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Form **990-PF**

Return of Private Foundation

OMB No 1545-0052

or Section 4947(a)(1) Nonexempt Charitable Trust Treated as a Private Foundation 2009 Department of the Treasury Internal Revenue Service Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements. For calendar year 2009, or tax year beginning

			Il shed cooks	Industrial and the second	, und onding		
	Gi U	песк а	Ill that apply: Initial return Amended return	Address change	ormer public charity	Final return Name change	1
<u> </u>			Name of foundation	Address chang	<u> </u>	A Employer identification	n number
		the IR	IS Name of foundation			A Employer Identification	n number
7		abel	SAM SWOPE FAMILY FOUN	DAMICNI TNO		92-0186097	,
4		erwise print	Number and street (or P O box number if mail is not de		Room/suite		
-		type.	· ·	avoida to subbt address)	Accinosate	B Telephone number	
C_1		Specif	HO DUOLE ROLO CENTER			502-499-50	
0		uction	I GIV III IDWII SIAIE ABO ZIP CODE			C If exemption application is	
ا ﷺ	u ^	hook to	· • • • • • • • • • • • • • • • • • • •	empt private foundation	7.70.11.	D 1. Foreign organization 2. Foreign organizations m check here and attach or	S, Check here
PESTMANK DATE		_ `	non 4947(a)(1) nonexempt charitable trust [X]		4	check here and attach co	omputation
문통	<u> </u>		ket value of all assets at end of year J Accounting		Accrual	E If private foundation sta	tus was terminated
				•	Accruai	under section 507(b)(1	.,
25		om Pa \$	art II, col. (c), line 16) 0tl 6 , 6 2 5 , 0 5 9 . (Part I, colui	her (specify)		F If the foundation is in a	60-month termination
ا حە ا	_	-				under section 507(b)(1	
l	Га		Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a))	(a) Revenue and expenses per books	(b) Net investment income	(c) Adjusted net income	(d) Disbursements for charitable purposes (cash basis only)
•			Contributions, gifts, grants, etc., received			N/A	(cash basis only)
			Check X if the foundation is not required to attach Sch. B				
			nterest on savings and temporary ash investments	4,362.	4,362.		STATEMENT 1
			Dividends and interest from securities	131,533.	131,533.		STATEMENT 2
			Gross rents				DITTI DITTIVI Z
			let rental income or (loss)				
	4	6a N	let gain or (loss) from sale of assets not on line 10	<116,542.	>	,	
	n	. 0	Gross sales price for all 458,850.	`			,
	Revenue		Capital gain net income (from Part IV, line 2)	,	0.	,	, ,
	æ	8 1	let short-term capital gain				
		9 I	ncome modification ECEIVED				
		10a a	ncome modification ECEIVED aross sales less returns and allowances				
		b∟	ess Cost of goods sold of 1 0 2010		*		
		c G	Gross profit (loss) UCT 1 8 2010 (loss)				
		11 (Other income				
		12 1	Total. Add lines 1 through DEN. UI	19,353.	135,895.		
		13 c	Compensation of officers, directors, trustees, etc	0.	0.		0.
		14 (Other employee salaries and wages				
		15 P	Pension plans, employee benefits				
	penses	16a L	egal fees				
			Accounting fees				
	Щ		Other professional fees				
	tive		nterest				
	tra		axes STMT 3	269.	269.		0.
_	Administrative Ex		Depreciation and depletion				
201	5 ह		Occupancy				
			ravel, conferences, and meetings		 		
e. re	ੂਰ∣		Printing and publications	22 - 22			
	` 6		Other expenses STMT 4	20,509.	9,254.		9,255.
\sim	ra (i	otal operating and administrative	00 550	A =		
_	Operating		expenses. Add lines 13 through 23	20,778.	9,523.		9,255.
			Contributions, gifts, grants paid	270,820.			270,820.
Z			otal expenses and disbursements.	201 500	0 500		000 0==
SCANNED OCT			Add lines 24 and 25	291,598.	9,523.		280,075.
Ç			Subtract line 26 from line 12:	-070 045			
Ø			xcess of revenue over expenses and disbursements	<272,245.			
			let investment income (if negative, enter -0-)		126,372.	37 / B	
1	92350 02-02)1	Adjusted net income (if negative, enter -0-) LHA For Privacy Act and Paperwork Reduction is	Ant Notine one the instruct	ions	N/A	Form 990-PF (2009)
	u2-02	-10	LIP TO FINALY MULANT PAPELWOIK NEGUCION /	へいこ はいいして、 うこと いじ こころばりにい	IVIID.		ruini 330°FF (2009)

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

6,646,907. Form **990-PF** (2009)

