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Short Form Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation) Sponsoring organizations of donor advised funds and controlling organizations as defined in section 512(b)(13) must file Form 990 All other organizations with gross receipts less than \$500,000 and total assets less than \$1,250,000 at the end of the year may use this form The organization may have to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-1150

Open to Public Inspection

Department of the Treasury Internal Revenue Service

A	For th	e 2009 calendar year, or tax year beginning and ending		
В	Check if	le Please C Name of organization D	Employer	identification number
	Addres	S USS RS KENTICKY THOPOTICHBRED FARM MANACERS'		
Г	Name chang	print or CLUB, INC.	61-1	.076634
F	Initial	Number and street (or P.O. box, if mail is not delivered to street address) Room/stute F	Telephon	
F	Termi	n- Specific 1005 PTCHMOND PD	(859)296-4279
F	Amer	ded trops City or town, state or country, and ZIP + 4	Group Ex	
	returr Applica pendin		Number	
_		tion 501(c)(3) organizations and 4947(a)(1) nonexempt charitable trusts must attach a completed G Accounting		
	-	Schedule A (Form 990 or 990-EZ). Other (spe		-
$\overline{}$	Wehsit			the organization is not
				dule B (Form 990, 990-EZ, or 990-PF)
	Check I			
	OHOOK	Form 990 return is not required, but if the organization chooses to file a return, be sure to file a complete return		0,000
	Add lin	es 5b, 6b, and 7b, to line 9 to determine gross receipts; if \$500,000 or more, file Form 990 instead of Form 990-EZ	• •	234,620.
	art I	Revenue, Expenses, and Changes in Net Assets or Fund Balances (See the instruct		
	1	Contributions, gifts, grants, and similar amounts received	1	
	2	Program service revenue including government fees and contracts	2	27,866.
	3	Membership dues and assessments	3	32,885.
	1 -	Investment income	4	23.
	4	Gross amount from sale of assets other than inventory 5a	1	1 23.
	5a	•		
	0	Less: cost or other basis and sales expenses Gain or (loss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c	
∂m	ا ر	Special events and activities (complete applicable parts of Schedule G). If any amount is from gaming, check here	~ ~	
1	6			
CHARREN	a	Gross revenue (not including \$ of contributions	۵	
多	١.	reported on line 1) Less: direct expenses other than fundraising expenses 6a 54,95 6b 25,63	<u> </u>	
m	þ			29,322.
	_ c	Net income or (loss) from special events and activities (Subtract line 6b from line 6a)	6c	49,344.
	7a	Gross sales of inventory, less returns and allowances		
=	Ь	Less: cost of goods sold 7b		
8		Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c	118,888.
G		Other revenue (describe SEE STATEMENT 2	- '	208,984.
MIN7	9	Total revenue. And lines 1, 2, 3, 4, 50, 60, 70, and 6	9	49,800.
E		Total Control of the	10	49,000.
	11	Benefits paid to or for members Salarias, other compensation, and employee henefits JUN 1 4 2010	11	-
enses	12	Salaries, other compensation, and employee benefits	12	5,353.
ë	13	Professional fees and other payments to independent contractors: Occupancy, rent, utilities, and maintenance OCOEN, SEE STATEMENT 4	13	
Exp	14	• • • • • • • • • • • • • • • • • • • •	14	1,677.
_	15	Printing, publications, postage, and shipping	15	62,348.
	16	Other expenses (describe SEE STATEMENT 1	- '	75,508.
_	17	Total expenses. Add lines 10 through 16	17	194,686.
Ø	18	Excess or (deficit) for the year (Subtract line 17 from line 9)	18_	14,298.
set	19	Net assets or fund balances at beginning of year (from line 27, column (A))		F 040
Net Assets		(must agree with end-of-year figure reported on prior year's return)	19	5,849.
N N	20	Other changes in net assets or fund balances (attach explanation) SEE STATEMENT 3	20	-16,967.
	21	Net assets or fund balances at end of year. Combine lines 18 through 20	21	3,180.
Р	art II			(D) End of year
		(See the instructions for Part II.) (A) Beginning of y		(B) End of year
22			84. 22	
23		and and buildings	C.F. 23	
24			65. 24	
25			49. 25	
26		al liabilities (describe ►)	0.26	
27			49. 27	
932	2171 -08-10	LHA For Privacy Act and Paperwork Reduction Act Notice, see the separate instructions.		Form 990-EZ (2009)

