal fees 5,220. STMT 2,610 2,610. b Accounting fees. c Other professionalities EIVESTMT 3,586. 3,586. SC Operating and Administrative 17 Interest Pepreciation and depletion 2010 10 95. 58. 0. 18 Taxes 🕾 19 20 Occupancy-21 Travel, conferences, and meetings T 22 Printing and publications STMT 7 750. 5,117. 0. 23 Other expenses 24 Total operating and administrative 14,927 6,254 4,269. expenses. Add lines 13 through 23 9,250. 9,250. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements. 6,254. 13,519. 24,177. Add lines 24 and 25 Subtract line 26 from line 12 80,910. 2 Excess of revenue over expenses and disbursements 0. b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

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| Part | Balance Sheets Attached schedules and amounts in the description | Beginning of year | End of y | /ear |
|--|---|---------------------------------------|---------------------------------------|---|
| Fait | column should be for end-of-year amounts only | (a) Book Value | (b) Book Value | (c) Fair Market Value |
| 1 | Cash - non-interest-bearing | 101,198. | 1,517. | 1,517. |
| 2 | Savings and temporary cash investments | | | |
| 3 | Accounts receivable ▶ | | | |
| | Less allowance for doubtful accounts ▶ | | | |
| 4 | Pledges receivable ► | | | 1111 1 11 11 11 11 11 11 11 11 11 11 11 |
| | Less allowance for doubtful accounts ▶ | | 1 | |
| 5 | Grants receivable | | _ | |
| 6 | Receivables due from officers, directors, trustees, and other | | · · · · · · · · · · · · · · · · · · · | |
| | disqualified persons | | 6,916. | 6,916. |
| 7 | Other notes and loans receivable | | 7,7,200 | 0,710. |
| ' | Less allowance for doubtful accounts | | 1 | |
| σ R | Inventories for sale or use | · · · · · · · · · · · · · · · · · · · | | |
| Assets 6 6 | | | | |
| Ass | Prepaid expenses and deferred charges | | | |
| 100 | Investments - U.S. and state government obligations | | | |
| | Investments - corporate stock | | | |
| | Investments - corporate bonds | | | |
| 11 | | | 1 | |
| | Less. accumulated depreciation | | | |
| 12 | Investments - mortgage loans | 06.004 | 0.60 0.50 | |
| 13 | Investments - other STMT 8 | 96,324. | 268,259. | 277,056. |
| 14 | Land, buildings, and equipment basis | | | |
| | Less: accumulated depreciation | | | · |
| 15 | Other assets (describe ► STATEMENT 9) | 0. | 1,740. | 1,740. |
| | | | | |
| 16 | Total assets (to be completed by all filers) | 197,522. | 278,432. | 287,229. |
| 17 | Accounts payable and accrued expenses | | | |
| 18 | Grants payable | | | |
| ชู 19 | Deferred revenue | | | |
| Liabilities 20 21 20 21 | Loans from officers, directors, trustees, and other disqualified persons | | | |
| g 21 | Mortgages and other notes payable | | | |
| ت ₂₂ | | | | |
| | | | | |
| 23 | Total liabilities (add lines 17 through 22) | 0. | 0. | |
| | Foundations that follow SFAS 117, check here | | | |
| ŀ | and complete lines 24 through 26 and lines 30 and 31. | • | | |
| 8 24 | | | | |
| C 25 | Unrestricted | | | |
| 25 | Temporarily restricted | | | |
| <u>කි</u> 26 | Permanently restricted | | | |
| 5 | Foundations that do not follow SFAS 117, check here | | | |
| Net Assets or Fund Balan 30 30 30 | and complete lines 27 through 31. | | | |
| \$ 27 | Capital stock, trust principal, or current funds | 0. | 0. | |
| 8 28 | Paid-in or capital surplus, or land, bldg , and equipment fund | 0. | 0. | |
| Ž 29 | Retained earnings, accumulated income, endowment, or other funds | 197,522. | 278,432. | |
| 2 30 | Total net assets or fund balances | 197,522. | 278,432. | |
| | | | | |
| 31 | Total liabilities and net assets/fund balances | 197,522. | 278,432. | |
| Part | Analysis of Changes in Net Assets or Fund Bal | ances | | |
| T CAPE | TIK. | | | |
| 1 Tota | l net assets or fund balances at beginning of year - Part II, column (a), line 30 |) | | |
| (mus | st agree with end-of-year figure reported on prior year's return) | | 1 | 197,522. |
| 2 Ente | r amount from Part I, line 27a | _ | 2 | 80,910. |
| 3 Othe | r increases not included in line 2 (itemize) | | 3 | 0. |
| 4 Add | lines 1, 2, and 3 | | 4 | 278,432. |
| 5 Decr | eases not included in line 2 (itemize) | | 5 | 0. |
| 6 Total | net assets or fund balances at end of year (line 4 minus line 5) - Part II, colu | mn (b), line 30 . | 6 | 278,432. |
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| orn | 1990-PF (2009) L. P. AND SALLY MOORE FOUNDATI | | | | | | <u> 1523</u> | | | Page 4 |
|-----|--|---------------|---------------|--------------------|------------------|-------|--------------|---------------|-------|----------|
| Pa | rt VI Excise Tax Based on Investment Income (Section 494) |)(a), | 49 | 40(b), 49 | 40(e), or | 1948 | - see | nstr | uctio | ns) |
| 1a | Exempt operating foundations described in section 4940(d)(2), check here and er | nter "N, | /A " (| on line 1 | Ì | | | | | |
| | Date of ruling or determination letter (attach copy of letter if nec | | | | ns) | | | | | |
| b | Domestic foundations that meet the section 4940(e) requirements in Part V, check here | • <u>[X </u> | an | d enter 1% | • | 1 | ļ | | | 0. |
| | of Part I, line 27b | | | | | | | | | |
| | All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4% | | | | (b) ノ | | | | | _ |
| | Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Ot | hers e | nter | r - 0-) | | 2 | | | | 0. |
| _ | Add lines 1 and 2 | | | | | 3 | | | | 0. |
| 4 | Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only O | thers e | ente | r - 0-) | | 4 | | | | 0. |
| 5 | Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0- | | | | | 5 | ····· | | | 0. |
| 6 | Credits/Payments | ا دء | ı | | | | | | | |
| | 2009 estimated tax payments and 2008 overpayment credited to 2009 | 6a | + | | - | - | | | | |
| | Exempt foreign organizations - tax withheld at source | 6b | ╁ | <u> </u> | | - | | | | |
| | Tax paid with application for extension of time to file (Form 8868) Backup withholding erroneously withhold | 6c 6d | + | | | - | | | | |
| | Total credits and payments Add lines 6a through 6d | UU | | • | | 7 | | | | 0. |
| 8 | Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attack. | had | | | | 8 | | | | <u> </u> |
| 9 | Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed | Jiicu | | | • | 9 | | | | 0. |
| | Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid | | | | | 10 | | - | | • |
| | Enter the amount of line 10 to be Credited to 2010 estimated tax | | | l | Refunded > | 11 | | | | |
| | rt VII-A Statements Regarding Activities | | _ | | | 1 | | | | |
| 1a | During the tax year, did the foundation attempt to influence any national, state, or local legisl | ation o | or di | id it particip | ite or intervene | ın | | | Yes | No |
| | any political campaign? | | | | | | | 1a | | X |
| b | Did it spend more than \$100 during the year (either directly or indirectly) for political purpos | es (se | e in | structions fo | r definition)? | | | 1b | | X |
| | If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and | І соріє | es c | of any mate | nals publishe | ed or | | | | |
| | distributed by the foundation in connection with the activities | | | | | | | | | |
| C | Did the foundation file Form 1120-POL for this year? | | | | | | | 10 | | X |
| đ | Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the | | | | | | | | | |
| | (1) On the foundation · ▶ \$ (2) On foundation managers | | | | 0. | . , | | | | |
| е | Enter the reimbursement (if any) paid by the foundation during the year for political expendit | ture_ta: | x IM | posed on fo | undation | | • | | | |
| | managers ► \$O. | | | | | | | | | |
| 2 | Has the foundation engaged in any activities that have not previously been reported to the IF | 152 | | | | | | 2 | ļ | 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 in | | ient, | , articles of i | ncorporation, | or | | | | ., |
| 4- | bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change | | | | | | | 3_ | - | X |
| | Did the foundation have unrelated business gross income of \$1,000 or more during the year | | • | | | N | /A | 4a | | |
| | If "Yes," has it filed a tax return on Form 990-T for this year? Was there a liquidation, termination, dissolution, or substantial contraction during the year? | | | | | 14 | / Δ | 5 | | X |
| J | If "Yes," attach the statement required by General Instruction T. | | | | | | | 3 | _ | |
| 6 | Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied en | her | | | | | | İ | | |
| • | By language in the governing instrument, or | | | | | | | | | |
| | By state legislation that effectively amends the governing instrument so that no mandatory | direct | tions | s that conflu | t 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? | | | | | | | 7 | Х | |
| | 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 instruction | ıs) 🕨 | | | | | | | | |
| | KY | | _ | | | | | | | |
| b | If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the At | torney | Ger | neral (or des | ignate) | | | | | |
| | 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 sec | tion 49 | 942 | (j)(3) or 494 | 2(j)(5) for cale | ndar | | | | |
| | year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," co | | | | | | | 9 | | X |
| 10 | Did any persons become substantial contributors during the tax year? If 'Yes,' attach a schedul | e listina | the | r names and a | ddresses S | TMT | 10 | 10 | Х | |

