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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. OMB No 1545-0052 2009

For calendar year 2009, or tax year beginning and ending G Check all that apply: Initial return Initial return of a former public charity Final return Amended return Address change Name change Name of foundation A Employer Identification number Use the IRS label. 61-1310243 MORGAN FAMILY FOUNDATION, INC. Otherwise. print Number and street (or P O box number if mail is not delivered to street address) Room/sulte B Telephone number or type. 301 W WASHINGTON ST. 1-270-362-8901 See Specific City or town, state, and ZIP code If exemption application is pending, check here Instructions. PRINCETON, KY 42445 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 (L) Other taxable private foundation If private foundation status was terminated I Fair market value of all assets at end of year | J Accounting method: Accrual under section 507(b)(1)(A), check here Other (specify) (from Part II, col. (c), line 16) If the foundation is in a 60-month termination 1211137 . (Part I, column (d) must be on cash basis.) ▶\$ under section 507(b)(1)(B), check here Analysis of Revenue and Expenses Part I (d) Disbursements (a) Revenue and (c) Adjusted net (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) for chantable purposes (cash basis only) expenses per books income income N/A 53000 Contributions, gifts, grants, etc., received 2 Check Image if the foundation is not required to attach Sch. B. Interest on savings and temporary cash investments 258. 258 Statement 26059. 26059 Statement Dividends and interest from securities 5a Gross rents Net rental income or (loss) -2932 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications. 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 11 Other income 76385 26317 Total. Add lines 1 through 11 0. Compensation of officers, directors, trustees, etc 14 Other employee salaries and wages 15 Pension plans, employee benefits Expenses 16a Legal leas ECENED b Accounting leas ECENED Somt 3 600 0. 2000. 0. Ō. c Other professional fees Refest MAY 0 4 2010 and Administrative 17 582 0. 18 pepreciation and depletion UT 19 20 21 Travel, conferences, and meetings 22 Printing and publications 1305. Ō. 0. 23 Other expenses Stmt 6 Operating 24 Total operating and administrative 4487 0 0. expenses. Add lines 13 through 23 62984 62984. 25 Contributions, gifts, grants paid . . 26 Total expenses and disbursements. 67471 0 62984. Add lines 24 and 25 27 Subtract line 26 from line 12: 8914 3 Excess of revenue over expenses and disbursements 26317. b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-) 923501 02-02-10 LHA For Privacy Act and Paperwork Reduction Act Notice, see the instructions.

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937047.

Decreases not included in line 2 (itemize)

Total net assets or fund balances at end of year (line 4 minus line 5) - Part II, column (b), line 30.

	e the kind(s) of		, real estate,	I INCOME	P	low acquired Purchase Donation	(c) Date acquired mo., day, yr)	(d) Date sold (mo., day, yr.)
1a AMERICAN ENT						P			
b					<u> </u>				
<u> </u>					ļ		↓		
<u>d</u> 8					├		-		
(e) Gross sales price	• • •	tion allowed owable)		st or other basis expense of sale	`	-		(h) Gain or (loss (e) plus (f) minus	
a 7500.				1043	2.				-2932.
_b									
C									
<u>d</u>									
Complete only for assets showing	gain in column	(h) and owned by t	he foundation	on 12/31/69	+		(I) G	ains (Col (h) gain	minue
(i) F M.V. as of 12/31/69	(J) Adjus	ted basis 2/31/69	(k) Ex	cess of col. (i) col (j), if any			col. (k	ams (our (ii) gains), but not less that osses (from col.	n -0-) ar
a									-2932.
b									
C									
d									
8		J			_				
2 Capital gain net income or (net capi	tal loss)	If gain, also enter If (loss), enter -0-			}	2			-2932.
3 Net short-term capital gain or (loss) If gain, also enter in Part I, line 8, co If (loss), enter -0- in Part I, line 8		ections 1222(5) and	d (6):		}	3		N/A	
Part V Qualification Un	der Sectio	n 4940(e) for	Reduced	Tax on Net	Inv	estment l	nco		
If section 4940(d)(2) applies, leave this Was the foundation liable for the sectio If "Yes," the foundation does not qualify Enter the appropriate amount in ea	n 4942 tax on t	4940(e) Do not coi	mplete this pa	ırt.				 ·	Yes X No
(a) Base period years Calendar year (or tax year beginning	A 41.	(b) sted qualifying dist		Net value of no	(c)	itable-use ass	ets	Distri (col. (b) di	(d) pution ratio rided by col. (c))
2008			90477.				0.		.000000
2007			90283.			9186			.098277
2006			78805.			86369			.091243
2005			73525.			8270			.088904
2004			71081.			7847	57.		.090577
2 Total of line 1, column (d)								2	.369001
3 Average distribution ratio for the 5- the foundation has been in existence								3	.073800
4 Enter the net value of noncharitable	-use assets for	2009 from Part X, I	ine 5 .					4	
5 Multiply line 4 by line 3								5	0.
6 Enter 1% of net investment income	(1% of Part I, I	ine 27b)						6	263.
7 Add lines 5 and 6								7	263.
8 Enter qualifying distributions from								8	62984.
If line 8 is equal to or greater than li See the Part VI instructions.	ine 7, check the	box in Part VI, line	1b, and comp	olete that part usin	ng a 19	% tax rate.			om 990-DE (2009)

