

See a Social Security Number? Say Something! Report Privacy Problems to https://public.resource.org/privacy Or call the IRS Identity Theft Hotline at 1-800-908-4490



SCANNED APR 02 2010

Return of Private Foundation

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

OMB No 1545-0052

Department of the Treasury Internal Revenue Service Note. The foundation	may be able to use a copy of this		ting requirements.	2009
For calendar year 2009, or tax year beginning	CT 15, 2009	, and ending	DEC 31, 2009	
G Check all that apply: X Initial return Amended return	Initial return of a f	ormer public charity	Final return Name change	
Use the IRS label. Otherwise, KLOIBER FOUNDATION		 -	A Employer identification 27–1117156	number
print Number and street (or PO box number if mail is or type. 9817 WHITE BARN WAY	•	Room/suite	B Telephone number 859-334-03	38
See Specific City or town, state, and ZIP code Instructions. RIVERVIEW, FL 3356	0		C If exemption application is pe D 1. Foreign organizations.	
	(3) exempt private foundation		Foreign organizations mee check here and attach cor	eting the 85% test,
Section 4947(a)(1) nonexempt charitable trust	Other taxable private found	ation	E if private foundation stat	
I Fair market value of all assets at end of year J Acc	ounting method: X Cash	Accrual	under section 507(b)(1)(
(from Part II, col (c), line 16)	Other (specify)		F If the foundation is in a 6	
	column (d) must be on cash		under section 507(b)(1)(
Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may necessarily equal the amounts in column (a))	expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
1 Contributions, gifts, grants, etc., received	1,392,215.		N/A	
2 Check filthe foundation is not required to attach Sch 3 Interest on savings and temporary cash investments	В			
4 Dividends and interest from securities				
5a Gross rents				
Net rental income or (loss)				
6a Net gain or (loss) from sale of assets not on line 10 B Gross sales price for all assets on line 6a 7 Capital gain net income (from Part IV, line 2)				
7 Capital gain net income (from Part IV, line 2)		0.		
8 Net short-term capital gain				
9 Income modifications Gross sales less returns and allowances				
b Less Cost of goods sold				
c Gross profit or (loss)				
11 Other income 12 Total. Add lines 1 through 11	1,392,215.	0.		
12 Total. Add lines 1 through 11 13 Compensation of officers, directors, trustees, etc	1,392,213.	0.		0.
14 Other employee salaries and wages				<u></u>
15 Pension plans, employee benefits				
b Accounting fees				
c Other professional fees	RECEIVED			
<u>§</u> 17 Interest				
18 Taxes	MAR 2 8 2010	S		<u> </u>
19 Depreciation and depletion	1 2 9 5010			
20 Occupancy	H AAAA	SS CO		
21 Travel, conferences, and meetings 22 Printing and publications	L OGDEN UT			<u> </u>
22 Printing and publications 22 Other expenses				
24 Total operating and administrative				
16a Legal fees b Accounting fees c Other professional fees 17 Interest 18 Taxes 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications 23 Other expenses 24 Total operating and administrative expenses. Add lines 13 through 23	0.	0.		0.
25 Contributions, gifts, grants paid				
26 Total expenses and disbursements. Add lines 24 and 25	0.	0.		0.
27 Subtract line 26 from line 12:				
a Excess of revenue over expenses and disbursements	1,392,215.			
b Net investment income (if negative, enter -0-)		0.		
c Adjusted net income (if negative, enter -0-)			N/A	