had not been removed from jeopardy before the first day of the tax year beginning in 2009?

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|--|------------------------------------|------------------|--|------------------------------|
| Part VII-B Statements Regarding Activities for Which I | Form 4720 May Be I | Required (contin | ued) | |
| 5a During the year did the foundation pay or incur any amount to | | | | |
| (1) Carry on propaganda, or otherwise attempt to influence legislation (section | n 4945(e))? | Y ₁ | es X No | |
| (2) Influence the outcome of any specific public election (see section 4955), o | or to carry on, directly or indire | | | |
| any voter registration drive? | | | es X No | |
| (3) Provide a grant to an individual for travel, study, or other similar purposes | 2 | Yı | es X No | |
| (4) Provide a grant to an organization other than a charitable, etc., organizatio | n described in section | | | |
| 509(a)(1), (2), or (3), or section 4940(d)(2)? | | | es X No | |
| (5) Provide for any purpose other than religious, charitable, scientific, literary, | or educational purposes, or t | | | |
| the prevention of cruelty to children or animals? | | | es X No | |
| b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und | • | ın Regulations | /- | |
| section 53 4945 or in a current notice regarding disaster assistance (see instru | • | | 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 for | | , — | | |
| expenditure responsibility for the grant? | | I/A Y | es L No | |
| If "Yes," attach the statement required by Regulations section 53.494 | · · | | | |
| 6a Did the foundation, during the year, receive any funds, directly or indirectly, to | pay premiums on | | | |
| a personal benefit contract? | | Y ₁ | es X No | |
| b Did the foundation, during the year, pay premiums, directly or indirectly, on a p | ersonal benefit contract? | | ļ | 6b X |
| If "Yes" to 6b, file Form 8870. | | | | |
| 7a At any time during the tax year, was the foundation a party to a prohibited tax s | | Yo | es X No | |
| b If yes, did the foundation receive any proceeds or have any net income attribute | | | | 7b |
| Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors | ees, Foundation Ma | inagers, Highly | У. | |
| List all officers, directors, trustees, foundation managers and their | compensation | | | |
| List an officers, and colors, trastees, roundation managers and their | (b) Title, and average | (c) Compensation | (d) Contributions to | (e) Expense |
| (a) Name and address | hours per week devoted | (If not paid, | (d) Contributions to employee benefit plans and deferred | account, other |
| | to position | `enter'-0-) | compensation | allowances |
| | | | | İ |
| SEE STATEMENT 11 | | 0. | .0. | 0. |
| DEE CIRILMENT II | | - 0. | | |
| | | | | |
| | | 1 | | |
| | <u></u> | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| 2 Compensation of five highest-paid employees (other than those inc | luded on line 1). If none. | enter "NONE." | <u> </u> | |
| | (b) Title, and average | | (d) Contributions to | (e) Expense |
| (a) Name and address of each employee paid more than \$50,000 | hours per week devoted to position | (c) Compensation | employee benefit plans and deferred | account, other allowances |
| NONE | devoted to position | | compensation | allowalices |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | - | | |
| | | | | |
| Total number of other employees paid over \$50,000 | | 1 | • | 0 |
| | · | | | |