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

Sorm 990-PF (2009) MORGAN FAMILY FOUNDATION			<u>61-131024</u>	13 Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	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 (sectio	n 4945(e))?	🔲 Ye	s X No	
(2) Influence the outcome of any specific public election (see section 4955);			_ 🔭	
any voter registration drive?		Ye	s 🗓 No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	3?	Y6	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	on described in section			
509(a)(1), (2), or (3), or section 4940(d)(2)?		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary	, or educational purposes, or f	for		
the prevention of cruelty to children or animals?		Ye	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un				
section 53 4945 or in a current notice regarding disaster assistance (see instr	uctions)?		N/A 5	b
Organizations relying on a current notice regarding disaster assistance check			▶ □	
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption to				
expenditure responsibility for the grant?		[/A □ Ye	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?		T	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a		• •	6	b 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	shelter transaction?	Ye	s X No	
b If yes, did the foundation receive any proceeds or have any net income attribu		=	N/A 7	Ъ
nformation About Officers, Directors, Trust			/	
Paid Employees, and Contractors				
1 List all officers, directors, trustees, foundation managers and their	compensation.			
(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	(e) Expense account, other
(a) Name and address	to position	enter -0-)	and deterred compensation	allowances
WILLIAM R. MORGAN	DIRECTOR			
P. O. BOX 773]			
PRINCETON, KY 42445	1.00	0.	0.	0.
RICHARD MORGAN SR.	DIRECTOR			
301 WASHINGTON ST.			1	
PRINCETON, KY 42445	1.00	0.	0.	0.
	1			
2 Compensation of five highest-paid employees (other than those in		enter "NONE."	-	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Harrie and address of each employee paid more than \$55,000	devoted to position	(c) Compensation	and deferred compensation	allowances
NONE				
		ļ		
	1			
				 _
	<u> </u>	<u> </u>		
Total number of other employees paid over \$50,000				0

All other program-related investments. See instructions.

Total. Add lines 1 through 3

P	Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndations, se	e instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a	Average monthly fair market value of securities	1 _a	O.
	Average of monthly cash balances	1b	<u></u>
C	Fair market value of all other assets	10	
d	Total (add lines 1a, b, and c)	1d	0.
	Reduction claimed for blockage or other factors reported on lines 1a and		<u></u>
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	0.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	0.
6	Minimum Investment return. Enter 5% of line 5	6	0.
P	Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations are foreign organizations check here and do not complete this part.)	nd certain	
1	Minimum investment return from Part X, line 6	1	0.
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.) _ 2b		
C	Add lines 2a and 2b	2c	263.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	0.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	0.
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	0.
P	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:	1	
		1a	62984.
a b	The state of the s	1b	02304.
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.		
-	O Shahilika Asak (salay 100 agazaya) agazinad)	3a	
a		3b	
b	Cash distribution test (attach the required schedule) Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	62984.
4		-	02704.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		263.
_	income Enter 1% of Part I, line 27b	6	62721.
6	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation		
	4940(e) reduction of tax in those years.	YUAIIIIUS IOT (II ———	a 2action