For	m 99	0-PF(2009) KLOIBER FOUNDATION,	INC			1117156 Page 2
ם	art	Balance Sheets Attached schedules and amounts in the description column should be for end-of-year amounts only		Beginning of year	End o	
	art	column should be for end-of-year amounts only		(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	Ļ		1,392,215.	1,392,215.
	2	Savings and temporary cash investments	L			
	3	Accounts receivable ▶				
	1	Less: allowance for doubtful accounts ▶				<u> </u>
	4	Pledges receivable ▶				
		Less: allowance for doubtful accounts ▶				
	5	Grants receivable	L			
	6	Receivables due from officers, directors, trustees, and other				
		disqualified persons	L			
	7	Other notes and loans receivable				
		Less: allowance for doubtful accounts ▶				
S)	8	Inventories for sale or use				
ssets	9	Prepaid expenses and deferred charges	Ī			
As		Investments - U.S. and state government obligations				
	ı	Investments - corporate stock				
	1	Investments - corporate bonds	Ī			
		Investments - land, buildings, and equipment basis	ļ			
		Less accumulated depreciation				
	12	Investments - mortgage loans	1			
	13	Investments - other	F			
		Land, buildings, and equipment basis				
	14	Less accumulated depreciation				
		· · · · · · · · · · · · · · · · · · ·				
	15	Other assets (describe	' <u>}</u>			
		Tatal access (to be completed by all filers)		0.	1,392,215.	1,392,215.
		Total assets (to be completed by all filers) Accounts payable and accrued expenses			1,324,213.	1,352,213.
			-			
	18	Grants payable				
Liabilities	19	Deferred revenue	ŀ			
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons	}		·	•
Lia	21	Mortgages and other notes payable	, }			
	22	Other liabilities (describe	' <u> </u>			1
		T 1 11 1 111 1 1 1 1 1 1 1 1 1 1 1 1 1		0.	0.	
_	23	Total liabilities (add lines 17 through 22)	 	0.1		•
	ľ	Foundations that follow SFAS 117, check here	一			
ç	١	and complete lines 24 through 26 and lines 30 and 31.	-			
ဦ	24	Unrestricted	}			
ala	25	Temporarily restricted	ŀ			†
80	26	Permanently restricted				1
Ë		Foundations that do not follow SFAS 117, check here	الم			
ĕ		and complete lines 27 through 31.	l	ا م	^	
ţ	27	Capital stock, trust principal, or current funds	ŀ	0.	0.	-
SSe	28	Paid-in or capital surplus, or land, bldg., and equipment fund	. }	0.	0.	4
Net Assets or Fund Balances	29	Retained earnings, accumulated income, endowment, or other ful	nds [0.	1,392,215.	4
ž	30	Total net assets or fund balances	ŀ	0.	1,392,215.	4
			,		1 202 215	
_	31	Total liabilities and net assets/fund balances		0.	1,392,215.	<u></u>
P	art	III Analysis of Changes in Net Assets or Fu	und B	alances		
=			(a) line	30		
1		I net assets or fund balances at beginning of year - Part II, column	(a), inte	JU .	4	0.
_	•	st agree with end-of-year figure reported on prior year's return)			- 1	1,392,215.
_		r amount from Part I, line 27a	-		. 2	1,392,213.
3		r increases not included in line 2 (itemize)			4	1,392,215.
4		lines 1, 2, and 3	•	-	5	0.
5		eases not included in line 2 (Itemize)	Oart II a-	Jump (h) line 20		1,392,215.
<u>6</u>	10ta	l net assets or fund balances at end of year (line 4 minus line 5) - F	art II, CC	numm (U), nne 3U	<u></u>	1 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1, 1,