Forn	n 990-EZ (2009) CLUB, INC.			61-	10766	34 Page 2
P	art III Statement of Program Service Accomplishmen	its (See the instructions for	Part III.)		Ex	penses
Wha	at is the organization's primary exempt purpose? SEE STATEMENT	9		•	1''	r section 501(c)(3)
	scribe what was achieved in carrying out the organization's exempt purp			be) organizations and 7(a)(1) trusts, optional
	services provided, the number of persons benefited, and other relevan				for others)	
28	THE CLUB HOLDS TEN MEETINGS EACH YE			<u>RS</u>		
	TO GET TOGETHER FOR DINNER AND A SP		CS OF			
	MUTUAL INTEREST TO PROMOTE PROFESSI				_	46 563
	(Grants \$) If this amount includes foreign g	rants, check here		Ш	28a	46,763.
29	SEE STATEMENT 7	.				
	(Grants \$) If this amount includes foreign g	urante chack hara			29a	61,700.
30	SEE STATEMENT 8	rants, check here			234	0177001
00	OLL DIALBREAT C					
	(Grants \$) If this amount includes foreign g	rants, check here	>		30a	25,635.
31	Other program services (attach schedule)					
	(Grants \$) If this amount includes foreign g	rants, check here	>		31a	
	Total program service expenses (add lines 28a through 31a)			<u> </u>	32	134,098.
Pa	art IV List of Officers, Directors, Trustees, and Key E	mployees. List each one ev	en if not compensated	(See the	instructions t	or Part IV)
		(b) Title and average hours	(c) Compensation	1 ' '	ontributions	(e) Expense
	(a) Name and address	per week devoted to	(If not paid, enter	1 .	employee fit plans &	account and
	`,	position	-0)	d	eferred	other allowances
				com	pensation	
RE	NEE WALSH	CLUB ADMINIST			_	_
		0.00	0.	ļ	0.	0.
<u>LI</u>	NDA SERAFINI	CLUB BOOKKEEP			•	
		0.00	0.		0.	0.
MA	ATTHEW KOCH	PRESIDENT			^	
		0.00	0.		0.	0.
MA	ARK MCENTEE	VICE PRESIDEN			0	_
	II TOON ODIYOZA	0.00	0.	 	0.	0.
ME	ELISSA GRUCZA	SECRETARY	_		0	0.
CE	RANT WILLIAMSON	0.00 SERGEANT-AT-A	0.		0.	0.
Gr	CANT WILLIAMSON	0.00	0.		0.	0.
	ARC MCLEAN	TREASURER			<u> </u>	0.
IVL	INC MCDEAN	0.00	0.		0.	0.
KZ	ATHERYN CERNY	DIRECTOR				
14.		0.00	0.		0.	0.
DE	S DEMPSEY	DIRECTOR				
		0.00	0.		0.	0.
TC	DDD FISCHER	DIRECTOR				
		0.00	0.		0.	0.
В.	G. HUGHES	DIRECTOR				
		0.00	0.		0.	0.
SC	COTT MALLORY	DIRECTOR	_		_	_
		0.00	0.	ļ	0.	0.
MΑ	ARY MANNIS	DIRECTOR			_	
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932	172 18-10	<u> </u>	<u> </u>	Ь	Form	990-EZ (2009)
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61-1076634 Page 3

Fe	Other information (Note the statement requirements in the instructions for Part V.)		V	NI.
20	Did the company of the property of the propert		Yes	
33	Did the organization engage in any activity not previously reported to the IRS? If "Yes," attach a detailed description of each activity	33		X
34	Were any changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the changes	34		X
35	If the organization had income from business activities, such as those reported on lines 2, 6a, and 7a (among others), but not			
	reported on Form 990-T, attach a statement explaining why the organization did not report the income on Form 990-T.			
a	Did the organization have unrelated business gross income of \$1,000 or more or was it subject to section 6033(e) notice, reporting,	35a	Х	
	and proxy tax requirements?	35b	X	
	If "Yes," has it filed a tax return on Form 990-T for this year?	330		
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Sch. N	36		х
27.2	Enter amount of political expenditures, direct or indirect, as described in the instructions.	-		
b		37Ь		х
	Did the organization hie Form 1720-For for this year? Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made	3/0		
50 a	in a prior year and still outstanding at the end of the period covered by this return?	38a		х
h	If "Yes," complete Schedule L, Part II and enter the total amount involved 38b N/A			
39	Section 501(c)(7) organizations. Enter:	1		
2	Initiation fees and capital contributions included on line 9 N/A			
b	Gross receipts, included on line 9, for public use of club facilities 39b N/A	1		
	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under:	1		
	section 4911 ► N/A ; section 4912 ► N/A ; section 4955 ► N/A			
ь	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the			
_	year or is it aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction			
	has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b	N/	A
c	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers			
•	or disqualified persons during the year under sections 4912, 4955, and 4958			-
d	Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the			
	organization N/A			
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter			
	transaction? If "Yes," complete Form 8886-T	40e		
41	List the states with which a copy of this return is filed. ▶ KY			
42 a	The organization's books are in care of ► LINDA W. SERAFINI Telephone no. ► 859-94	8-7	321	
	Located at ► 1005 RICHMOND RD, LEXINGTON, KY ZIP+4 ► 4	050	2	
b	At any time during the calendar year, did the organization have an interest in or a signature or other authority			
	over a financial account in a foreign country (such as a bank account, securities account, or other financial		Yes	
	account)?	42b		X
	If "Yes," enter the name of the foreign country:			
	See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts			
C	At any time during the calendar year, did the organization maintain an office outside of the U.S.?	42c		X
	If "Yes," enter the name of the foreign country:			
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here			Ш
	and enter the amount of tax-exempt interest received or accrued during the tax year	N/A		
			Yes	No
44	Did the organization maintain any donor advised funds? If "Yes," Form 990 must be completed instead of			
	Form 990-EZ	44		X
45	Is any related organization a controlled entity of the organization within the meaning of section 512(b)(13)? If "Yes," Form 990 must be			
	completed instead of Form 990-EZ	45		<u> </u>
		Form 9	90-EZ	(2009)