| · · | | |
|--|-------------------------------|------------------|
| Form 990-PF (2009) L. P. AND SALLY MOORE FOUNDATION | , INC. 26- | 1523193 Page 7 |
| Part VIII Information About Officers, Directors, Trustees, Founda Paid Employees, and Contractors (continued) | tion Managers, Highly | |
| 3 Five highest-paid independent contractors for professional services. If none, enter | r "NONE." | |
| (a) Name and address of each person paid more than \$50,000 | (b) Type of service | (c) Compensation |
| NONE | _ | |
| | - | |
| | | |
| | | |
| | _ | |
| | | |
| Total number of others receiving over \$50,000 for professional services | | ▶ 0 |
| Part IX-A Summary of Direct Charitable Activities | | |
| List the foundation's four largest direct charitable activities during the tax year. Include relevant statist number of organizations and other beneficiaries served, conferences convened, research papers produced. | cical information such as the | Expenses |
| NONE | | |
| | | |
| | | 0. |
| 2 | | |
| | | |
| 1 1 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 1/4 | | |
| 3 | | |
| Andrew Company | | |
| | | |
| | | |
| maked- | | |
| | | |
| 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 |
| NONE | | |
| | | _ |
| | | 0. |
| | | |
| | | |

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All other program-related investments See instructions

Total. Add lines 1 through 3

| P | art X Minimum Investment Return (All domestic foundations must complete this part Foreign fou | ndations | , 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 | 184,367. |
| b | | 1b | 184,367. 72,439. |
| C | Fair market value of all other assets | 10 | |
| d | Total (add lines 1a, b, and c) | 1d | 256,806. |
| е | Reduction claimed for blockage or other factors reported on lines 1a and | | |
| | 1c (attach detailed explanation) 1e 0 • | | |
| 2 | Acquisition indebtedness applicable to line 1 assets | 2 | 0. |
| 3 | Subtract line 2 from line 1d | 3 | 256,806. |
| 4 | Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions) | 4 | 3,852. |
| 5 | Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4. | 5 | 3,852. 252,954. |
| 6 | Minimum Investment return. Enter 5% of line 5 | 6 | 12,648. |
| P | art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here in and do not complete this part.) | nd certain | |
| 1 | Minimum investment return from Part X, line 6 | 1 | 12,648. |
| 2a | Tax on investment income for 2009 from Part VI, line 5 | | |
| b | Income tax for 2009 (This does not include the tax from Part VI) | | |
| C | Add lines 2a and 2b | 2c] | 0. |
| 3 | Distributable amount before adjustments Subtract line 2c from line 1 | 3 | 12,648. |
| 4 | Recoveries of amounts treated as qualifying distributions | 4 | 0. |
| 5 | Add lines 3 and 4 | 5 | 12,648. |
| 6 | Deduction from distributable amount (see instructions) | 6 | 0. |
| 7_ | Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII, line 1 | 7 | 12,648. |
| 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 | 13,519. |
| 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 | <u> </u> |
| 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 | |
| 4 | Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4 | 4 | 13,519. |
| 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 | 13,519. |
| | Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years | ualifies fo | r the section |

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Part XIII Undistributed Income (see Instructions)

| | (a) Corpus | (b) Years prior to 2008 | (c) 2008 | (d) 2009 |
|--|---------------|--|---------------------------------------|--|
| 1 Distributable amount for 2009 from Part XI. | Outpus | rears prior to 2000 | 2000 | 2009 |
| line 7 | | | | 12,648. |
| 2 Undistributed income, if any, as of the end of 2009 | | '- ''' ₁₁ !' ₇ !' ₁ '' ₁ '' ₁ ' | | 12,040. |
| a Enter amount for 2008 only | | | 0. | |
| b Total for prior years | ·Hh······· ' | 14-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1- | | |
| 2 · otto vor prior yours | | 0. | | |
| 3 Excess distributions carryover, if any, to 2009 | | | | |
| a From 2004 | 1 | | | |
| b From 2005 | | | | |
| c From 2006 | | | | |
| d From 2007 | | | | |
| e From 2008 79. | | | | |
| f Total of lines 3a through e | 79. | | | |
| 4 Qualifying distributions for 2009 from | | | | ······································ |
| Part XII, line 4 ▶\$ 13,519. | | | | |
| a Applied to 2008, 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 2009 distributable amount | | 1 1 111.11 | | 12,648. |
| e Remaining amount distributed out of corpus | 871. | | | 12/040. |
| 5 Excess distributions carryover applied to 2009 | 0. | , ,, ,, ,, , , , , , , , , , , , , , , | · · · · · · · · · · · · · · · · · · · | 0. |
| (If an amount appears in column (d), the same amount must be shown in column (a)) | | | | |
| 6 Enter the net total of each column as indicated below: | | | | · |
| Corpus Add lines 3f, 4c, and 4e Subtract line 5 | 950. | | | |
| 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 | | | | |
| amount - see instructions | | 0. | | ······ |
| e Undistributed income for 2008 Subtract line | 1 | | | |
| 4a from line 2a Taxable amount - see instr | | | 0. | |
| f Undistributed income for 2009 Subtract | | | | |
| lines 4d and 5 from line 1. This amount must | | | | |
| be distributed in 2010 | | .,4.11 | ···· | 0. |
| 7 Amounts treated as distributions out of | | 1 | 1 | |
| corpus to satisfy requirements imposed by | | İ | | |
| section 170(b)(1)(F) or 4942(g)(3) | 0. | | | ······ |
| 8 Excess distributions carryover from 2004 | | | | |
| not applied on line 5 or line 7 | 0. | | | |
| 9 Excess distributions carryover to 2010. | 050 | | | |
| Subtract lines 7 and 8 from line 6a | 950. | | | ····· |
| O Analysis of line 9 | | | İ | |
| a Excess from 2005 | | | | |
| b Excess from 2006 | | | | |
| d Excess from 2007 d Excess from 2008 | | | | |
| 0.54 | | - | 1 | |
| e Excess from 2009 8/1. | | | | Form QQ0_DE (2000) |