Form 990-PF (2009) KLOI	BER FOUNDATION,	INC					27-111	7156 Page 3	
	nd Losses for Tax on In		Income	1 (4) 1		<u> </u>			
(a) List and descri	be the kind(s) of property sold (e.g	., real estate,		(D) H	low acquire · Purchase	a (c)	Date acquired mo., day, yr.)	(d) Date sold (mo., day, yr.)	
2-Story Drick War	ehouse; or common stock, 200 shs	S. MLC (0.)		D :	- Donation		1110., uay, yi.)	(mo., uay, yr.)	
1a				\vdash					
b NON	IE .			-					
<u>C</u>									
<u>d</u>		 		 					
<u>e</u>	(f) Depreciation allowed	(a) Cos	it or other basis	' 			(h) Gain or (loss)		
(e) Gross sales price	(or allowable)		xpense of sale	ĺ		(e) plus (f) minus (
a									
b									
С									
d									
e	***************************************								
Complete only for assets showing	gain in column (h) and owned by	the foundation	on 12/31/69				ains (Col. (h) gain		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (i) col. (j), if any			COL (K), but not less that osses (from coL (n -u- <i>) </i>	
a			-,						
b									
C									
d	,			-+		-			
<u>e</u>		L		\neg $+$					
2 Capital gain net income or (net cap	ital loss) $\begin{cases} \text{If gain, also enter} \\ \text{If (loss), enter -0} \end{cases}$	r in Part I, line - in Part I, line	7 7	}	2				
3 Net short-term capital gain or (loss		าd (6):							
If gain, also enter in Part I, line 8, c	olumn (c).			 					
If (loss), enter -0- in Part I, line 8 Part V Qualification Ur	nder Section 4940(e) for	· Reduced	Tax on Net	Inv	estmen	t Incor	ne		
(For optional use by domestic private								N/A	
(i of optional use by domestic private	iounuations subject to the section.	1310(a) tax on	net investment ii	1001110	-,			21, 22	
If section 4940(d)(2) applies, leave thi	s part blank.								
Was the foundation liable for the section	on 4942 tax on the distributable an	nount of any ye	ear in the base pe	riod?				Yes No	
If "Yes," the foundation does not qualif	fy under section 4940(e). Do not co	omplete this pa	ırt.						
1 Enter the appropriate amount in ea	ach column for each year; see instr	uctions before	making any entri	es.				7.11	
(a) Base period years	(b)			(c)			Distrib	(d) oution ratio	
Calendar year (or tax year beginnin	g in) Adjusted qualifying dis	stributions	Net value of no	menar	nabie-use a	isseis	(col. (b) divided by col. (c))		
2008								···	
2007									
2006								·-·····	
2005 2004								,	
2004					<u>-</u>				
2 Total of line 1, column (d)							2		
3 Average distribution ratio for the 5	-vear base period - divide the total	on line 2 by 5.	or by the number	r of yea	ars	l	_		
the foundation has been in existen	-	• •	-	•	_		3		
							:	-	
4 Enter the net value of noncharitable	e-use assets for 2009 from Part X,	line 5		-			4	- w	
5 Multiply line 4 by line 3						-	5		
6 Enter 1% of net investment income	e (1% of Part I, line 27b)						6		
7 Add lines 5 and 6					-		7		
8 Enter qualifying distributions from	Part XII, line 4						8		
	line 7, check the box in Part VI, line	e 1b, and comp	olete that part usi	ng a 19	% tax rate.				