Form 990-	EZ (2009) CLUB, INC.			61-10766	34 Page 4
Part V				sts only. All se	ection 501(c)(3)
	the organization engage in direct or indirect political campaign activities of the second sec	n behalf of or in opposition to	candidates for public		Yes No
	he organization engage in lobbying activities? If "Yes," complete Sche	edule C. Part II		F-	47
	e organization a school as described in section 170(b)(1)(A)(ii)? If "Yes				48
49a Did t	he organization make any transfers to an exempt non-charitable related o	organization?		⊢	19a
	es," was the related organization a section 527 organization?			L-	19b
	plete this table for the organization's five highest compensated employed \$100,000 of compensation from the organization. If there is none, enter	•	s, trustees and key er	nployees) who eac	n received more
	(a) Name and address of each employee paid more than \$100,000 N/A	(b) Title and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans & deferred compensation	(e) Expense account and other allowances
		_		,	
		_			
51 Com	I number of other employees paid over \$100,000 plete this table for the organization's five highest compensated independing nization. If there is none, enter "None." N/A	lent contractors who each rece	ived more than \$100	,000 of compensat	ion from the
	(a) Name and address of each independent contractor paid more	than \$100,000	(b) Type of ser	vice (c)	Compensation
d Tota	I number of other independent contractors each receiving over \$100,000)	>	<u> </u>	
Sign Here	Under penalties of perjury, I declare that I flave examined this return, including accorrect, and complete Declaration of preparer (other than officer) is based on all in	companying schedules and stateme nformation of which preparer has an	nts, and to the best of m y knowledge	y knowledge and belie	f, it is true,
, IOI G	Mathewa Koct President Type or print name and title				
Paid Preparer's Use Only		6/4/10 em	ployed	parer's identifying nun	nber (See instr)
•	RAY, FOLEY, HENSLEY & 1 sett-employed). address, and ZIP+4 RAY, FOLEY, HENSLEY & CI. LEXINGTON, KY 40503-33	RCLE, SUITE 60	Phon no.	ie 🕨	1-1800
May the IF	RS discuss this return with the preparer shown above? See instructions	40			Yes No
iviay uit ir	to dispuse this return with the preparer shown above; see manuctions				rm 990-EZ (2009)

990-EZ PG 2

STATEMENT

THE CLUB'S PRIMARY PURPOSE IS TO PROVIDE A FORUM FOR LOCAL FARM MANAGERS OF THOROUGHBRED HORSE FARMS TO MEET AND DISCUSS INDUSTRY ISSUES. THE CLUB HOLDS TEN MEETINGS A YEAR WITH SPEAKERS ON VARIOUS INDUSTRY ISSUES. IT ALSO RAISES MONEY FOR LOCAL CHARITIES THROUGH A GOLF TOURNAMENT FOR ITS MEMBERS. THE CLUB GAVE \$48,800 TO LOCAL CHARITIES AND PRESENTED \$1,000 IN SCHOLARSHIPS. THE CLUB ALSO PUBLISHES A DIRECTORY AND FILES A 990-T.



SCHEDULE G (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19,

OMB No. 1545-0047

Inspection

or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

► Attach to Form 990 or Form 990-EZ. ► See separate instructions.