Form 990-PF (2009) MORGAN FAMILY FOUNDATION, INC. 61-1310243 Page 9 Part XIII Undistributed Income (see instructions) (a) (b) (c) (d) Corpus Years prior to 2008 2008 2009 1 Distributable amount for 2009 from Part XI. 0. line 7 2 Undistributed income, if any, as of the end of 2009 0. a Enter amount for 2008 only **b** Total for prior years 0 3 Excess distributions carryover, if any, to 2009: a From 2004 **b** From 2005 79569. c From 2006 91400. d From 2007 90890. e From 2008 261859 f Total of lines 3a through e 4 Qualifying distributions for 2009 from 62984. Part XII, line 4: ► \$ 0. a Applied to 2008, but not more than line 2a b Applied to undistributed income of prior 0. years (Election required - see instructions) c Treated as distributions out of corpus 0 (Election required - see instructions) 0. d Applied to 2009 distributable amount 62984 e Remaining amount distributed out of corpus 0. 0. 5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a)) Enter the net total of each column as indicated below: 324843 2 Corpus Add lines 3f, 4c, and 4e Subtract line 5 b Prior years' undistributed income. Subtract 0. line 4b from line 2b c Enter the amount of prior years' undistributed income for which a notice of deficiency has been issued, or on which

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0.

0

0

324843

0.

0.

0

the section 4942(a) tax has been previously

e Undistributed income for 2008. Subtract line

4a from line 2a Taxable amount - see instr.

f Undistributed income for 2009. Subtract lines 4d and 5 from line 1. This amount must

d Subtract line 6c from line 6b. Taxable

7 Amounts treated as distributions out of corpus to satisfy requirements imposed by

section 170(b)(1)(F) or 4942(g)(3)

8 Excess distributions carryover from 2004

Subtract lines 7 and 8 from line 6a

79569

91400.

90890.

62984

amount - see instructions

be distributed in 2010

10 Analysis of line 9: a Excess from 2005

b Excess from 2006

c Excess from 2007

d Excess from 2008

e Excess from 2009

assessed

MORGAN FAMILY FOUNDATION,

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61-1310243

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3 Grants and Contributions Paid During the	If recipient is an individual			
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
a Paid during the year	or substantial contributor	recipient		
		i		
			1	
See Statement 8			<u> </u>	60004
b Approved for future payment		<u> </u>	► 3a	62984.
2 / pproved to receive payment				
None				
]			
Total				0.
000011 00 00 10				000 DE (000)

Unrelated business income

Part XVI-A	∆nalv	sis of	Income-	Producing	Activities
- 	~iiai)	/ 313 VI	1111001116-	riouuciiiy	MCHAINES

Enter gross amounts unless otherwise indicated.	Unrelate	d business income		ded by section 512, 513, or 514	(8)
1 Program service revenue:	(a) Business code	(b) Amount	Exclu- sion code	(d) Amount	Related or exempt function income
a					
b		······································			
C		<u> </u>			
d					
e					
1			<u> </u>		
g Fees and contracts from government agencies			\vdash		
2 Membership dues and assessments	-·		-		
			 		
3 Interest on savings and temporary cash	,		1 4	250	
investments			14		
4 Dividends and interest from securities			14	26059.	······································
5 Net rental income or (loss) from real estate:		,			
a Debt-financed property			1		
b Not debt-financed property			<u> </u>		
6 Net rental income or (loss) from personal]		1		
property	L				
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory	1		1		-2932.
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			†		
11 Other revenue:			+		
_	1				
a			 	· · · · · · · · · · · · · · · · · · ·	
b	ļ		-		
<u> </u>			-		
d			<u> </u>		
6					
12 Subtotal. Add columns (b), (d), and (e)	<u>,</u>	0.	<u></u>	26317.	
13 Total. Add line 12, columns (b), (d), and (e)				13 <u> </u>	23385.
(See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	the Acco	mplishment of F	remn	t Purnoses	
					
Line No. Explain below how each activity for which incor			ontrib	outed importantly to the accom	plishment of
the foundation's exempt purposes (other than I		nas for such purposes).			
8 LOSS ON THE SALE OF STO	CK				
		·			
					
			-		····
				· · · · · · · · · · · · · · · · · · ·	
					<u>–</u> <u>–</u>
				_	
		·			
923621	-				Form 990-PF (2009)
923621 02-02-10		1.2			