Form 990-PF (2009) KLOIBER FOUNDATION, INC Part VI Excise Tax Based on Investment Income (Section 494)	40(a) 4940(b) 4940(e) o	27-111'		ction	Page 4
1a Exempt operating foundations described in section 4940(d)(2), check here ▶ □ and		1 10 10 000		01.0.	13,
Date of ruling or determination letter: (attach copy of letter if no					
b Domestic foundations that meet the section 4940(e) requirements in Part V, check here		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-)	2			0.
3 Add lines 1 and 2		3			0.
4 Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only.	Others enter -0-)	4			<u>0.</u>
5 Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		5			0.
6 Credits/Payments:	1 1				
a 2009 estimated tax payments and 2008 overpayment credited to 2009					
b Exempt foreign organizations - tax withheld at source	_6b				
c Tax paid with application for extension of time to file (Form 8868)	6c				
d Backup withholding erroneously withheld		- <u>.</u>			^
7 Total credits and payments. Add lines 6a through 6d	Acaba d	7			0.
8 Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is at	tached	8			0.
9 Tax due If the total of lines 5 and 8 is more than line 7, enter amount owed		9			<u> </u>
10 Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	Defineded 1	► 10 11 11 11 11 11 11 11 11 11 11 11 11			
11 Enter the amount of line 10 to be: Credited to 2010 estimated tax ▶ Part VII-A Statements Regarding Activities	Refunded	<u> </u>			
1a During the tax year, did the foundation attempt to influence any national, state, or local leg	usiation or did it participate or interv	ene in	T	Yes	No
any political campaign?	islation of the it participate of linery	ciic iii	1a		X
b Did it spend more than \$100 during the year (either directly or indirectly) for political purp	noses (see instructions for definition		1b		X
If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities at			''		
distributed by the foundation in connection with the activities.	ia copias of any materials public	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
c Did the foundation file Form 1120-POL for this year?			1c		х
d Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the	he vear	-			
(1) On the foundation. > \$ 0 . (2) On foundation manage		o.			
e Enter the reimbursement (if any) paid by the foundation during the year for political expen					
managers. \triangleright \$ 0.	·				
2 Has the foundation engaged in any activities that have not previously been reported to the	IRS?		2		_x_
If "Yes," attach a detailed description of the activities.					
3 Has the foundation made any changes, not previously reported to the IRS, in its governing	g instrument, articles of incorporatio	n, or			}
bylaws, or other similar instruments? If "Yes," attach a conformed copy of the change	ges		3		X
4a Did the foundation have unrelated business gross income of \$1,000 or more during the year	ear?		4a		X
b If "Yes," has it filed a tax return on Form 990-T for this year?		N/A	4b		<u> </u>
5 Was there a liquidation, termination, dissolution, or substantial contraction during the year	1.5		5		X
If "Yes," attach the statement required by General Instruction T.					
6 Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied	either:			ŀ	
By language in the governing instrument, or					
By state legislation that effectively amends the governing instrument so that no mandate	ory directions that conflict with the s	tate law			
remain in the governing instrument?			6	77	X
7 Did the foundation have at least \$5,000 in assets at any time during the year?			7	X	<u> </u>
If "Yes," complete Part II, col. (c), and Part XV	trans) 🏲			}	
8a Enter the states to which the foundation reports or with which it is registered (see instruct	ions) ►			Ì	1
KY	Attorney Congrel (as decignate)				
b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the	Automey denotal (of designate)		8b	X	
of each state as required by General Instruction G? If "No," attach explanation 9 Is the foundation claiming status as a private operating foundation within the meaning of	section 4942(1)(3) or 4942(1)(5) for	ralendar	00	<u> </u>	\vdash
year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes,"		outonout	9	}	X
10 Did any persons become substantial contributors during the tax year? If "Yes," attach a sche		STMT 1	10	X	<u> </u>
Too, anath a solid	and and an		rm 990	_	2009)

r ,

	990-PF (2009) KLOIBER FOUNDATION, INC 27-111'	7156		Page 5
	art VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of	1	ł	
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		<u>X</u>
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before			
	August 17, 2008?	12		<u>X</u>
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	_X	-
	Website address ► N/A			
14	The books are in care of ▶ DEAN, DORTON & FORD Telephone no. ▶ 859-2!	55-2	341	
•	Located at ▶ 106 WEST VINE ST., STE 600, LEXINGTON, KY ZIP+4 ▶40			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here	, , , , , , , , , , , , , , , , , , , 	_	\Box
13		M	/A	ш
P	and enter the amount of tax-exempt interest received or accrued during the year art VII-B Statements Regarding Activities for Which Form 4720 May Be Required	14	/A	
<u> </u>	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	T = T	Yes	No
4.	•	-		-110
18	During the year did the foundation (either directly or indirectly):	1 1	-	
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?	1 1	[
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)	1 1	ĺ	
	a disqualified person?			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?	1 1]	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?	l l		
	(5) Transfer any income or assets to a disqualified person (or make any of either available	[[[
	for the benefit or use of a disqualified person)?	1 1	i	
	(6) Agree to pay money or property to a government official? (Exception. Check "No"	i i		
	if the foundation agreed to make a grant to or to employ the official for a period after	, ,	J	
	termination of government service, if terminating within 90 days.)	1 1	i	
	. , , ,			
	of fany answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see page 20 of the instructions)?	1b		
	Organizations relying on a current notice regarding disaster assistance check here		1	
(Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected	; I		
	before the first day of the tax year beginning in 2009?	1c		<u>X</u> _
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):	1 1		
	At the end of tax year 2009, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2009? Yes X No			
	If "Yes," list the years , , , , , , , , , , , , , , , , , ,	1 1	ĺ	
	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	0.		
	statement - see instructions.) N/A	2b		_
(: If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
	<u> </u>			
3;	a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time	1 1		
	during the year?			
ı	olf "Yes," did it have excess business holdings in 2009 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,	1 1	-	
	Form 4720, to determine if the foundation had excess business holdings in 2009.) N/A	3ь		
4:	a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		X
	Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that		•	
•	had not been removed from leopardy before the first day of the tax year beginning in 2009?	4b	l	x
	που ποι υνου τοπονού πουπ ισουριάν υπίστο από πιατάρα οι της ταν νέαι υξαπητημού τη ΔΟΟΘ΄	1 70 1		