Part IV Capital Gains and	WOPE FAMILY FO	<u>UNDATI</u>	<u>ON, INC.</u>			9	2-018	<u>6097</u>	Page 3
(a) List and describe the kind(s) of property sold (e.g., real estate			t intomic	(b) How acquired P - Purchase		(c) Date acquired		(d) Dat	
····	ouse; or common stock, 200 shs	. MLC Co.)		D-D	onation	(mo., c	fay, yr.)	(mo., da	ay, yr.)
18									
b SEE ATTACHED S	STATEMENT			 -					
<u>c</u>	 		<u>.</u>	 					
<u>d</u>	 								
<u>e</u>	(f) Depresenting allowed	(a) Co.	at as other base	<u> </u>	<u> </u>				
(e) Gross sales price	(f) Depreciation allowed (or allowable)		st or other basis expense of sale				iain or (loss) s (f) minus (
a									
b									
C									
d									
e 458,850.			<u>575,39</u>	2.				<116	,542.
Complete only for assets showing ga	ain in column (h) and owned by t	he foundation	on 12/31/69				Col. (h) gain i		
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (յ), ıf any	•	co	L (k), but i Losses	not less than (from col. (f	-0-) or 1))	
a									
b									
С									
d									
е								<116	,542.
	∫ If gain, also enter	ın Part I. line	7	1	-				
2 Capital gain net income or (net capita	I loss) If (loss), enter -0-	ın Part I, line	7	2				<116	,542.
3 Net short-term capital gain or (loss) a	is defined in sections 1222(5) and	d (6):							
If gain, also enter in Part I, line 8, colu		- (-).		λl					
If (loss), enter -0- in Part I, line 8 Part V Qualification Und				<u> </u>			N/A		
Was the foundation liable for the section f "Yes," the foundation does not qualify t	<u>ınder section 4940(e). Do not coi</u>	mplete this pa	ırt.					Yes	X No
1 Enter the appropriate amount in each	oclumn for each year; see instru	ictions before	making any entrie	es.					
(a) Base period years Calendar year (or tax year beginning ii	(b) Adjusted qualifying dist	ributions	Net value of no	(c) ncharitab	le-use assets		Dıstrıbi (col. (b) dıvı	(d) Ition ratio ded by col. ((c))
2008	33	8,414.		6,7	83,323				19889
2007	30	7,742.		6,8	43,593				14968
2006	24:	9,862.	<u> </u>	5,4	00,924			.04	16263
2005		8,419.			70,954			.04	16107
2004	17:	<u>2,452.</u>		3,8	<u>00,581</u>	. •		.04	<u> 15375</u>
2 Total of line 1, column (d)						2		. 23	32602
3 Average distribution ratio for the 5-ye	ar base period - divide the total o	n line 2 by 5.	or by the number	of years					
the foundation has been in existence						3			<u>16520</u>
4 Enter the net value of noncharitable-u	ise assets for 2009 from Part X, l	ine 5				4		,818,	104.
5 Multiply line 4 by line 3		-				5		270,	658.
6 Enter 1% of net investment income (1% of Part I, line 27b)			•		6		1,	264.
7 Add lines 5 and 6						7		271,	922.
B Enter qualifying distributions from Pa	rt XII, line 4				,	8			075.
If line 8 is equal to or greater than line See the Part VI instructions.			lete that part using	g a 1% ta	x rate.	. <u>ن</u>			
923521 02-02-10							For	m 990-P	F (2009)

_	1990-PF (2009) SAM SWOPE FAMILY FOUNDATION, INC. 92-03	<u> 186097</u>	Page 4
Pa	irt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - s	ee instru	ictions)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.	1	
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)		
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗶 and enter 1%		1,264.
	of Part I, line 27b	\$, ,
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b)		
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)		0.
3	Add lines 1 and 2		1,264.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-) 4		0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-		1,264.
6	Credits/Payments:	5/4 Fin	
a	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 8, 286.		~` }
b	Exempt foreign organizations - tax withheld at source		
C	Tax paid with application for extension of time to file (Form 8868).		
d	Backup withholding erroneously withheld 6d 6d		e relation of a
7	Total credits and payments. Add lines 6a through 6d		<u>8,286.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8		
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed 9		
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid 10		<u>7,022.</u>
	Enter the amount of line 10 to be: Credited to 2010 estimated tax ► 7,022. Refunded ► 11		0.
	rt VII-A Statements Regarding Activities		
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in		Yes No
	any political campaign?	1 <u>a</u>	X
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for definition)?	1b	X
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	,	<u> </u>
	distributed by the foundation in connection with the activities.	É virula	افكت الألاسط
	Did the foundation file Form 1120-POL for this year?	<u>1c</u>	X
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:		,
	(1) On the foundation. \blacktriangleright \$ (2) On foundation managers. \blacktriangleright \$		* 30
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation	¥ 1	
_	managers. ▶ \$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.		4 2 th
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or		<u>-</u> -
4-	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	. 3	X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	· 4a	<u> </u>
	If "Yes," has it filed a tax return on Form 990-T for this year? N/A		77
ą	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5	X
6	If "Yes," attach the statement required by General Instruction T. Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:	``	
U	By language in the governing instrument, or		
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law	ì	
	remain in the governing instrument?	à	X
7	Did the foundation have at least \$5,000 in assets at any time during the year?	7	X
•	If "Yes," complete Part II, col. (c), and Part XV.		
R۵	Enter the states to which the foundation reports or with which it is registered (see instructions)		
va	KY	-	
h	off the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)	-	
	of each state as required by General Instruction G? If "No," attach explanation	8b	X
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar	00	^
•	year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV)? If "Yes," complete Part XIV	9	X
10	Did any persons become substantial contributors during the tax year? it *Yes,* attach a schedule listing their names and addresses	. 10	$\frac{\mathbf{x}}{\mathbf{x}}$
	11 165, attach a scriedule fishing the art four figures and audresses		-PF (2009)
			- (~000)