| | | | ORE FOUNDAT | | | 23193 Page 10 |
|-------------------------|---|--|--|-----------------------------|-----------------------------|--------------------|
| Part) | (IV Private Operating F | oundations (see in | structions and Part Vi | I-A, question 9) | N/A | |
| | e foundation has received a ruling o | | | | | |
| | ndation, and the ruling is effective fo | • | = | ▶ └ | | |
| | ck box to indicate whether the found | | ng foundation described | | 4942(j)(3) or 4 | 942(j)(5) |
| | er the lesser of the adjusted net | Tax year | (b) 0000 | Prior 3 years | (4) 0000 | (0) 7-4-1 |
| | ome from Part I or the minimum | (a) 2009 | (b) 2008 | (c) 2007 | (d) 2006 | (e) Total |
| inve | estment return from Part X for | | | | | |
| eac | h year listed | | | | <u> </u> | |
| b 85% | 6 of line 2a | | | | | · |
| c Qua | lifying distributions from Part XII, | | | | | |
| line | 4 for each year listed | | | | | |
| d Am | ounts included in line 2c not | | | | | |
| use | d directly for active conduct of | | | | | |
| exe | mpt activities | | | | | |
| e Qua | lifying distributions made directly | | | | | |
| for | active conduct of exempt activities | | | | | |
| 3 Cor alte a "Ass | tract line 2d from line 2c nplete 3a, b, or c for the rnative test relied upon sets" alternative test - enter Value of all assets | | | | | |
| (2) | Value of assets qualifying under section 4942(j)(3)(B)(i) | | | | | |
| 2/3 | dowment" alternative test - enter of minimum investment return wn in Part X, line 6 for each year | | | | | |
| c "Su | pport" alternative test - enter | | | | | |
| | Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) | | | | | , |
| • • | Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III) | | | | | |
| (3) | Largest amount of support from | | | | | |
| | an exempt organization | | | <u> </u> | | |
| | Gross investment income | | <u>. </u> | | | <u> </u> |
| Part) | (V Supplementary Info | | | if the foundation | n had \$5,000 or m | ore in assets |
| | at any time during t | ne year-see the | instructions.) | | | |
| a List year | ormation Regarding Foundation any managers of the foundation wh r (but only if they have contributed in N P MOORE JR (DE | o have contributed more nore than \$5,000) (See s | section 507(d)(2).) | tributions received by the | e foundation before the clo | se of any tax |
| b List | any managers of the foundation wherentity) of which the foundation has | o own 10% or more of th | ne stock of a corporation | (or an equally large port | ion of the ownership of a p | artnership or |
| NONE | or county for winter the roundation has | , a 10 % of greater intere | J. | | | |
| 2 Info | ormation Regarding Contribution of the foundation of | | | | not accept unsolicited requ | uests for funds If |
| the | foundation makes gifts, grants, etc. | (see instructions) to indi | viduals or organizations i | under other conditions, o | | |
| a The | name, address, and telephone num | ber of the person to who | m applications should be | addressed | | |
| SEE_ | STATEMENT 12 | | | | | |
| b The | form in which applications should b | e submitted and informa | tion and materials they s | hould include | | |
| c Any | submission deadlines | | | | | |
| d Any | restrictions or limitations on awards | s, such as by geographic | al areas, charitable fields | , kınds of institutions, or | other factors: | |
| | | | | | | |

| 3 Grants and Contributions Paid During the | | Payment | | |
|--|---|------------------------|----------------------------------|--------|
| Recipient | If recipient is an individual, show any relationship to | Foundation | Purpose of grant or contribution | Amount |
| Name and address (home or business) | any foundation manager or substantial contributor | status of recipient | Contribution | Amount |
| a Paid duning the year NATIONAL CHRISTIAN COLLEGE ATHLETIC ASSN 302 WEST WASHINGTON ST. GREENVILLE, SC 29601 | N/A | PUBLIC | GENERAL FUND | 5,250 |
| INDIANA WESLEYAN JNIVERSITY 1201 S. WASHINGTON ST. MARION, IN 46953 | N/A | PUBLIC | ATHLETIC FUND | 4,000 |
| Tabel | | | | 0.250 |
| Total b Approved for future payment | | | ▶ 3a | 9,250 |
| NONE | | | | |
| | | | | |

Part XVI-A Analysis of Income-Producing Activities

| Enter gross amounts unless otherwise indicated | Unrelated | business income | | oy section 512, 513, or 514 | (e) |
|---|-----------------------|-----------------------|-----------------------|-----------------------------|-------------------|
| • | (a) Business | (b) Amount | (C) Exclu- sion | (d) Amount | Related or exempt |
| 1 Program service revenue | code | | code | Amount | function income |
| a | _ | | | | · ·- |
| b | _ | | | | |
| C | _ | <u> </u> | | | |
| d | - | · | | | |
| e | _ | <u> </u> | | - | |
| 5 | | - " - | | - | |
| g Fees and contracts from government agencies | | | | | |
| 2 Membership dues and assessments | | | | | |
| 3 Interest on savings and temporary cash | | | 14 | 15. | |
| Investments 4 Dividends and interest from securities | | | 14 | 4,680. | |
| 5 Net rental income or (loss) from real estate | | | 13 | 7,000 | |
| a Debt-financed property | - | | | | |
| b Not debt-financed property | | | | | |
| 6 Net rental income or (loss) from personal | | | - - - | | |
| property | | | | | |
| 7 Other investment income | | | | | |
| 8 Gain or (loss) from sales of assets other than inventory | | | 18 | 392. | |
| 9 Net income or (loss) from special events | | | | | |
| IO Gross profit or (loss) from sales of inventory | | | | | |
| 11 Other revenue | | | | | |
| a | _ | | | | |
| b | | | | | |
| C | | | _ | | |
| d | | | | | |
| e | | | | | - |
| 12 Subtotal Add columns (b), (d), and (e) | | |). | 5,087. | 0 |
| 13 Total. Add line 12, columns (b), (d), and (e) | | | | 13 | 5,087 |
| (See worksheet in line 13 instructions to verify calculations.) | | | | | |
| Part XVI-B Relationship of Activities | to the Accor | nnlishment of | Exempt D | urnoses | |
| Telegonish of Activities | TO THE ACCOU | | -vellibt L | ui poses | |
| Line No. Explain below how each activity for which in | come is reported in a | column (e) of Part XV | I-A contributed | I importantly to the accomp | lishment of |