Part VII-B Statements Regarding Activities for Which I	Form 4720 May Po	Poguirod /	<u> </u>	.56	Page 6
	-orm 4720 May be	nequirea (contin	nuea)		
5a During the year did the foundation pay or incur any amount to:	. 404E(a\\Q		es X No	ļ	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section		• •	es Lad No		
(2) Influence the outcome of any specific public election (see section 4955); of any voter registration drive?	ir to carry on, directly or indi		es X No		
(3) Provide a grant to an individual for travel, study, or other similar purposes	2		es X No	- 1	
(4) Provide a grant to an individual for travel, study, or other sinnial purposes			וא בבו אי	ŀ	
509(a)(1), (2), or (3), or section 4940(d)(2)?	ii acscribea iii seedoii	□ v.	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses or		3 LA 10		
the prevention of cruelty to children or animals?	or concational purposes, or		es X No		
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	ter the excentions described	-	.3 (22) 110		
section 53.4945 or in a current notice regarding disaster assistance (see instru	· · · · · · · · · · · · · · · · · · ·	iii riogalationo	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		ained			
expenditure responsibility for the grant?		. —	s 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	• •				
a personal benefit contract?		Ye	es X No		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?	. —		6b	х
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	helter transaction?	Ye	es X No		
b If yes, did the foundation receive any proceeds or have any net income attribute	able to the transaction?	· · · · · · · · · · · · · · · · · · ·	N/A	7b	
Part VIII Information About Officers, Directors, Trust	ees, Foundation Ma	anagers, Highly	y		
Paid Employees, and Contractors					
1 List all officers, directors, trustees, foundation managers and their		(a) Componentian	(d) Contributions to	1	
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation (If not paid,	(d) Contributions to employee benefit plans and deferred	accou	xpense int, other
(4)	to position	enter -0-)	compensation	allov	wances_
CDD CM3 MDVTVM O					•
SEE STATEMENT 2		0.	0.	1	0.
				ŀ	
				1	
		1			
				ļ	
2 Compensation of five highest-paid employees (other than those inc	luded on line 1). If none	, enter "NONE."			
	(b) Title, and average		(d) Contributions to employee benefit plans	(e) E	xpense int, other
(a) Name and address of each employee paid more than \$50,000	'hours per week devoted to position	(c) Compensation	and deferred compensation	accou	ını, otner wances
NONE	·				
	<u>.</u> .			L	
Total number of other employees paid over \$50,000			> _		0
			Form	990-PI	⁼ (2009)

Form 990-PF (2009) KLOIBER FOUNDATION, INC	27-11	17156 Page 7
Part VIII Information About Officers, Directors, Trustees, For Paid Employees, and Contractors (continued)	oundation Managers, Highly	
3 Five highest-paid independent contractors for professional services. If non-	e, 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 receiving over \$50,000 for professional services Part IX-A Summary of Direct Charitable Activities		<u>▶</u> 0
List the foundation's four largest direct charitable activities during the tax year. Include releva	int statistical information such as the	
number of organizations and other beneficiaries served, conferences convened, research paper		Expenses
1 <u>N/A</u>		
2		
		
3		
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
1 N/A		
<u> </u>		
2		
		.
All other program-related investments. See instructions. 3		
·		
Total, Add lines 1 through 3	>	0.