	1990-PF (2009) SAM SWOPE FAMILY FOUNDATION, INC. 92	-01860	<u> </u>		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				
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	-	11		X
12	Did the foundation acquire a direct or indirect interest in any applicable insurance contract before				
	August 17, 2008?	· }	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	L	13	X	<u> </u>
	Website address ► N/A	00 101			
14	The books are in care of COMPANY OFFICE Telephone no. 5			<u>0-0 3</u>	<u> </u>
		°+4 ► <u>402</u>	<u> 199</u>		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			;▶	•
De	and enter the amount of tax-exempt interest received or accrued during the year .	<u>i </u>	N	<u>/A</u>	
<u> </u>	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required				
_	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	-		Yes	No
1a	During the year did the foundation (either directly or indirectly):	_		\$,
	· · · · · · · · · · · · · · · · · · ·	X No		\$	1
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)				
		X No	Ī		
		X No	` `	* ^	` !
	· · · · · · · · · · · · · · · · · · ·	X No			ļ
	(5) Transfer any income or assets to a disqualified person (or make any of either available			,	-
		X No	^ `<	<i>3</i> * .	· ./1
	(6) Agree to pay money or property to a government official? (Exception. Check "No"		l	\$	į
	if the foundation agreed to make a grant to or to employ the official for a period after	_			į
	·	X No		,	7
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			à	
		N/A	1b		
	Organizations relying on a current notice regarding disaster assistance check here	▶└┘│	Ì	,	
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected		******	ř	3.24
	before the first day of the tax year beginning in 2009?		1c		<u> </u>
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation				4
	defined in section 4942(j)(3) or 4942(j)(5)):			à.	,
а	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	_	1 3	**	
	• • • • • • • • • • • • • • • • • • • •	X No			•
	If "Yes," list the years - ,,,,			e l	, !
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect	İ			~in'>
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			<u>``</u> .	ـا
		N/A . L	2b		 -
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.		İ	2.08	4
	<u></u>	ŀ	ļ	Q#	Í
3a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		İ		1
	during the year? Yes	X No			1
b	of "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after		- 1	,	;
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispos	;e			E
	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,				
	• • • • • • • • • • • • • • • • • • • •	N/A	3b		
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?		4a		<u>X</u>
b	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 jeopardy before the first day of the tax year beginning in 2009?		4b		<u> </u>
		Form	990-	·PF (2	2009)

02-02-10

orm 990-PF (2009) SAM SWOPE FAMILY FOUNDAT			92-01860	<u>) 97 Page</u>	9 6
Part VII-B Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	nued)		
5a During the year did the foundation pay or incur any amount to:					
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	n 4945(e))?	Y	es 🔀 No		
(2) Influence the outcome of any specific public election (see section 4955); o	r to carry on, directly or indire	ectly,		,	
any voter registration drive?		Yo	es 🗶 No	. , ,	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Ye	es 🗓 No		
(4) Provide a grant to an organization other than a charitable, etc., organizatio	n described in section				
509(a)(1), (2), or (3), or section 4940(d)(2)?		☐ Ye	es X No		
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or t			<u>. </u>	
the prevention of cruelty to children or animals?	orgoods on an parpoose, or-		es 🗶 No 🦠	*	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the excentions described i	•	.,	" <u>"</u>	
section 53.4945 or in a current notice regarding disaster assistance (see instru	<u>-</u>	iir ricgulations	. N/A		
		••	· N/A -		84
Organizations relying on a current notice regarding disaster assistance check h		4			. د
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption for					
expenditure responsibility for the grant?	•	T/A ∐ Ye	8		
If "Yes," attach the statement required by Regulations section 53.494	• •			, *· m	N
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on				
a personal benefit contract?		Ye	es 🗶 No 📙		
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			6b X	
If "Yes" to 6b, file Form 8870.					,
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	es 🗓 No 📙	,	1
b If yes, did the foundation receive any proceeds or have any net income attribut	able to the transaction?		N/A	7b	
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, Foundation Ma	nagers, Highly	y		
1 List all officers, directors, trustees, foundation managers and their	compensation.				_
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense	
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other	
SAMUEL G. SWOPE	DIRECTOR	Cities 0)	compensation	allowallocs	—
3135 TALA LOOP	DIRECTOR				
LONGWOOD, FL 32779	0.50	0.	0.	0	
	DIRECTOR	<u> </u>			•
P.O. BOX 7806	DIRECTOR				
	0.00	0.	_		
LOUISVILLE, KY 40257	0.00	0.	0.	0	•
	DIRECTOR	1			
801 EAST MAIN STREET, APT 101			_		
LOUISVILLE, KY 40206	0.00	0.	0.	0	•
				<u></u>	
2 Compensation of five highest-paid employees (other than those inc	1	enter "NONE."	(d) Contributions to		_
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week devoted to position	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, othe allowances	er er
NONE			_		_
				1	
			-		_
				t	_
					_
 		 		 	
				i	
	<u> </u>	l	L	L	
Total number of other employees paid over \$50,000					0

Form **990-PF** (2009)

0.