| Line No. | the foundation's exempt purposes (other than by providing funds for such purposes) | | | | | | | |
|----------|--|--|--|--|--|--|--|--|
| | N/A | | | | | | | |
| | | | | | | | | |
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| | | | | MOORE FOUNDATION | | 26-152 | | | ige 13 |
|--------|--------------------------------|---|--|---|-------------------------|-------------------------------|--------------|----------|--------|
| _F | art X | VII Information R Exempt Organ | | rs To and Transactions a | and Relationshi | ps With Noncha | ritable | е | |
| 1 | Did t | he organization directly or ind | rectly engage in any of th | e following with any other organization | on described in section | 501(c) of | | Yes | No |
| | the C | ode (other than section 501(| c)(3) organizations) or in s | ection 527, relating to political organ | nizations? | | | | |
| | a Tran | sfers from the reporting found | dation to a noncharitable e | xempt organization of | | | | | |
| | (1) | Cash | | • | | | 1a(1) | <u> </u> | Х |
| | (2) | Other assets | | | | | 1a(2) | | Х |
| | b Othe | r transactions | | | | | | | |
| | (1) | Sales of assets to a noncharit | able exempt organization | | | | 1b(1) | | Х |
| | (2) | Purchases of assets from a no | oncharitable exempt organ | ızatıon | | | 1b(2) | <u> </u> | X |
| | | Rental of facilities, equipment | | | | | 1b(3) | | X |
| | | Reimbursement arrangements | S | - | | | 1b(4) | | X |
| | | Loans or loan guarantees | - | | | | 1b(5) | | X |
| | | Performance of services or m | | | | | 1b(6) | | X |
| | | ing of facilities, equipment, m | | | | | 10 | | X |
| | or se colur | rvices given by the reporting nn (d) the value of the goods | foundation of the foundation other assets, or services | | | | | sets, | |
| (a) | Line no | (b) Amount involved | | charitable exempt organization | (d) Description of | transfers, transactions, and | sharing an | rangeme | nts |
| | | | NONE | | | | | | |
| | | | | · · · · · · · · · · · · · · · · · · · | | | | | |
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| | | | | | | | | | |
| | ın sed | foundation directly or indirection 501(c) of the Code (others, complete the following sch | r than section 501(c)(3)) (| d to, one or more tax-exempt organiz or in section 527? | zations described | | Yes | X |] No |
| _ | <u> </u> | (a) Name of org | | (b) Type of organization | (c) | Description of relationsh | | | |
| N(| ONE | | | (, .,,,, | (0) | | " | | |
| | | | | | | | | | |
| | | | | | | | | | |
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| - | | | | | | | | | |
| | | | | iding accompanying schedules and statem based on all information of which preparer | | knowledge and belief, it is t | лие, солтег | ct, | |
| | <u> 2</u> | $\langle L \rangle$ | Moore- | X 11/15/10 | X Trus | tee / Preside | ent | | |
| ere | Sı | gnature of officer or trustee | | Date | Title | | | | |
| n ubic | Paid Preparer's Use Only | Preparer's signature | en t b | me 1 | Check self-emplo | . — | 's identify | ing num | oer |
| |) aic | Firm's name (or yours HEND | ERMAN, JESS | EE & COMPANY PLL | | IN ▶ | | | |
| ĺ | L Se A | | | PARKWAY # 107 | <u> </u> | | | | |
| | | | SVILLE, KY | 40222 | P | hone no (502) | 425 | -480 | 00 |

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, or 990-PF.

OMB No 1545-0047

| Name of the organiz | Employer identification number | | | | | |
|--|--|--|--|--|--|--|
| | L. P. AND SALLY MOORE FOUNDATION, INC. | 26-1523193 | | | | |
| Organization type (cl | neck one): | | | | | |
| Filers of: | Section: | | | | | |
| Form 990 or 990-EZ | 501(c)() (enter number) organization | | | | | |
| | 4947(a)(1) nonexempt charitable trust not treated as a private foundation | | | | | |
| | 527 political organization | | | | | |
| Form 990-PF | X 501(c)(3) exempt private foundation | | | | | |
| | 4947(a)(1) nonexempt charitable trust treated as a private foundation | | | | | |
| | 501(c)(3) taxable private foundation | | | | | |
| | ization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in Complete Parts I and II. | money or property) from any one | | | | |
| | | | | | | |
| 509(a)(1) and | n 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the re id 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of th nt on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II. | | | | | |
| aggregate co | For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions 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. | | | | | |
| contributions If this box is purpose. Do | a 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one content of the second state of the second state of the second se | aggregate to more than \$1,000. vely religious, charitable, etc., | | | | |
| | tion that is not covered by the General Rule and/or the Special Rules does not file Schedule to on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line | • | | | | |
| | the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF). | | | | | |

Name of organization

Employer identification number

L. P. AND SALLY MOORE FOUNDATION, INC.

26-1523193

| Part I | Contributors (see instructions) | | |
|------------|--|-----------------------------|---|
| (a) No. | (b) Name, address, and ZIP + 4 | (c) Aggregate contributions | (d) Type of contribution |
| 1 | L. P. MOORE, JR. 1633 GRIFFITH AVE OWENSBORO, KY 42301 | \$\$ | Person X Payroll Noncash (Complete Part II if there is a noncash contribution.) |
| (a) No. | (b) | (c) | (d) |
| NO. | Name, address, and ZIP + 4 | Aggregate contributions \$ | Person Payroll 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) 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) 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) 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.) |

Securities Purchased. Securities purchased through your account during 2009 are displayed in this section. We provide this information to you because you will need it to calculate a gain or loss upon disposition of the securities. The net cost does not include account during 2009 should be reported on your fax information. Statement. The cost of securities purchased during 2009 should be reported on your fax information. The cost of securities purchased during 2009 should be reported on your fax information the year in which the securities are sold or redeemed on IRS Form 1040, Schedule D.