			N FAMILY FOUN		61-131			ige 13
Pa	irt X	Information Re Exempt Organ		To and Transactions an	d Relationships With Nonch	aritable)	
1	Did th			lowing with any other organization	described in section 501(c) of		Yes	No
-				on 527, relating to political organiza				
а			dation to a noncharitable exem			ł !		
4		ash	ration to a monomantable exem	pt organization of.		10/11	:	х
					• • • • • • • • • • • • • • • • • • • •	1a(1)		X
_	•	ther assets				1a(2)		<u> </u>
D		transactions.						
	• •	ales of assets to a noncharita		·· · ·		1b(1)		X
	• •		oncharitable exempt organizat	ion	• • •	1b(2)		X
		lental of facilities, equipment,				1b(3)		X
	(4) F	leimbursement arrangements	s			1b(4)		X
	(5) L	oans or loan guarantees .				1b(5)		<u>X</u>
	(6) F	erformance of services or me	embership or fundraising solu	citations		1b(6)		X
C	Shari	ng of facilities, equipment, ma	ailing lists, other assets, or pa	id employees		10		X
đ	if the	answer to any of the above is	s "Yes," complete the following	schedule. Column (b) should alwa	lys show the fair market value of the goods	, other ass	ets,	
					in any transaction or sharing arrangement			
			, other assets, or services rece		,	•		
(a) ı	ine no	(b) Amount involved		ntable exempt organization	(d) Description of transfers, transactions, an	d sharing an	rangeme	ents
•		`-	· N/					
_								
		····	 		<u> </u>			
								
			 		.			
			 					
			<u> </u>					
_			 					
			 	- 				
—			 				-	
		 						
	in sec	tion 501(c) of the Code (others," complete the following sch	er than section 501(c)(3)) or i hedulø	o, one or more tax-exempt organiza n section 527?	· · · · · · · · · · · · · · · · · · ·	☐ Yes	X] No
		(a) Name of or	rganization	(b) Type of organization	(c) Description of relation	nship		
		N/A						
		<u></u>						
	and coi	Charles A		ng accompanying schedules and statemer sed on all information of which preparer hit $4 \cdot 24.70$	Ser Nea	is true, com	ect,	
1	S	gnature of office or trustee	U	Date	Title			
Sign Here	er's nk	Preparer's signature	ref 2 fre	lace 04	te Check if self-employed > Prep	arer's identif	ying nui	nber

270-362-8901

Phone no.

BAKER, ANDERSON, 738 US HWY 62 GRAND RIVERS, KY

KY 42045

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

Schedule of Contributors ► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

Name of the organization

Department of the Treasury Internal Revenue Service

Employer identification number

N	MORGAN FAMILY FOUNDATION, INC.	61-1310243
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	
Note. Only a section 501	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 Spec	ıal Rule. See ınstructions.
General Rule		
	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more mplete Parts I and II.	(in money or property) from any one
Special Rules		
509(a)(1) and 17	01(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the 70(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1. Complete Parts I and II.	_
aggregate contr	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one or ibutions of more than \$1,000 for use exclusively for religious, charitable, scientific, lite of cruelty to children or animals. Complete Parts I, II, and III.	
contributions for If this box is che purpose. Do not	01(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one or use exclusively for religious, charitable, etc., purposes, but these contributions did necked, enter here the total contributions that were received during the year for an excit complete any of the parts unless the General Rule applies to this organization becamble, etc., contributions of \$5,000 or more during the year.	not aggregate to more than \$1,000. Liusively religious, charitable, etc.,
but it must answer "No"	n that is not covered by the General Rule and/or the Special Rules does not file Scheo on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	·
LHA For Privacy Act an	nd Paperwork Reduction Act Notice, see the Instructions Sche	dule B (Form 990, 990-EZ, or 990-PF) (2009)

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

1 of 1 of Part I

Name of organization

Employer Identification number

MORGAN FAMILY FOUNDATION, INC.

61-1310243

Part I	Contributors (see instructions)		
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	DWAYNE MIKSCH 809 S. JEFFERSON PRINCETON, KY 42445	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	WILLIAM R. MORGAN P. O. BOX 308 PRINCETON, KY 42445	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Omnicash 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 Oncash 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.)