All other program-related investments. See instructions.

Total. Add lines 1 through 3

P	art X Minimum Investment Return (All domestic foundations must complete this part. Foreign foundations	ndation	s, see instructions.)
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		· · · · · · · · · · · · · · · · · · ·
а	Average monthly fair market value of securities	1a	5,906,705.
b	Average of monthly cash balances	1b	
C	Fair market value of all other assets	1c	
d	Total (add lines 1a, b, and c)	1d	5,906,705.
е	Reduction claimed for blockage or other factors reported on lines 1a and.		
	1c (attach detailed explanation) 1e 0.	ĺ	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	5,906,705.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	88,601.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	5,818,104.
6	Minimum investment return. Enter 5% of line 5	6	290,905.
P	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.)	d certair	1
1	Minimum investment return from Part X, line 6	1	290,905.
2a	Tax on investment income for 2009 from Part VI, line 5 2a 1, 264.		
b	Income tax for 2009. (This does not include the tax from Part VI.)		
C	Add lines 2a and 2b	2c	1,264.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	289,641.
4	Recoveries of amounts treated as qualifying distributions	4	0.
5	Add lines 3 and 4	5	289,641.
6	Deduction from distributable amount (see instructions)	6	0.
<u>7</u>	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	289,641.
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	280,075.
b	Program-related investments - total from Part IX-B	1b	<u> </u>
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	Suntability 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	280,075.
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	1,264.
6	Adjusted qualifying distributions. Subtract line 5 from line 4	6	278,811.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation of 4940(e) reduction of tax in those years.	jualifies 1	for the section

Form **990-PF** (2009)

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				289,641.
2 Undistributed income, if any, as of the end of 2009				205/011.
a Enter amount for 2008 only			0.	9 W *
b Total for prior years:				
		0.		
3 Excess distributions carryover, if any, to 2009:			,	* *.
a From 2004 5,678.]	
b From 2005 11,777.				
c From 2006	\$6°	•	>	3 /
d From 2007	``]	
e From 2008 1,746.	*			
f Total of lines 3a through e	19,201.			
4 Qualifying distributions for 2009 from	स		,	*
Part XII, line 4: ► \$ 280,075.				
a Applied to 2008, but not more than line 2a	····		0.	
b Applied to undistributed income of prior	` 🗸	_	* *	*
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.	*	`w. \	*
d Applied to 2009 distributable amount			`	280,075.
e Remaining amount distributed out of corpus	0.			
5 Excess distributions carryover applied to 2009 (If an amount appears in column (d), the same amount must be shown in column (a).)	9,566.	* <u>*</u>	₹ ⁷ %	9,566.
6 Enter the net total of each column as indicated below:	^ ,	3 4		
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	9,635.	`% ^{&} ``*	*	3 A.
b Prior years' undistributed income. Subtract	370331			<u> </u>
line 4b from line 2b		0.		
c Enter the amount of prior years'			<.a	
undistributed income for which a notice of				!
deficiency has been issued, or on which the section 4942(a) tax has been previously				i
assessed	4	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	\$			0.
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				i
not applied on line 5 or line 7	0.			,
9 Excess distributions carryover to 2010.	2 625			
Subtract lines 7 and 8 from line 6a	9,635.			
10 Analysis of line 9:				
a Excess from 2005 7,889.			ľ	I.
b Excess from 2006				
c Excess from 2007				
d Excess from 2008 1,746. e Excess from 2009				
6 EAGGOS HUIH COUD		<u> </u>		Form 990-DF (2000)

Form **990-PF** (2009

Part XIV Private Operating Fo	OUNDATIONS (see ins				86097 Page
1 a If the foundation has received a ruling or					
foundation, and the ruling is effective for			▶		
b Check box to indicate whether the found	-	-	in section	4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
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,			-		
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 listed				1	
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 Info	rmation (Comple	te this nart only	if the foundation	had \$5 000 or mo	re in assets
at any time during the			ii tiic iouiiuutioii	11au 40,000 01 1110	ie iii assets
1 Information Regarding Foundation					
a List any managers of the foundation who		than 2% of the total cont	ributions received by the	foundation before the clos	e of any tay
year (but only if they have contributed m			inductions received by the	roundation perore the clos	c or any tax
NONE					
b List any managers of the foundation who	own 10% or more of the	e stock of a cornoration (or an equally large portion	n of the ownership of a na	rtnerchin or
other entity) of which the foundation has			or an equally large portion	in or the ownership of a pa	raicianip oi
NONE					
2 Information Regarding Contribution	on Grant Gift Loan	Scholarship etc. Pr	ograms:		
Check here ► X if the foundation of				ot accept unsolicited reque	ests for funds. If
the foundation makes gifts, grants, etc. (see instructions) to indiv	iduals or organizations u	nder other conditions, co	mplete items 2a. b. c. and	d.
a The name, address, and telephone numb				<u> </u>	
,,,,,	ror or and poroon to amon		200,00000		
b The form in which applications should be	e submitted and informat	on and materials they sh	nould include:		
c Any submission deadlines:					
,					
d Any restrictions or limitations on awards	, such as by geographica	l areas, charitable fields.	kınds of institutions, or o	ther factors:	
		•	•		
923601 02-02-10				F	orm 990-PF (2009)