FORM 990, 7987 11, 195

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SCHEDULE of REALIZED GAINS and LOSSES

| Disposition Date | Disposition Acquisition Gosing Date Date Transac | dosing Transaction | Description | Security Identifier | Quantity | Cost Basis | Proceeds | Redized Gain/Loss | Ĭerb |
|---------------------|---|-----------------------|--|------------------------|----------|------------|----------|-------------------|------------|
| 60/20/80 | Multiple | SELL | AMERICAN CENTURY | REACK | 126.084 | 1,29441 | 1,600.00 | 305.59 | Short Term |
| 60/20/80 | Multiple | SELL | REAL ESTATE FUND DODGE & COX | DODFX | 17313 | 536.22 | 200.00 | (36.22) | Long Term |
| 60/20/80 | Multiple | SELL | INTERNATIONAL FUND FUNDAMENTAL | AFIFX | 27.064 | 829.78 | 800 00 | (59.78) | Long Term |
| 60/20/80 | Multiple | SELL | INVESTORS CLASS F-1 VANGUARD MID-CAP | VIMSX | 41.379 | 62138 | 600.00 | (21.38) | Long Term |
| 12/18/09 | Multiple | SELL | STOCK INDEX FUND AMCAP FUND CLASS F-1 | AMPFX | 66.329 | 1,028.45 | 1,082.49 | 54.04 | Long Term |
| 12/18/09 | Multiple | SELL | AMERICAN CENTURY | REACK | 46 058 | 473.38 | 654.03 | 180.65 | Short Term |
| 12/18/09 | Multiple | SELL | REAL ESTATE FUND DODGE & COX | DODFX | 26 618 | 824.42 | 843.00 | 18.58 | Long Term |
| 12/18/09 | Multiple | SELL | INTERNATIONAL FUND EUROPACIFIC GROWTH | AEGFX | 18.648 | 694.65 | 708.64 | 13.99 | Long Term |
| 12/18/09 | Multiple | SELL | FUND CLASS F-1 FUNDAMENTAL | AFIFX | 20.606 | 654.46 | 664 13 | 196 | Long Term |
| 12/18/09 | Multiple | SELL | INVESTOR'S CLASS F-1 VANGUARD MID-CAP STOCK INDEX FIND | VIMSX | 42.277 | 634.87 | 686 16 | 51.29 | Long Term |
| Total Short Term | t Term | | STOCK INDEX I OND | | | 1,767.79 | 2,254.03 | 486.24 | |

Sey # (A10 17111)

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Page 8 of 11

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(Continued)

SCHEDULE of REALIZED GAINS and LOSSES

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| Disposition Acquisition Clesing Date Trensaction | Description | Security | Quentity | Cast Besis | Proceeds | Rectized Gaia/Less | Term |
|--|-------------|----------|----------|------------|----------|--------------------|------|
| Total Long Term | | | | 5,854.23 | 5,884.42 | 30.19 | i |
| Total Short Term and Long Term | | | | 7,622.02 | 8,138.45 | 516.43 | |
| The County of th | | | | • | ٠ | | 7 |

after year-end and there may be differences in cost basis reflected on your monthly client brokerage statement at year end versus any subsequent reports or online displays you may have available to you. Return of losses from wash sale events. Adjustments to cost basis may have been made for prior income received and subsequently reclassified by the issuer as a return of capital. Typically these adjustments are received The Schedule of Healized Gains and Losses is not reported to the IRS. This Schedule may not reflect all cost basis adjustments necessary for tax reporting purposes; for example, it does not reflect disallowed capital information has been obtained from sources we believe to be reliable.

order to properly report your gain or loss for tax purposes. Pershing shall not be responsible for and makes no representations or warranties with respect to the accuracy of any information that you report to the IRS When you report your cost basis on your tax return, it should be verified with your own records. In particular, there may be other adjustments which you need to make and you should consult with your tax advisor in or other taxing authorities, and, accordingly, disclaims any and all liability that may arise with respect to your use and reliance on the information provided herein for such reporting.

There may be differences between the Schedule of Realized Gains and Losses and 1099 reporting. Below are some of the reasons for these differences:

Account Number Changes - If your account number changed during the year, the Schedule of Realized Gains and Losses may have been transferred from the original account to the new account. The new

| FORM 990-PF INTEREST ON SAVI | NGS A | ND TEM | PORARY C | ASH IN | NVESTMENTS | STATEMENT | 1 |
|---|-------|---------------------|---------------------------|---------|------------------------------|---------------------|-------------------|
| SOURCE | | | | | | AMOUNT | |
| NORTHWESTERN MUTUAL -9824 | | | | | • | | 15. |
| TOTAL TO FORM 990-PF, PART I, | LINE | 3, CO | LUMN A | | | | 15. |
| FORM 990-PF DIVIDEND | S AND | INTER | EST FROM | SECUI | RITIES | STATEMENT | 2 |
| SOURCE | | GROSS | AMOUNT | | ITAL GAINS IVIDENDS | COLUMN (A AMOUNT |) |
| NORTHWESTERN MUTUAL -1997 NORTHWESTERN MUTUAL -2381 NORTHWESTERN MUTUAL -9824 | | | 16. 3,785. 879. | <u></u> | 0. 0. 0. | 3,7 | 16. 85. 79. |
| TOTAL TO FM 990-PF, PART I, I | LN 4 | | 4,680. | | 0. | 4,6 | 80. |
| FORM 990-PF | | LEGAL | FEES | | | STATEMENT | 3 |
| DESCRIPTION | EXPE | A) NSES BOOKS | (B) NET INV MENT IN | | (C) ADJUSTED NET INCOM | | |
| ATTORNEY FEES | | 909. | | 0. | | 9 | 09. |
| TO FM 990-PF, PG 1, LN 16A | | 909. | | .0. | | 9 | 09. |
| FORM 990-PF | AC | COUNTI | NG FEES | | | STATEMENT | 4 |
| DESCRIPTION | EXPE | A) NSES BOOKS | (B) NET INV MENT IN | | (C) ADJUSTED NET INCOM | | |
| ACCOUNTING & TAX PREPARATION | | 5,220. | 2 | ,610. | | 2,6 | 10. |
| TO FORM 990-PF, PG 1, LN 16B | | 5,220. | 2 | ,610. | | 2,6 | 10. |
| = | | | | | | | |