Name of the organization Employer identification number KENTUCKY THOROUGHBRED FARM MANAGERS' 61-1076634 CLUB, INC. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17 Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply Mail solicitations Solicitation of non-government grants Internet and email solicitations Solicitation of government grants Phone solicitations C Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or _ Yes _∣ No key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization (iii) Did (v) Amount paid (vi) Amount paid (i) Name of individual (iv) Gross receipts to (or retained by) to (or retained by) (ii) Activity have custody or entity (fundraiser) from activity fundraiser or control of contributions? organization listed in col. (i) Yes No Total List all states in which the organization is registered or licensed to solicit funds or has been notified it is exempt from registration or licensing

LHA For Privacy Act and Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule G (Form 990 or 990-EZ) 2009

KENTUCKY THOROUGHBRED FARM MANAGERS' 61-1076634 Page 2 Schedule G (Form 990 or 990-EZ) 2009 CLUB, INC. Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 on Form 990-EZ, line 6a List events with gross receipts greater than \$5,000. (a) Event #1 (b) Event #2 (c) Other events (d) Total events GOLF SPORTING (add col (a) through SCRAMBLE CLAY SHOT col. (c)) (event type) (event type) (total number) Gross receipts 37,035 17,485 438 54,958. 2 Less Chantable contributions 37,035 17,485 438 54,958. Gross income (line 1 minus line 2) 3 Cash prizes Noncash prizes Direct Expenses Rent/facility costs 6 Food and beverages Entertainment 13.775 Other direct expenses 11,861 25,636. 25,636) Direct expense summary. Add lines 4 through 9 in column (d) 29,322. 11 Net income summary Combine line 3, column (d), and line 10 Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a (b) Pull tabs/instant (d) Total gaming (add Revenue (c) Other gaming (a) Bingo bingo/progressive bingo col (a) through col (c)) Gross revenue Cash prizes Direct Expenses Noncash prizes Rent/facility costs Other direct expenses Yes % Yes % Yes % Volunteer labor Direct expense summary Add lines 2 through 5 in column (d) Net gaming income summary. Combine line 1, column (d), and line 7

		Yes	No
9 Enter the state(s) in which the organization operates gaming activities. a Is the organization licensed to operate gaming activities in each of these states?	9a		
b If "No," explain			
10a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year?			
b If "Yes," explain.			
11 Does the organization operate gaming activities with nonmembers?			
12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed	to	ļ	
administer charitable gaming?	12		
922082 02-03-10	ule G (Form 990 or 9	90-F7	1 2009

KENTUCKY THOROUGHBRED FARM MANAGERS'

Sch	ledule G (Form 990 or 990 EZ) 2009 CLUB , INC . 61	- TO / (<u>663</u>	<u>4 Pa</u>	<u>ıge 3</u>
,				Yes	No
13	Indicate the percentage of gaming activity operated in		-		
á	The organization's facility	%			
t	An outside facility	%			
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:				
	Name ►				
	Name				
	Address ▶				
15	Does the organization have a contract with a third party from whom the organization receives gaming revenue?		15a		
ı	of "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount				
	of gaming revenue retained by the third party > \$				
(olf "Yes," enter name and address of the third party				
	Name				
	Address >				
16	Gaming manager information.				
	Name				
	Gaming manager compensation ▶ \$				
	Description of services provided				
	Director/officer Employee Independent contractor				
17					
;	a Is the organization required under state law to make charitable distributions from the gaming proceeds to				
	retain the state gaming license?		17a		_
ı	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	ne			
	organization's own exempt activities during the tax year > \$,	1		i