Grants and Contributions Paid During the Year or Approved for Future Payment							
Recipient	If recipient is an individual, show any relationship to any foundation manager or substantial contributor	Foundation status of	Purpose of grant or contribution	Amount			
Name and address (home or business)	or substantial contributor	recipient	501131354				
a Paid during the year							
		ļ					
· · -							
		ļ					
		1					
•							
SEE STATEMENT 6		lo					
Total .			▶ 3a	270,820.			
b Approved for future payment							
NONE							
				i			
Total		<u> </u>	▶ 3b	0.			
923811 02-02-10			Fc	orm 990-PF (2009)			

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

Enter gross amounts unless otherwise indicated.	Unrelated	business income		ded by section 512, 513, or 514	(e)
•	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	Loue		- COG		
a					
			-		-
<u> </u>			- 1		
f					
g Fees and contracts from government agencies					·
2 Membership dues and assessments					
3 Interest on savings and temporary cash investments			14	4.362.	
4 Dividends and interest from securities			14		
5 Net rental income or (loss) from real estate:	·			-	
a Debt-financed property		<u> </u>			
b Not debt-financed property					
6 Net rental income or (loss) from personal					
property	1		1		
7 Other investment income					· · · · · · · · · · · · · · · · · · ·
8 Gain or (loss) from sales of assets other					
than inventory			14	<116,542.>	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory		·			
11 Other revenue:					
a					
b					
c					
d					
e					
12 Subtotal. Add columns (b), (d), and (e)	,	(0.	19,353.	
13 Total. Add line 12, columns (b), (d), and (e)				13	19,353.
(See worksheet in line 13 instructions to verify calculations.)					

Part XVI-B Relationship of Activities to the Accomplishment of Exempt Purposes

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).
923621 02-02-10	Form 990-PF (2

Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations**

1 Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of							Yes	No
the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations?								' '
а	a Transfers from the reporting foundation to a noncharitable exempt organization of:							
	(1) C	ash				1a(1)	X	
		ther assets	•••••			1a(2)		X
b		transactions:	•••		·			
•		ales of assets to a noncharital	hle exempt organization	_		1b(1)		X
		urchases of assets from a no	· · ·		•	1b(2)		X
		ental of facilities, equipment,		л				X
				• • • •		1b(3)		
		eimbursement arrangements	•••••	•		1b(4)		<u>X</u>
		oans or loan guarantees				1b(5)		<u>X</u>
		erformance of services or me	•			1b(6)		<u>X</u>
		ng of facilities, equipment, ma				_1c		<u>X</u>
d					lways show the fair market value of the goods, o		ets,	
					ue in any transaction or sharing arrangement, sh	ow in		
	colun	n (d) the value of the goods,	other assets, or services recei	ved.				
(a) ı	ine no	(b) Amount involved	(c) Name of nonchar	table exempt organization	(d) Description of transfers, transactions, and si	naring an	rangeme	nts
1A		500.	KOSAIR MOTOR	CORPS	SEE STATEMENT 7			
			KENTUCKIANA H	ARLEY OWNERS				
1A			GROUP					
			SEMINOLE COUN	TY HARLEY				
1A			OWNERS GROUP					
			0					
				<u> </u>				
				······································				
							-	
				<u> </u>	- 			
					- 			
	_			 				
2a	ls the	foundation directly or indirect	tly affiliated with, or related to,	one or more tax-exempt organ	izations described			
	ın sec	tion 501(c) of the Code (other	r than section 501(c)(3)) or in	section 527?		Yes	X] No
h		s," complete the following sch		·				
		(a) Name of org		(b) Type of organization	(c) Description of relationship	р		
		N/A	····	<u> </u>		•		
_		11/11						
_					<u> </u>			
			·		 			
								
_	l la das a	analisa af parring I deplay that I b	and a comment that eatime in all disc		ments, and to the best of my knowledge and belief, it is tr			
				accompanying schedules and stater and on all information of which prepare		ue, corre	Ct,	
	•	1 20- 0	7	1. / . /				
اہ		amul 1, 2	wore	10/9/10	DIRECTOR			
اق	S	gnature of officer or trustee		Date /	Title			
딤	10	Preparer's \	0/1/		Date Check if Preparer'	s identify	ıng num	ber
Sign Here	aid arer's Only	signature ///	ap 6 tha	116	(0/8//6 employed ►			
	Paid Preparer's Use Only	Firm's name (or yours BOWD	EN & WOOD, PL	rc	EIN ►			
	rep R Use		W BROADWAY, S					
	4_		SVILLE, KENTU		Phone no. (502)	583	-02	62
_						n 990		
					1011		(4	-000)