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign four	ndations, s	ee 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	
b	Average of monthly cash balances	1b	238,703.
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	238,703.
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	238,703.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	3,581.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	235,122.
6	Minimum investment return. Enter 5% of line 5 ADJUSTED FOR SHORT TAX PERIOD	6	2,512.
P	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and foreign organizations check here and do not complete this part.)	id certain	
1	Mınımum investment return from Part X, line 6	1	2,512.
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	2,512.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	2,512.
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	2,512.
P	art XII Qualifying Distributions (see instructions)		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	0.
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	
3	Amounts set aside for specific charitable projects that satisfy the:		
a	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	0.
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	0.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of	qualifies for t	he section

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,				
line 7				2,512.
2 Undistributed income, if any, as of the end of 2009				
a Enter amount for 2008 only			0.	
b Total for prior years:				
,,		0.		
3 Excess distributions carryover, if any, to 2009:				
a From 2004				
b From 2005				
c From 2006				
d From 2007				
e From 2008				
f Total of lines 3a through e	0.	*****		
4 Qualifying distributions for 2009 from				
Part XII, line 4; ► \$ 0.				
a Applied to 2008, but not more than line 2a		<u> </u>	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				0.
e Remaining amount distributed out of corpus	0.			
Excess distributions carryover applied to 2009 (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			-,,-	
amount - see instructions	,	0.		
e Undistributed income for 2008. Subtract line	-			· · · · · · · · · · · · · · · · · · ·
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				2,512.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
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.				
Subtract lines 7 and 8 from line 6a	0.		···	
O Analysis of line 9:				
a Excess from 2005				
b Excess from 2006				
c Excess from 2007				
d Excess from 2008			į	
e Excess from 2009	<u></u>			

Part XIV Private Operating Fo	FOUNDATION (see in		A guestion (I)		.1/156 Page 16
			-A, question 9)	N/A	
1 a If the foundation has received a ruling or		, ,			
foundation, and the ruling is effective for	•	<u> </u>	▶ ∟		
b Check box to indicate whether the found		ng foundation described i		4942(j)(3) or 4	942(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	41,0000	Prior 3 years	1 0000	4,,
income from Part I or the minimum	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,			ļ		
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities		•			
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the					
alternative test relied upon:					
a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return		:			
shown in Part X, line 6 for each year					ļ
listed					
c "Support" alternative test - enter:					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public			· · · · · · · · · · · · · · · · · · ·		
and 5 or more exempt					
organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income	-				
Part XV Supplementary Infor	mation (Comple	te this part only	if the foundation	had \$5 000 or m	ore in assets
at any time during the					0.0 111 000010
1 Information Regarding Foundation		<u> </u>			
a List any managers of the foundation who	•	than 2% of the total cont	ributions received by the	foundation before the clo	se of any tay
year (but only if they have contributed m	ore than \$5,000). (See s	ection 507(d)(2).)	nouncino robotrod by the	Touridation bolors the old	oo or any tax
NONE					
b List any managers of the foundation who	own 10% or more of th	e stock of a corporation (or an equally large porti	on of the ownership of a p	artnership or
other entity) of which the foundation has			, , , , , , , , , , , ,		
NONE					
2 Information Regarding Contribution	on, Grant, Gift, Loan,	Scholarship, etc., Pr	ograms:		
Check here ▶ 🗓 if the foundation on	ily makes contributions t	to preselected charitable (organizations and does i	not accept unsolicited requ	uests for funds. If
the foundation makes gifts, grants, etc. (see instructions) to indiv	riduals or organizations u	nder other conditions, c	omplete items 2a, b, c, and	d d
a The name, address, and telephone numb	er of the person to whor	n applications should be	addressed:		
			 		
b The form in which applications should be	submitted and informat	tion and materials they sh	ould include:		
c Any submission deadlines:	· ·				 ·
4 Any restrictions of britishes an arrest-	auch as hu annach	Maran should feld	lundo of materials	ath as footoes	
d Any restrictions or limitations on awards,	, such as by geographica	u areas, charitable fields,	KINGS OF INSTITUTIONS, OF	otner tactors:	

923611 02-02-10

,,	(0 0			
3 Grants and Contributions Paid During th	e Year or Approved for Future	Payment	T	
Recipient 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
	or substantial contributor	recipient		
a Paid during the year				
NONE				
		:		
		<u> </u>		
Total b Approved for future payment		·	<u>▶ 3a</u>	0.
• Approved for future payment				
NONE				
				•
				•
Total	· · · · · · · · · · · · · · · · · · ·	· · ·	▶ 3b	0.