Schedule G (Form 990 or 990-EZ) 2009

ADMINISTRATION COSTS LIABILITY INSURANCE WORKMEN'S COMP AUTO INSURANCE DAGO INSURANCE OFFICE SUPPLIES TELEPHONE ADVERTISING SOARD MEETING MEMBERSHIP DINNER ADVERTIS FLOWERS ALANUAL FEES BANK CHARGES TOTAL TO FORM 990-EZ, LINE 16 FORM 990-EZ OTHER REVENUE TOTAL TO FORM 990-EZ, LINE 8 FORM 990-EZ OTHER REVENUE FORM 990-EZ OTHER REVENUE TOTAL TO FORM 990-EZ, LINE 8 ALANUAL FEES ALANUAL FEES DESCRIPTION AMOUNT FINANCE CHARGE ADVERTISING INCOME FORM 990-EZ OTHER REVENUE AMOUNT FORM 990-EZ OTHER REVENUE AMOUNT FORM 990-EZ OTHER CHARGES ALANUAL TO FORM 990-EZ, LINE 8 AMOUNT FORM 990-EZ OTHER REVENUE AMOUNT FORM 990-EZ OTHER CHARGES IN NET ASSETS OR FUND BALANCES TOTAL TO FORM 990-EZ, LINE 8 AMOUNT GAIN FROM UNRELATED BUSINESS INCOME REPORTED ON FORM 990T 2008 990T TAX PAID 2008 990T TAX PAID 2008 990T TAX PAID 2008 990T ESTIMATES PAID -4,69012,277.	FORM 990-EZ	OTHER EXPENSES	STATEMENT	1
LIABILITY INSURANCE 508 WORKMEN'S COMP 543. AUTO INSURANCE 758. DAGO INSURANCE 1,437. OFFICE SUPPLIES 52. ELEPHONE 906. ADVERTISING 906. ADVERTISING 906. BENDERSHIP DINNER 37,703. BENDERSHIP DINNER 37,703. DENNER DARKE MEETING 8,159. NEWSLETTER 1,899. GIFTS/FLOWERS 320. ANNUAL FEES 4. BANK CHARGES 1,316. TOTAL TO FORM 990-EZ, LINE 16 75,508. FORM 990-EZ OTHER REVENUE STATEMENT 2 DESCRIPTION AMOUNT FINANCE CHARGE 44. ADVERTISING INCOME 118,888. FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3 DESCRIPTION AMOUNT GAIN FROM UNRELATED BUSINESS INCOME REPORTED ON FORM 990T 2008 990T TAX PAID -4,690. 217,277.	DESCRIPTION		AMOUNT	
WORKMEN'S COMP AUTO INSURANCE DAG INSURANCE DAG INSURANCE OFFICE SUPPLIES TELEPHONE SOLUTION BOARD MEETING SOLUTION SOLUTION BOARD SOLUTION BO	ADMINISTRATION COSTS		19,22	5.
AUTO INSURANCE 758 DAO INSURANCE 1,437. DEO INSURANCE 1,437. OFFICE SUPPLIES 528. TELEPHONE 906. ADVERTISING 906. ADVERTISING 902. MEMBERSHIP DINNER 37,703. DINNER DANCE MEETING 902. MEMBERSHIP DINNER 37,703. NEWSLETTER 1,899. GIFTS/FLOWERS 320. ANNUAL FEES 44. BANK CHARGES 1,316. TOTAL TO FORM 990-EZ, LINE 16 75,508. FORM 990-EZ OTHER REVENUE STATEMENT 2 DESCRIPTION AMOUNT FINANCE CHARGE 44. ADVERTISING INCOME 118,888. FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3 DESCRIPTION AMOUNT GAIN FROM UNRELATED BUSINESS INCOME REPORTED ON FORM 990T 2008 990T TAX PAID -4,690. 217,277.	LIABILITY INSURANCE			
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OFFICE SUPPLIES 528 ADVERTISING 906 BOARD MEETING 902 BOARD MEETING 37,703 DINNER DANCE MEETING 8,159 NEWSLETTER 1,899 GIFTS/FLOWERS 320 ANNUAL FEES 4 BANK CHARGES 1,316 TOTAL TO FORM 990-EZ, LINE 16 75,508 FORM 990-EZ OTHER REVENUE STATEMENT FORM 990-EZ OTHER REVENUE STATEMENT ADVERTISING INCOME 118,884 TOTAL TO FORM 990-EZ, LINE 8 118,888 FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT JESCRIPTION AMOUNT GAIN FROM UNRELATED BUSINESS INCOME REPORTED ON FORM 990T -4,690 2008 990T TAX PAID -4,690 2008 990T TAX PAID -12,277				
TELEPHONE ADVERTISING 906. ADVERTISING 1,300. BEOARD MEETING 902. MEMBERSHIP DINNER 37,703. DINNER DANCE MEETING 8,159. NEWSLETTER 1,899. GIFTS/FLOWERS 320. ANNUAL FEES 4. BANK CHARGES 1,316. TOTAL TO FORM 990-EZ, LINE 16 75,508. FORM 990-EZ OTHER REVENUE STATEMENT 2 DESCRIPTION AMOUNT FINANCE CHARGE 44. ADVERTISING INCOME 118,884. TOTAL TO FORM 990-EZ, LINE 8 118,884. TOTAL TO FORM 990-EZ, LINE 8 118,888. DESCRIPTION AMOUNT GAIN FROM UNRELATED BUSINESS INCOME REPORTED ON FORM 990T 2008 990T TAX PAID -4,690. 212,277.				
ADVERTISING 1,300. BOARD MEETING 902. MEMBERSHIP DINNER 37,703. DINNER DANCE MEETING 8,159. NEWSLETTER 1,899. GIFTS/FLOWERS 320. ANNUAL FEES 4. BANK CHARGES 1,316. TOTAL TO FORM 990-EZ, LINE 16 75,508. FORM 990-EZ OTHER REVENUE STATEMENT 2 DESCRIPTION AMOUNT FINANCE CHARGE 4. ADVERTISING INCOME 118,844. TOTAL TO FORM 990-EZ, LINE 8 118,8848. FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3 DESCRIPTION AMOUNT GAIN FROM UNRELATED BUSINESS INCOME REPORTED ON FORM 990T 2008 990T TAX PAID -4,690. 212,277.				
### BOARD MEETING				
DINNER DANCE MEETING NEWSLETTER GIFTS/FLOWERS GIFTS/FLOWERS ANNUAL FEES BANK CHARGES TOTAL TO FORM 990-EZ, LINE 16 FORM 990-EZ OTHER REVENUE STATEMENT PINANCE CHARGE ADVERTISING INCOME TOTAL TO FORM 990-EZ, LINE 8 FORM 990-EZ OTHER REVENUE STATEMENT AMOUNT FINANCE CHARGE ADVERTISING INCOME TOTAL TO FORM 990-EZ, LINE 8 GESCRIPTION AMOUNT GAIN FROM UNRELATED BUSINESS INCOME REPORTED ON FORM 990T 2008 990T TAX PAID 2009 990T ESTIMATES PAID -4,690. -12,277.	BOARD MEETING			