Ŀ	Capital Gaills allu Los	See in lay on investment income				
	(a) List and 2-story br	describe the kind(s) of property soluck warehouse; or common stock, 2	d, e.g., real estate, 00 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
12	FIDELITY ADVIS	OR DIVERSIFIED I	P		04/07/09	
_	FIDELITY ADVISOR DIVERSIFIED INTL A FIDELITY ADVISOR NEW INSIGHTS CLASS A			P		04/07/09
		FIDELITY ADVISOR NEW INSIGHTS CLASS A FRANKLIN STRATEGIC INCOME CLASS A				10/30/09
_		EGIC INCOME CLAS		P		10/30/09
_		RATEGIC INCOME CLAS		P		10/30/09
			LASS A_	P		10/30/09
	CAPITAL GAINS	DIVIDENDS				
<u>g</u>					 	
<u>h</u>						
_i						
丄						
<u>k</u>						
_m	<u>L</u>		·			·
n	<u>. </u>				ļ	
0						
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		Gain or (loss) lus (f) minus (g)	
_ a	100,000.		195,072.			<95,072.>
<u>a</u> b	100,000.		116,798.	· · · · · · · · · · · · · · · · · · ·		<16,798.>
	11,211.		11,741.			<530·>
<u>c</u>	137,934.		144,463.			<6,529·>
	100,000.		107,318.			
e	9,705.		107,310.			<7,318.>
<u>f</u>	9,705.			· · · · · · · · · · · · · · · · · · ·		9,705.
<u>g</u>						
<u>h</u>				 -		
_						
\top						
<u>k</u>		· · · · · · · · · · · · · · · · · · ·				
1		 	 			
<u>m</u>						
<u>n</u>						
0						
	Complete only for assets showin	ig gain in column (h) and owned by		(I) Los	ses (from col. (h))	
	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any		of col. (h) gain over ot less than "-0-")	col. (K),
a						<95,072.>
b						<16,798.>
C						<530.>
d						<6,529.>
е						<7,318.>
f						9,705.
g						
h						
ī						
Ī						
k						
ī						
m						
n						
0				<u>_</u>		
<u>-</u>		<u>. </u>				
	Capital gain net income or (net ca	11 (1000), 01110, 0	<u> </u>	2	<	116,542.>
3	If gain, also enter in Part I, line 8,		d (6):		 /-	
_	If (loss), enter "-0-" in Part I, line I	5		_3	N/A	

FORM 990-PF INTEREST ON SAV	INGS AND TEM	IPORARY CAS	H IN	IVESTMENTS	STATEMENT	1
SOURCE					AMOUNT	
SUN TRUST CHECKING ACCOUNT				•	4,3	62.
TOTAL TO FORM 990-PF, PART I	, LINE 3, CO	DLUMN A			4,3	62.
FORM 990-PF DIVIDENT	DS AND INTER	EST FROM S	ECUR	RITIES	STATEMENT	2
SOURCE	GROSS	AMOUNT		TAL GAINS VIDENDS	COLUMN (A AMOUNT)
PORTFOLIO OF SECURITIES AND BONDS	 	141,238.		9,705.	131,5	33.
TOTAL TO FM 990-PF, PART I,	LN 4	141,238.		9,705.	131,5	33.
FORM 990-PF	TAX	ES		**************************************	STATEMENT	3
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM		
FOREIGN TAXES	269.		69.			0.
TO FORM 990-PF, PG 1, LN 18	269.	2	69.			0.
FORM 990-PF	OTHER E	XPENSES	- - !! · · · · · · · · · · · · · · · · · ·		STATEMENT	4
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTED NET INCOM		
BROKER MANAGEMENT FEES OFFICE EXPENSE	18,509. 2,000.		54.		9,2	55.
TO FORM 990-PF, PG 1, LN 23	20,509.	9,2	54.		9,2	 55.
	· · · · · · · · · · · · · · · · · · ·					

	CORPORATE STOCK		STATEMENT	5	
DESCRIPTION		BOOK VALUE	FAIR MARKET VALUE	ŗ	
PORTFOLIO OF STOCKS		5,365,598.			
1,278 SHARES OF DAIMLER AG		46,646.			
8,896 SHARES OF BANK OF AMERI	CA CORP	251,195.	133,97		
5,000 SHARES OF BANK NEW YORK	MELLON CORP	137,781.			
4,374 SHARES OF BOEING CO	G07.7	163,584.	236,765. 99,285. 927,000.		
1,456 SHARES OF EXXON MOBILE 45,000 SHARES OF REPUBLIC BAN		25,553. 656,550.			
45,000 SHARES OF REPUBLIC BAN	IK .		927,00		
TOTAL TO FORM 990-PF, PART II	, LINE 10B	6,646,907.	6,625,05	9.	
	NTS AND CONTRIBUTION OF THE YEAR		STATEMENT	6	
RECIPIENT NAME AND ADDRESS	RECIPIENT REL AND PURPOSE		PIENT ATUS AMOUN		
SALVATION ARMY LOUISVILLE, KY	NONE	-	15,00		
	NONE			0.	
LOUISVILLE, KY FLORIDA HOSPITAL FOUNDATION	NONE		15,00	0.	
LOUISVILLE, KY FLORIDA HOSPITAL FOUNDATION ORLANDO, FL JUNIOR ACHIEVEMENT OF KENTUCK	NONE		15,00	10.	