Part XVI-A	Analysis of Income-Producing	Activities

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ided by section 512, 513, or 514	(e)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
-			†		
					
			-		
e			<u> </u>		
g Fees and contracts from government agencies			ļ	······································	
2 Membership dues and assessments			-		····
3 Interest on savings and temporary cash			·		
investments					
4 Dividends and interest from securities			† - · ·		
5 Net rental income or (loss) from real estate:	-				
a Debt-financed property			†		
b Not debt-financed property			 		
6 Net rental income or (loss) from personal			 		
property					
			 		
7 Other investment income			\vdash		
8 Gain or (loss) from sales of assets other			i		
than inventory					
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			-		
11 Other revenue:			1		
a			├		-
b			 		
<u>c</u>			-		
d			1		
e			+		
12 Subtotal. Add columns (b), (d), and (e)		0.	<u> </u>	0.	0.
13 Total. Add line 12, columns (b), (d), and (e) (See worksheet in line 13 instructions to verify calculations.)	•			13	
Part XVI-B Relationship of Activities to Line No. Explain below how each activity for which income the foundation's exempt purposes (other than below the foundation). ■	ne is reported	ın column (e) of Part XVI-A			nplishment of
		· · · · · · · · · · · · · · · · · · ·			
					<u></u>
			-		
					
					
					
		-, -, -, -, -, -, -, -, -, -, -, -, -, -			
					
			-		
923621					Form 990-PF (2009)

For	m 990-l	PF (2009) KLOIE	BER FOUNDATION,	INC		2'	7-111715	6 P:	age 13
P	art X	VII Information Re	egarding Transfers To		and Relati				-4
		Exempt Organ							
1			rectly engage in any of the follow			n section 501(c) of		Yes	No
		•	e)(3) organizations) or in section 5		inizations?				
a			ation to a noncharitable exempt o	rganization of:				-	
	(1) (Cash					1a(1)	X
	(2) (Other assets		•			1a(2	2)	X
b		transactions:							
		Sales of assets to a noncharita					. <u>1b(</u> 1	<u>)</u>	X
	(2) F	Purchases of assets from a no	ncharitable exempt organization				1b(2	21	X
	(3) F	Rental of facilities, equipment,	or other assets				1b(3	3)	X
	(4) F	Reimbursement arrangements	;				1b(4	<u> </u>	X
	(5) l	oans or loan guarantees			-		1b(5)	X
	(6) F	Performance of services or me	embership or fundraising solicitat	ions	-		1b(0	S)	X
C	Shari	ng of facilities, equipment, ma	ailing lists, other assets, or paid ei	mployees _	_		10		X
d	If the	answer to any of the above is	"Yes," complete the following sch	nedule. Column (b) should a	ilways show the	fair market value of t	the goods, other a	ssets,	
			oundation. If the foundation recei other assets, or services received		lue in any trans	action or sharing arra	ingement, show ir	1	
<u>(a)</u>	Line no	(b) Amount involved	(c) Name of noncharitab		(d) Door	cription of transfers, trans	cotions and sharing	2722 20Th	
(4)	Line no	(b) / anount involved	N/A	io oxompt organization	(u) Desi	arption or dansiers, trans	actions, and sharing	arangem	
			N/A						
_									
_				 :					
				· · · · · · · · · · · · · · · · · · ·					
_									
									
_									
_						· · · · · · · · · · · · · · · · · · ·			
_									
_									
2a	Is the	foundation directly or indirec	tly affiliated with, or related to, on	e or more tax-exempt orgar	nizations descri	bed			
	ın sed	ction 501(c) of the Code (othe	r than section 501(c)(3)) or in sec	ction 527?		-	Ye	s X	☐ No
b	If "Ye	s," complete the following sch							
_		(a) Name of org	ganization	(b) Type of organization		(c) Description	of relationship		
		N/A							
_									
- 1			nave examined this return, including acc or than taxpayer or fiduciary) is based or				id belief, it is true, co	rrect,	
	and con	inpretar Declaration of preparer (other	er than taxpayer or nouclary) is based of	n all information of which prepare	໌ ດ	Λ			
		I Zhil		3/4/10	5 N P	resident			
Sign Here	Si	gnature of officer or trustee		Date	Tıtle				
필		Preparer's Manual 8	Stal -		Date /	Check if	Preparer's iden	tifying nur	nber
ŝ	ᆙ	signature Signature			2/12/10	self- employed ▶ □	\supset		
~	Paid Preparer's Use Only	Firm's name (or yours DEAN	DORTON FORD PS	SC	-	EIN ▶			
	۾ ڳي Usa	rf self-employed) 106	W. VINE STREET						
l	4	address and ZIP code LEXI	NGTON, KY 4050			Phone no.	(859)25	5-23	41
							Form 90		