Form 990-PF Interest on Savi	ngs and Tem	porary Ca	sh In	vestments	Statement	1
Source					Amount	
FARMERS BANK & TRUST COMPANY					2!	58.
Total to Form 990-PF, Part I,	line 3, Co	lumn A			2!	58.
Form 990-PF Dividend	ds and Inter	est from	Secur	ities	Statement	2
Source	Gross	Amount		tal Gains vidends	Column (A Amount)
AMERIPRISE FINANCIAL		26059.		0.	260!	59.
Total to Fm 990-PF, Part I, 1	.n 4	26059.		0.	260	59.
Form 990-PF	Accounti	ng Fees			Statement	3
Description	(a) Expenses Per Books	(b) Net Inve		(c) Adjusted Net Incom		
BAKER & ANDERSON, PSC	600.	•	0.			0.
To Form 990-PF, Pg 1, ln 16b	600.		0.			0.
Form 990-PF C	ther Profes	sional Fe	ees		Statement	4
Description	(a) Expenses Per Books	(b) Net Inve		(c) Adjusted Net Incom		
MAINTENANCE FEES	2000.		0.			0.
To Form 990-PF, Pg 1, ln 16c	2000.		0.			0.

Form 990-PF	Tax	es		Statement 5
Description	(a) Expenses Per Books	(b) Net Invest- ment Income	_	
FOREIGN TAXES PAID INCOME TAXES PAID	215. 367.	-	•	0.
To Form 990-PF, Pg 1, ln 18	582.	0		0.
Form 990-PF	Other E	xpenses		Statement 6
Description	(a) Expenses Per Books	(b) Net Invest- ment Income		
MISC ASSOC SMALL FOUNDATIONS MEMBER DUES FOUNDATION CONFERENCE EXP	46. 495. 764.	C).).	0. 0. 0.
To Form 990-PF, Pg 1, ln 23	1305.	().	0.
Form 990-PF	Corporat	e Stock		Statement 7
Description		I	Book Value	Fair Market Value
SECURITIES & OTHER INVESTMENT	rs		904557.	1178647.
Total to Form 990-PF, Part I	I, line 10b		904557.	1178647.

	ants and Contributions Paid During the Year	State	ement 8
Recipient Name and Address	Recipient Relationship and Purpose of Grant		Amount
OPTIMIST PLAYGROUND PROJECT 360 FOX MEADOW DR PRINCETON 42445	, KY FINANCIAL AID		6500.
PRINCETON ANIMAL LEAGUE PO BOX 538 PRINCETON, KY 42	445 FINANCIAL AID		2000.
COMMUNITY DISCIPLES 108 W GREEN ST PRINCETON, K 42445	Y FINANCIAL AID		4000.
BRIGHT LIFE FARMS 6773 US HWY 62 W. KUTTAWA, 42055	KY FINANCIAL AID		8107.
CALDWELL CO. FREE CLINIC 206 W. MAIN ST. PRINCETON, 42445	KY FINANCIAL AID		10538.
CITY-COUNTY PARK P. O. BOX 328 PRINCETON, KY 42445	FINANCIAL AID		2500.
DOTSON PARK 708 N PLUM ST PRINCETON, KY 42445	FINANCIAL AID		1500.
FREDONIA LEGION PARK - AM LE POST 103/VAN KNIGHT MEMORIAL 5149 SR 902E FREDONIA, KY 4	FINANCIAL AID		2500.

, MORGAN FAMILY FOUNDATION, INC.		61-1310243
HOPE CENTER P. O. BOX 229 PRINCETON, KY 42445	FINANCIAL AID	2500.
LIVING HOPE P. O. BOX 737 PRINCETON, KY 42445	FINANCIAL AID	1000.
PENNYROYAL IND 945 DAWSON RD. PRINCETON, KY 42445	FINANCIAL AID	1939.
PRINCETON ART GUILD P. O. BOX 451 PRINCETON, KY 42445	FINANCIAL AID	17400.
YOUTH INC P. O. BOX 147 PRINCETON, KY 42445	FINANCIAL AID	2500.
Total to Form 990-PF, Part XV, lin	ne 3a =	62984.