SAM SWOPE FAMILY FOUNDATION, IN	rc. ·	92-0186097
LINCOLN HERITAGE COUNCIL, B.S.A. LOUISVILLE, KY	NONE	1,400.
MASONIC HOMES OF KENTUCKY LOUISVILLE, KY	NONE	35,750.
NEIGHBORHOOD ALLIANCE CHURCH LOUISVILLE, KY	NONE	500.
SECOND PRESBYTERIAN CHURCH LOUISVILLE, KY	NONE	25,750.
UNIVERSITY OF LOUISVILLE LOUISVILLE, KY	NONE	6,000.
SHRINERS HOSPITALS FOR CHILDREN ORLANDO, FL	NONE	250.
SEMINOLE COUNTY HARLEYS OWNERS GROUP ORLANDO, FL	NONE	1,000.
KOSAIR MOTOR CORPS LOUISVILLE, KY	NONE	500.
LEUKEMIA AND LYMPHOMA FOUNDATION LOUISVILLE, KY	NONE	1,000.
ASPCA LOUISVILLE, KY	NONE	100.

SAM SWOPE FAMILY FOUNDATION, I	INC.	92-0186097
THE ENGLISH SPEAKING UNION LOUISVILLE, KY	NONE	250.
ASSOCIATION OF THE LOUISVILLE ORCHESTRA LOUISVILLE, KY	NONE	300.
KENTUCKIANA HARLEY OWNERS GROUP LOUISVILLE, KY	NONE	1,000.
MARCH OF DIMES LOUISVILLE, KY	NONE	1,000.
BAHIA CHILDRENS' FOUNDATION ORLANDO, FL	NONE	3,000.
BAHIA SHRINE ORLANDO, FL	NONE	50,000.
TOTAL TO FORM 990-PF, PART XV, L	JINE 3A	270,820.

990-PF

INVOLVEMENT WITH NONCHARITABLE ORGANIZATIONS STATEMENT 7 PART XVII, LINE 1, COLUMN (D)

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

KOSAIR MOTOR CORPS

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

THIS ORGANIZATION EACH YEAR RAISES MONEY FOR A CHILDREN'S BENEFIT ORGANIZATION BY HOSTING MOTORCYCLE RIDES. SAM SWOPE FAMILY FOUNDATION DONATED CASH FOR THEIR CAUSE.

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

KENTUCKIANA HARLEY OWNERS GROUP

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

THIS ORGANIZATION EACH YEAR RAISES MONEY FOR A CHILDREN'S BENEFIT ORGANIZATION BY HOSTING MOTORCYCLE RIDES. SAM SWOPE FAMILY FOUNDATION DONATED CASH FOR THEIR CAUSE.

NAME OF NONCHARITABLE EXEMPT ORGANIZATION

SEMINOLE COUNTY HARLEY OWNERS GROUP

DESCRIPTION OF TRANSFERS, TRANSACTIONS, AND SHARING ARRANGEMENTS

THIS ORGANIZATION EACH YEAR RAISES MONEY FOR A CHILDREN'S BENEFIT ORGANIZATION BY HOSTING MOTORCYCLE RIDES. SAM SWOPE FAMILY FOUNDATION DONATED CASH FOR THEIR CAUSE.