NEWSLETTER 1,899. GIFTS/FLOWERS 320. ANNUAL FEES 4. BANK CHARGES 1,316. TOTAL TO FORM 990-EZ, LINE 16 75,508. FORM 990-EZ OTHER REVENUE STATEMENT 2 DESCRIPTION AMOUNT FINANCE CHARGE 4. ADVERTISING INCOME 118,844. TOTAL TO FORM 990-EZ, LINE 8 118,888. FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3 DESCRIPTION AMOUNT GAIN FROM UNRELATED BUSINESS INCOME REPORTED ON FORM 990T 2008 990T TAX PAID -4,69012,277.	MEMBERSHIP DINNER			
320. ANNUAL FEES	DINNER DANCE MEETING		8,15	9.
ANNUAL FEES BANK CHARGES TOTAL TO FORM 990-EZ, LINE 16 FORM 990-EZ OTHER REVENUE STATEMENT 2 DESCRIPTION FINANCE CHARGE ADVERTISING INCOME TOTAL TO FORM 990-EZ, LINE 8 AMOUNT FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3 DESCRIPTION GAIN FROM UNRELATED BUSINESS INCOME REPORTED ON FORM 990T 2008 990T TAX PAID 2009 990T ESTIMATES PAID -4,69012,277.	NEWSLETTER			
BANK CHARGES 1,316. TOTAL TO FORM 990-EZ, LINE 16 75,508. FORM 990-EZ OTHER REVENUE STATEMENT 2 DESCRIPTION AMOUNT FINANCE CHARGE 44. ADVERTISING INCOME 118,844. TOTAL TO FORM 990-EZ, LINE 8 118,888. FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3 DESCRIPTION AMOUNT GAIN FROM UNRELATED BUSINESS INCOME REPORTED ON FORM 990T 2008 990T TAX PAID -4,69012,277.	· · · · · · · · · · · · · · · · · · ·			
TOTAL TO FORM 990-EZ, LINE 16 FORM 990-EZ OTHER REVENUE STATEMENT 2 DESCRIPTION AMOUNT FINANCE CHARGE ADVERTISING INCOME TOTAL TO FORM 990-EZ, LINE 8 118,884. TOTAL TO FORM 990-EZ, LINE 8 118,888. DESCRIPTION AMOUNT GAIN FROM UNRELATED BUSINESS INCOME REPORTED ON FORM 990T 2008 990T TAX PAID 2009 990T ESTIMATES PAID -4,69012,277.				
FORM 990-EZ OTHER REVENUE STATEMENT 2 DESCRIPTION AMOUNT FINANCE CHARGE 44. ADVERTISING INCOME 118,844. TOTAL TO FORM 990-EZ, LINE 8 118,888. FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3 DESCRIPTION AMOUNT GAIN FROM UNRELATED BUSINESS INCOME REPORTED ON FORM 990T 2008 990T TAX PAID -4,69012,277.	BANK CHARGES		1,31	· • •
DESCRIPTION FINANCE CHARGE ADVERTISING INCOME TOTAL TO FORM 990-EZ, LINE 8 FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES DESCRIPTION GAIN FROM UNRELATED BUSINESS INCOME REPORTED ON FORM 990T 2008 990T TAX PAID 2009 990T ESTIMATES PAID AMOUNT -4,69012,277.	TOTAL TO FORM 990-EZ, LINE 16		75,50 	8.
FINANCE CHARGE ADVERTISING INCOME TOTAL TO FORM 990-EZ, LINE 8 FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES DESCRIPTION GAIN FROM UNRELATED BUSINESS INCOME REPORTED ON FORM 990T 2008 990T TAX PAID 2009 990T ESTIMATES PAID -4,69012,277.	FORM 990-EZ	OTHER REVENUE	STATEMENT	2
ADVERTISING INCOME TOTAL TO FORM 990-EZ, LINE 8 118,844. 118,888. FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3 DESCRIPTION GAIN FROM UNRELATED BUSINESS INCOME REPORTED ON FORM 990T 2008 990T TAX PAID -4,69012,277.	DESCRIPTION		AMOUNT	
TOTAL TO FORM 990-EZ, LINE 8 118,888. FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3 DESCRIPTION GAIN FROM UNRELATED BUSINESS INCOME REPORTED ON FORM 990T 2008 990T TAX PAID 2009 990T ESTIMATES PAID -4,69012,277.	FINANCE CHARGE		4	4.
FORM 990-EZ OTHER CHANGES IN NET ASSETS OR FUND BALANCES STATEMENT 3 DESCRIPTION GAIN FROM UNRELATED BUSINESS INCOME REPORTED ON FORM 990T 2008 990T TAX PAID 2009 990T ESTIMATES PAID -4,69012,277.	ADVERTISING INCOME		118,84	4.
DESCRIPTION GAIN FROM UNRELATED BUSINESS INCOME REPORTED ON FORM 990T 2008 990T TAX PAID 2009 990T ESTIMATES PAID -4,69012,277.	TOTAL TO FORM 990-EZ, LINE 8		118,88	8.
DESCRIPTION GAIN FROM UNRELATED BUSINESS INCOME REPORTED ON FORM 990T 2008 990T TAX PAID 2009 990T ESTIMATES PAID -4,69012,277.				
GAIN FROM UNRELATED BUSINESS INCOME REPORTED ON FORM 990T 2008 990T TAX PAID 2009 990T ESTIMATES PAID -4,69012,277.	FORM 990-EZ OTHER CHANGES I	N NET ASSETS OR FUND BALANCES	STATEMENT	3
2008 990T TAX PAID -4,690. 2009 990T ESTIMATES PAID -12,277.	DESCRIPTION		AMOUNT	
2008 990T TAX PAID -4,690. 2009 990T ESTIMATES PAID -12,277.	CAIN FROM HNRELATED BUSINESS T	NCOME REPORTED ON FORM 990T		
2009 990T ESTIMATES PAID -12,277.		MOOLE HELOHIED ON LOIM JOU	-4.69	0 -
TOTAL TO FORM 990-EZ, LINE 20 -16,967.				
	TOTAL TO FORM 990-EZ, LINE 20		-16,96	7.