| FORM 990-PF (| OTHER PROFES | SIONAL FEES | S | TATEMENT 5 |
|--|------------------------------|-----------------------------------|-------------------------------|-------------------------------|
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| INVESTMENT MANAGMENT FEES | 3,586. | 3,586. | | 0. |
| TO FORM 990-PF, PG 1, LN 16C | 3,586. | 3,586. | | 0. |
| FORM 990-PF | TAX | ES | S | PATEMENT 6 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| FOREIGN TAX WITHHOLDING ON DIVIDENDS FORM 990-PF EXCISE TAX ON INVESTMENT INCOME-NOT | 58. | 58. | | 0. |
| DEDUCTIBLE | 37. | 0. | | 0. |
| TO FORM 990-PF, PG 1, LN 18 | 95. | 58. | | 0. |
| FORM 990-PF | OTHER E | XPENSES | S | FATEMENT 7 |
| DESCRIPTION | (A) EXPENSES PER BOOKS | (B) NET INVEST- MENT INCOME | (C) ADJUSTED NET INCOME | (D) CHARITABLE PURPOSES |
| LIFE INSURANCE PREMIUM-NOT DEDUCTIBLE | 4,367. | 0. | | 0. |
| | 750. | 0. | | 750. |
| TO FORM 990-PF, PG 1, LN 23 | 5,117. | 0. | | 750. |

| FORM 990-PF (| OTHER INVESTMENTS | | STATEMENT 8 |
|--|--|---------------------------|----------------------|
| DESCRIPTION | VALUATION METHOD | BOOK VALUE | FAIR MARKET VALUE |
| MUTUAL FUNDS - SEE LIST ATTACHED ANNUITY | COST COST | 173,650. 94,609. | 182,447. 94,609. |
| TOTAL TO FORM 990-PF, PART II, I | LINE 13 | 268,259. | 277,056. |
| FORM 990-PF | OTHER ASSETS | | STATEMENT 9 |
| DESCRIPTION | BEGINNING OF YR BOOK VALUE | END OF YEAR BOOK VALUE | FAIR MARKET VALUE |
| CASH SURRENDER VALUE LIFE INS | 0. | 1,740. | 1,740. |
| TO FORM 990-PF, PART II, LINE 15 | 0. | 1,740. | 1,740. |
| | UBSTANTIAL CONTRIE F VII-A, LINE 10 | BUTORS | STATEMENT 10 |
| NAME OF CONTRIBUTOR | ADDRESS | | |
| L P MOORE JR. | 1633 GRIFFITH OWENSBORO, KY | | |

| ၉ | | | | | | | | 4.41 | 107 | 16. | .95 | <u>8</u> . | 83 | 80 | 89 | .82 | .58 | .25 | | .32 | Ī |
|-------------------------------|---|---|--|---|----------------------|--------|-------------|-----------------------------|--------------------------------------|--|---|--|----------------------------------|---|--|--|---|---|--|--------------|-------|
| Tax ID#26-1523193 | | | | | | Market | Value | 19544.41 | 8,988.07 | 5,813.91 | 8,558.95 | 15,561.81 | 31,042.83 | 13,645.80 | 21,106.89 | 38,946.82 | 7,440.58 | 11,797.25 | | 182,447.32 | |
| Tax | | | | | | | | | ક્ક | s | 8 | ક્ક | s | ₩ | ક્ર | ક્ક | S | s | | s | |
| | - | 31, 2009 | | | | Cost | Basis | 18,321.72 | 6,415.38 | 5,605.73 | 8,457.28 | 15,134.90 | 29,764.39 | 13,329.87 | 20,488.01 | 38,199.50 | 7,093.47 | 10,839.95 | | 173,650.20 | |
| | Part | nber | | - | 31/0 | L | | ક્ર | ₩ | ↔ | ક્ર | ↔ | ₩ | ઝ | s | ↔ | 69 | ક્ક | | B | ļ |
| L. P & Sally Moore Foundation | Supporting documentation for form 990-PF, page 2, Part II | Schedule of securities investments held as of December 31, 2009 | | | End of year 12/31/09 | | Description | 1181.645 AMCAP Fund Class F | 622.874 American Century Real Estate | 547.965 American High Income Trust Class F | 428.805 Capital World Bond Fund Class F | 488.597 Dodge & Cox International Fund | 2395.686 Dodge & Cox Income Fund | 357.688 Europacific Growth Fund Class F | 645.076 Fundamental Investors Fund Class F | 3770.263 Russell Strategic Bond Fund Class S | 410.175 Russell U.S. Small & Mid Cap Fund | 721.103 Vanguard Mid-Cap Stock Index Fund | | | |
| L P & Sally | Supporting (| Schedule of | | | | | # shares | 1181.645 | 622.874 | 547.965 | 428.805 | 488.597 | 2395.686 | 357.688 | 645.076 | 3770.263 | 410.175 | 721.103 | | | |

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| FORM 990-PF PART VIII - LIS TRUSTEES AND | | STAT | EMENT 11 | |
|---|--------------------------|---------------|---------------------------------|----|
| NAME AND ADDRESS | TITLE AND AVRG HRS/WK | | EMPLOYEE BEN PLAN CONTRIB | |
| LORAN P MOORE III, MD 703 RUGBY PLACE LOUISVILLE, KY 402225617 | VICE PRESIDENT 0.50 | -TREASURER 0. | 0. | 0. |
| LORAN P MOORE JR (DECEASED DEC-2009) 1633 GRIFFITH AVE OWENSBORO, KY 42301 | PRESIDENT 0.50 | 0. | 0. | 0. |
| PAULA J MOORE 703 RUGBY PLACE LOUISVILLE, KY 402225617 | SECRETARY 0.50 | 0. | 0. | 0. |
| WILLIAM O LACY, MD 1648 CHEROKEE ROAD LOUISVILLE, KY 402051369 | DIRECTOR 0.08 | 0. | 0. | 0. |
| WILLIAM J JESSEE, CPA 304 WHITTINGTON PKWY, SUITE 107 LOUISVILLE, KY 40222 | DIRECTOR 0.08 | 0. | 0. | 0. |
| TOTALS INCLUDED ON 990-PF, PAGE 6 | , PART VIII | 0. | 0. | 0. |