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 a	e filing for an Automatic 3-Month Extension, complete only Part I and check this box		ightharpoons
•	re filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this	-	
Do not co	mplete Part II unless you have already been granted an automatic 3-month extension on a previously fil	ed For	m 8868
Part I	Automatic 3-Month Extension of Time. Only submit original (no copies needed).		
A corpora	tion required to file Form 990-T and requesting an automatic 6-month extension - check this box and com	plete	
Part I only			▶ □
	orporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an me tax returns	exten	sion of time
noted bek (not auton you must	c Filing (e-file). Generally, you can electronically file Form 8868 if you want a 3-month automatic extension (6 months for a corporation required to file Form 990-T). However, you cannot file Form 8868 electronicatic) 3-month extension or (2) you file Forms 990-BL, 6069, or 8870, group returns, or a composite or consubmit the fully completed and signed page 2 (Part II) of Form 8868. For more details on the electronic file by/efile and click on e-file for Charities & Nonprofits.	cally if nsolida	(1) you want the additional ited Form 990 T. Instead,
Туре о	Name of Exempt Organization	Empl	oyer identification number
print	CAN GUODE BANKEY BOIDINATION INC	۵	2 0106007
File by the	SAM SWOPE FAMILY FOUNDATION, INC. Number, street, and room or suite no. If a P.O. box, see instructions	9	2-0186097
due date for filing your	10 SWOPE AUTO CENTER		
return Sce instructio i3	City, town or post office, state, and ZIP code. For a longing divess, see instructions LOUISVILLE, KY 40299		
Chack by	pe of return to be filed (file a separate application for each return)		
٠.			
(====;	n 990 Form 990 T (corporation) Form 47		
=	n 990 BL Form 990-T (sec 401(a) or 408(a) trust) Form 52 n 990 EZ Form 990 T (trust other than above) Form 60		
	n 990 PF Form 1041 A Form 88		
	COMPANY OFFICE		
	oks are in the care of \blacktriangleright 10 SWOPE AUTO CENTER - LOUISVILLE, KY 4	029	9
	one No ▶ <u>502-499-5003</u> FAX No ▶		
	riganization does not have an office or place of business in the United States, check this box		▶ ∟
• If this i	<u> </u>		r the whole group, check this
box ▶ [If it is for part of the group, check this box 🕨 🔲 and attach a list with the names and EINs of all	memb	ers the extension will cover
4 1.0	event on outcome 2 month (6 months for a corporation required to file Form 990 T) extension of time unit		
1 lie	quest an automatic 3 month (6-months for a corporation required to file Form 990-T) extension of time untagging $AUGUST\ 15$, 2010 , to file the exempt organization return for the organization named a		The extension
is fo	or the organization's return for		
	\overline{X} calendar year 2009 or		
>	tax year beginning , and ending		
			
2 If th	sis tax year is for less than 12 months, check reason Initial return Final return		Change in accounting period
3a If th	is application is for Form 990 BL, 990 PF, 990-T, 4720, or 6069, enter the tentative tax, less any		
	refundable credits. See instructions	3a	s 1,264.
	as application is for Form 990 PF or 990 T, enter any refundable credits and estimated	0.5	s 8,286.
	payments made. Include any prior year overpayment allowed as a credit ance Due. Subtract line 3b from line 3a. Include your payment with this form, or, if required,	3b	\$ 8,286.
	osit with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System)		
	e instructions	3c	s 0.
Caution.	If you are going to make an electronic fund withdrawal with this Form 8868, see Form 8453-EO and Form	00/9	
LHA F	or Privacy Act and Paperwork Reduction Act Notice, see Instructions.		Form 8868 (Rev. 4-2009)

Form 8868 (Rev 4-2009)	_		Page 2			
 If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II and check this b Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed If you are filing for an Automatic 3-Month Extension, complete only Part I (on page 1) 		3868	▶ 🗓			
Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed)						
Type or Name of Exempt Organization	Empl	oyer iden	tification number			
print SAM SWOPE FAMILY FOUNDATION, INC.	9	2-018	6097			
File by the -extended	For IF	RS use onl	у			
due date for filing the BOWDEN AND WOOD, 332 WEST BROADWAY, SUITE 505	Date for BOWDEN AND WOOD 332 WEST BROADWAY SHITE 505					
return See City, town or post office, state, and ZIP code For a foreign address, see instructions. LOUISVILLE, KY 40202						
Check type of return to be filed (File a separate application for each return) Form 990 Form 990-EZ Form 990-PF Form 990-T (trust other than above) Form 4720 Form 6069						
STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previous	ısly file	d Form 8	368.			
COMPANY OFFICE						
• The books are in the care of ▶ 10 SWOPE AUTO CENTER - LOUISVILLE, KY Telephone No ▶ 502-499-5003	1029	9				
If the organization does not have an office or place of business to the United States, check this box			. —			
If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) If the state of th	ne ie foi	the whole	aroup check this			
box If it is for part of the group, check this box and attach a list with the names and EINs of all						
4 request an additional 3-month extension of time until NOVEMBER 15, 2010	THEITE	ers the ex	terision is for			
5 For calendar year 2009, or other tax year beginning , and ending						
6 If this tax year is for less than 12 months, check reason Initial return Final return		Change in	accounting period			
7 State in detail why you need the extension		onango m	accounting points			
THE TAXPAYER NEEDS ADDITIONAL TIME TO GATHER THE NECES	SSAR	Y TNF	ORMATION			
IN ORDER TO FILE A COMPLETE AND ACCURATE TAX RETURN.		<u> </u>				
8a If this application is for Form 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any						
nonrefundable credits. See instructions	8a	\$	1,264.			
b If this application is for Form 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated						
tax payments made. Include any prior year overpayment allowed as a credit and any amount paid						
previously with Form 8868	8b	\$	8,286.			
c Balance Due. Subtract line 8b from line 8a Include your payment with this form, or, if required, deposit						
with FTD coupon or, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	8c	\$	0.			
Signature and Verification						
Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.						
Signature ► // CPA	Date	▶//	[//8			
		For	9 8868 (Rev 4-2009)			

05-26-09