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 organization	on .	Employer identification number
I	KLOIBER FOUNDATION, INC	27-1117156
Organization type (check	k 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	
	n is covered by the General Rule or a Special Rule. (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Specia	Rule. See instructions
General Rule		
	ion filing Form 990, 990·EZ, or 990·PF that received, during the year, \$5,000 or more (in plete Parts I and II	n money or property) from any one
Special Rules		
509(a)(1) and 17	1(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the 0(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of in (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and II.	
aggregate contr	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one conductions of more than \$1,000 for use exclusively for religious, charitable, scientific, literal for children or animals. Complete Parts I, II, and III	<u> </u>
contributions for If this box is che purpose Do not	1(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one consistency use exclusively for religious, charitable, etc., purposes, but these contributions did not cked, enter here the total contributions that were received during the year for an exclusion complete any of the parts unless the General Rule applies to this organization because ble, etc., contributions of \$5,000 or more during the year.	aggregate to more than \$1,000.
	that is not covered by the General Rule and/or the Special Rules does not file Schedu	
	on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on li filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	ne 2 of its Form 990-PF, to certify
LHA For Privacy Act an	d Paperwork Reduction Act Notice, see the Instructions Schedu	le B (Form 990, 990-EZ, or 990-PF) (2009)

for Form 990, 990-EZ, or 990-PF.

_	1 .	- 1	
Page	⊥ of		of Part

Schedule B (Form 990, 990-EZ, or 990-PF) (2009)

Name of organization 🕒

Employer identification number

${ t KLOIBE}$	R FOUR	OITAGN	N, INC

27-1117156

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	EXSTREAM INC 106 WEST VINE STREET, STE 600 LEXINGTON, KY 40507	\$ 108,215.	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
2	DANIEL J. KLOIBER 2161 LAKESIDE DRIVE LEXINGTON, KY 40502	\$10,000.	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
3	KLOIBER ENTERPRISES, INC 106 WEST VINE STREET, STE 600 LEXINGTON, KY 40507	\$ <u>1,274,000.</u>	Person X Payroll
(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.)

•	S SUBSTANTIAL CONTRIE PART VII-A, LINE 10	BUTORS	STAT	EMENT
NAME OF CONTRIBUTOR	ADDRESS			
EXSTREAM, INC	106 WEST VINE LEXINGTON, KY		00	
KLOIBER ENTERPRISES, INC	106 WEST VINE LEXINGTON, KY		00	
	LIST OF OFFICERS, IS AND FOUNDATION MANA		STAT	EMENT
NAME AND ADDRESS	TITLE AND AVRG HRS/WK		EMPLOYEE BEN PLAN CONTRIB	EXPENSE
DANIEL J KLOIBER 9817 WHITE BARN WAY RIVERVIEW, FL 33569	DIRECTOR 0.25	0.	0.	0
DAVID C KLOIBER 9817 WHITE BARN WAY RIVERVIEW, FL 33569	DIRECTOR 0.50	0.	0.	0
CASEY J KLOIBER 9817 WHITE BARN WAY RIVERVIEW, FL 33569	DIRECTOR 0.25	0.	0.	0
BETH KLOIBER 9817 WHITE BARN WAY RIVERVIEW, FL 33569	DIRECTOR 0.25	0.	0.	0
WILLIAM N. KLOIBER 9817 WHITE BARN WAY RIVERVIEW, FL 33569	DIRECTOR 0.25	0.	0.	0
MICHAEL C. KLOIBER 9817 WHITE BARN WAY RIVERVIEW, FL 33569	DIRECTOR 0.25	0.	0.	0