FORM 990-PF

GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT 12

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

LORAN P. MOORE III, MD 703 RUGBY PLACE LOUISVILLE, KY 402225617

TELEPHONE NUMBER

502-551-9566

FORM AND CONTENT OF APPLICATIONS

NO SET FORM

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE FOUNDATION EXCLUSIVELY SUPPORTS CHARITABLE, RELIGIOUS, EDUCATIONAL AND SCIENTIFIC PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

| | r j | 1 | Λ. | |
|---|---|---|--------------------|---|
| Form\88 | 868 (Rev. 4-2009) | | | Page 2 |
| Note. C | ou are filing for an Additional (Not Automatic) 3-Month Extension, complete only Only complete Part II if you have already been granted an automatic 3-month extens ou are filing for an Automatic 3-Month Extension, complete only Part I (on page 1 | sion on a previously filed). | Form 88 | |
| Part | Additional (Not Automatic) 3-Month Extension of Time. | Only file the original (no co | pies nec | ded). |
| Туре о | Name of Exempt Organization | | Employ | er identification number |
| print ` | L. P. AND SALLY MOORE FOUNDATION, INC. | | 26- | -1523193 |
| File by the extended due date | d Number, street, and room or suite no. If a P.O. box, see instructions. In HENDERMAN, JESSEE & CO. PLLC, 304 WHITTI | INGTON | For IRS | use only |
| filing the return. Se instruction | City, town or post office, state, and ZIP code. For a foreign address, see instr. | uctions. | 112 - 4 S. O. S | |
| | k type of return to be filed (File a separate application for each return): Form 990 Form 990-EZ Form 990-BL Form 990-PF Form 990-T (trust other than above) | Form 1041-A [| | 1 5227 Form 8870 |
| STOP! | Do not complete Part II if you were not already granted an automatic 3-month | extension on a previous | sly filed i | Form 8868. |
| Tele If the If the If the Tele If the Tele If the Tele If the Tele If the Tele If the Tele If the If the Tele If th | ne organization does not have an office or place of business in the United States, chals is for a Group Return, enter the organization's four digit Group Exemption Number | 2 107 - LOUIS 502-425-3131 eck this box | s is for the | e whole group, check this the extension is for. |
| | If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentation | ve tax. less anv | | <u> </u> |
| | nonrefundable credits. See Instructions. | | 8a \$ | 0. |
| _ | If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable cre- | dits and estimated | | |
| ta | tax payments made. Include any prior year overpayment allowed as a credit and any previously with Form 8868. | | 8b \$ | 0. |
| c B | Balance Due. Subtract line 8b from line 8a. Include your payment with this form, or, | if required, deposit | | |
| w | with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment Sy | stem). See instructions. | 8c \$ | 0. |
| | Signature and Verification | on | | |
| Under po it is true, | penalties of perjury, I declare that I have examined this form, including accompanying schedules e, correct, and complete, and that I am authorized to prepare this form. | s and statements, and to the | best of m | / knowledge and belief, |
| Signatur | re 🕨 Title 🕨 | | Date > | |

Form 8868 (Rev. 4-2009)

Form **3868** (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

| • If you | are filing for an Automatic 3-Month Extension, complete only Part I and check this box | | | X |
|--|--|------------------|--|----------|
| • If you | are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of thi | is form) | • | |
| Do not c | omplete Part II unless you have already been granted an automatic 3-month extension on a previously | filed Fo | orm 8868. | |
| Part I | Automatic 3-Month Extension of Time. Only submit original (no copies needed). | | | |
| A corpor | ation required to file Form 990-T and requesting an automatic 6-month extension - check this box and co | mplete | | |
| Part I on | | • | | |
| All other | corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request a | an exter | nsion of time | |
| | ome tax returns. | | | |
| noted be not auto you mus | ic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extens low (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electromatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or constant the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic gov/efile and click on e-file for Charities & Nonprofits. | nically ronsolid | f (1) you want the add lated Form 990-T. Inst | ditional |
| Type or | Name of Exempt Organization | Emp | oloyer identification | number |
| print | L. P. AND SALLY MOORE FOUNDATION, INC. | 2 | 6-1523193 | |
| File by the due date for filing your | Number stood and some specific as 16 a DO hou are instructions | | | |
| etum See nstructions | | • | | |
| Check ty | rpe of return to be filed (file a separate application for each return): | | | |
| ☐ Fo | m 990 Form 990-T (corporation) Form 4 | 1720 | | |
| | m 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5 | | | |
| ☐ Fo | m 990-EZ Form 990-T (trust other than above) Form 6 | | | |
| X Fo | m 990-PF | 870 | | |
| • The h | HENDERMAN, JESSEE & CO. PLLC poks are in the care of > 304 WHITTINGTON PKWY, SUITE 107 - LOUIS | SVII | LE. KY 4022 | 22 |
| | none No. ► 502-425-4800 FAX No. ► 502-425-313 | | , , , , , , , , , , , , , , , , , , , | |
| • | organization does not have an office or place of business in the United States, check this box | | | |
| | is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If ti | | r the whole group, ch | eck this |
| x ≥ | . If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and EINs of al | l memb | ers the extension will | cover. |
| 1 re | quest an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time un $\frac{\text{AUGUST }15$, $\frac{2010}{}$, to file the exempt organization return for the organization named | | The extension | |
| | or the organization's return for: | | | |
| | X calendar year 2009 or tax year beginning , and ending | | | |
| | tax year beginning, and ending | | _· | |
| 2 If ti | nis tax year is for less than 12 months, check reason: | | Change in accounting | д репос |
| | is application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any | | | |
| <u>nor</u> | refundable credits. See instructions. | 3a | \$ | 0. |
| | is application is for Form 990-PF or 990-T, enter any refundable credits and estimated | 3ь | S | |
| b if th | navmente made. Include any prior year avernavment allowed as a gradit | | . | ٥ |
| b if th | payments made. Include any prior year overpayment allowed as a credit. | 1000 | · | 0. |
| b if the tax | ance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required, | | | 0. |
| b if the tax c Bal | | 3c | \$ | 0. |

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

Form **8868** (Rev. 4-2009)

Marled 4/26/10

LHA