FORM 990-EZ OCCUPANCY, RENT, UTILITIES A	ND MAINTENANCE	STATEMENT	4
DESCRIPTION		TRUOMA	
DEPRECIATION OTHER EXPENSES		1,5	77. 00.
TOTAL TO FORM 990-EZ, LINE 14		1,6	77.
FORM 990-EZ CASH GRANTS AND ALLO	OCATIONS	STATEMENT	5
CLASS OF ACTIVITY/GRANTEE'S NAME AND ADDRESS	GRANTEE'S RELATIONSHIP	AMOUN	T
GRANT BLUE GRASS FARMS CHAPLAINCY 1450 N BROADWAY STE 305 LEXINGTON, KY 40505	NONE	5	00.
GRANT BLUEGRASS TOMORROW P O BOX 34185 LEXINGTON, KY 40588	NONE	5	00.
GRANT FAYETTE ALLIANCE 601 W SHORT ST, LEXINGTON, KY 40507	NONE	5	00.
GRANT MAXWELL H GLUCK CTRGEN FUND 805 S LIMESTONE ST., LEXINGTON, KY 405360339	NONE	1,5	00.
GRANT GRAYSON-JOCKEY CLUB FOUNDATION 821 CORPORATE DR., LEXINGTON, KY 40503	NONE	1,0	00.
GRANT HORSE FARM WORKERS' EDUCATIONAL ASSIST. P O BOX 66, VERSAILLES, KY 40383	NONE	7,1	00.

KENTUCKY THOROUGHBRED FARM MANAGERS' CLU		61-1076634
GRANT HOSPICE OF THE BLUEGRASS 2312 ALEXANDRIA DRIVE, LEXINGTON, KY 40503	NONE	500.
GRANT JESSAMINE CO HUMANE SOCIETY 3035 LEXINGTON RD, NICHOLASVILLE, KY 40356	NONE	150.
GRANT KEEP 4047 IRON WORKS PKWY, STE. 130, LEXINGTON, KY 40511	NONE	2,000.
GRANT KEMI PO BOX 910628 LEXINGOTN, KY 40591	NONE	20,100.
GRANT KY EQUINE HUMANE CENTER 1713 CATNIP HILL ROAD, NICHOLASVILLE, KY 40356	NONE	2,000.
GRANT LEX-FAY HUMANE SOCIETY 1600 OLD FRANKFORT PK, LEXINGTON, KY 40510	NONE	150.
GRANT NICHOLAS COUNTY ANIMAL WELFARE PO BOX 184 CARLISLE, KY 40311	NONE	150.
GRANT DUSTIN MALLORY FUND C/O CHASE BANK, 1785 ALEXANDRIA DR, LEXINGOTN, KY 40504	NONE	2,500.
GRANT OLD FRIENDS 1841 PAYNES DEPOT RD, GEORGETOWN, KY 40324	NONE	1,000.
GRANT PAWS P O BOX 222, PARIS, KY 403620222	NONE	150.

KENTUCKY THOROUGHBRED FARM MANAGERS' CLU		61-1076634
GRANT KY HIGH SCHOOL RODEO ASSOC 8223 US HWY 62, CALVERT CITY, KY 42029	NONE	1,000.
GRANT SCOTT CO ANIMAL CONTROL & SHELTER 1185 LONG LICK PIKE, GEORGETOWN, KY 40324	NONE	150.
GRANT SWERCZEK UK VET SCIENCE ROOM 105 LEXINGOTN, KY 40546	NONE	1,000.
GRANT THOROUGHBRED RETIREMENT FUND-TRF KY 4809 IRON WORKS PIKE LEXINGOTN, KY 40511	NONE	6,200.
GRANT UNIV. OF KENTUCKY HORSE RACING CLUB 905 GARRIGUS BUILDING LEXINGOTN, KY 40546	NONE	500.
GRANT WOODFORD HUMANE SOCIETY P O BOX 44, VERSAILLES, KY 40383	NONE	150.
SCHOLARSHIP	NONE	500.
SCHOLARSHIP	NONE	500.
TOTAL INCLUDED ON FORM 990-EZ, LINE 10		49,800.

FORM 990-EZ	INFORMATION REGARDING TRANSFERS ASSOCIATED WITH PERSONAL BENEFIT CONTRACTS		S	TATE	MENT	6
DIRECTLY OR	ANIZATION, DURING THE YEAR, RECEIVE ANY FUNDS, INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL FRACT?	[]	YES	[X]	NO
*	ANIZATION, DURING THE YEAR, PAY PREMIUMS, INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT?.	• [1	YES	[x]	NO

990-EZ PG 2

STATEMENT

THE CLUB PUBLISHES A MEMBER AND FARM DIRECTORY OF HORSE FARMS IN THE LEXINGTON AND CENTRAL KENTUCKY AREA. THERE ARE APPROXIMATELY 3500 COPIES DISTRIBUTED TO INTERESTED PARTIES.

990-EZ PG 2

STATEMENT

THE CLUB HOLDS ANNUAL GOLF AND SPORTING CLAY TOURNAMENTS ORGANIZED BY VOLUNTEERS TO RAISE MONEY FOR LOCAL CHARITIES AND SCHOLARSHIPS. DURING 2009 \$48,800 WAS GIVEN TO CHARITIES, AND \$1,000 WAS GIVEN IN SCHOLARSHIPS.

Form **8868**

(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 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868. Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only
Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed) A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only
A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only
Part I only
Part I only
All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time o file income tax retums.
Electronic Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension of time to file one of the returns noted below (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronically if (1) you want the additional not automatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consolidated Form 990-T. Instead, you must submit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic filing of this form, visit www.irs.gov/efile and click on e-file for Chanties & Nonprofits.
Type or Name of Exempt Organization Employer identification number
orint KENTUCKY THOROUGHBRED FARM MANAGERS'
CLUB, INC. 61-1076634
sue date for Number, street, and room or suite no. If a P.O. box, see instructions 11005 RTCHMOND RD
City, town or post office, state, and ZIP code. For a foreign address, see instructions. LEXINGTON, KY 40502
Check type of return to be filed (file a separate application for each return).
Form 990 Form 990-T (corporation) Form 4720
Form 990-BL Form 990-T (sec. 401(a) or 408(a) trust) Form 5227
X Form 990-EZ Form 990-T (trust other than above) Form 6069
Form 990-PF Form 1041-A Form 8870
LINDA W. SERAFINI The books are in the care of ▶ 1005 RICHMOND RD - LEXINGTON, KY 40502 Telephone No. ▶ 859-948-7321 FAX No. ▶ If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If this is for the whole group, check this box If this for part of the group, check this box ▶ and attach a list with the names and EINs of all members the extension will cover.
1 I request an automatic 3-month (6-months for a corporation required to file Form 990-T) extension of time until
AUGUST 15, 2010 , to file the exempt organization return for the organization named above. The extension
is for the organization's return for:
► X calendar year 2009 or
tax year beginning , and ending
2 If this tax year is for less than 12 months, check reason: Initial return Final return Change in accounting period
3a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any
nonrefundable credits. See instructions 3a \$
b If this application is for Form 990-PF or 990-T, enter any refundable credits and estimated
tax payments made. include any prior year overpayment allowed as a credit. 3b \$
c Balance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,
deposit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. 3c \$ N/A
Caution. If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

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

Form 8868 (Rev. 4-2009)