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Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
on may be able to use a copy of this return to satisfy state rei

OMB No 1545-0052 2009

_	_	venue se					DC a	Die to use					rung requirements			
_				or ta	ax year begi			 		01 , 2009				06/30, 2010		
G	Che	ck all t	hat apply	<u> </u>	Initial retur			L Initia	_	of a former p	oublic cha	— i	L	Final return		
				<u> </u>	Amended	return			Addres	ss change		1	lame change			
			Name of for	undat	tion								A Employer ident	ification number		
U	lse th	se the IRS														
	lab	el.	KEENELA	ND	FOUNDATI	ON,	INC	•					61-1358165			
(Otherwise, Number and street (or P O box number if m					f mail	mail is not delivered to street address) Room/suite				ute	B Telephone number (see page 10 of the instructions)				
	pri															
_	or ty		4201 VE	RSA	AILLES RO	AD							(8	359) 254-3412		
		ecific	City or town	, sta	ite, and ZIP co	de		-					C If exemption appl	ication is		
11	istruc	Juons.											pending, check he D 1 Foreign organi	<u> </u>		
			LEXINGT	ON.	KY 4059	2								izations, check here		
_	Cho	ok tune			: X Secti		(c)/2	l) avemnt	private f	oundation			85% test, chec	k here and attach		
ጉ	\neg							-1			tion		computation			
<u>.</u>					empt charitable					ivate founda			E If private founda	tion status was terminated		
ı			t value of all					ng metho		ashAcc	ruai		under section 503	7(b)(1)(A), check here .		
	_		m Part II, co					(specify)						is in a 60-month termination		
_		▶ \$			422.	• •	_	umn (a) m	iust de on	cash basis.)			under section 507	7(b)(1)(B), check here		
Ŀ	art l	Analy	sis of Reve	enue	e and Expens	i es (The		(a) Revenu		(b) Net inve	estment	,	c) Adjusted net	(d) Disbursements for charitable		
		may n	ot necessarily	equ	ial the amount	s in		expenses	s per	incon		l '	income	purposes		
_					of the instruct		_	book						(cash basis only)		
	1	Contribut	tion <u>s, gift</u> s, grants,	, etc , ı	received (attach sch	nedule)		30	5,250.							
	2	Check	If the attach	tound Sch	dation is not requ	uired to						ļ				
	3	Interest			porary cash inves											
	4	Divider	nds and intere	est fr	om securities				3,770.		3,770.			ATCH 1		
-	5 a												<u> </u>			
- 1																
اھ				-	of assets not on			-1	8,791.							
Revenue		Gross s	ales price for all		40		. —							·		
١	7		on line 6a Lagin net inci	ome	(from Part IV, I	ıne 2\										
2	8	•	-		an	•	-									
7			e modification	-			二									
51	9 10 a	Gross sa	ales less returns	. 🗸	RECEIVE	ĒD .	H				•					
_,		and and					O					 				
5			ost of goods so	_		- 10	8									
-	44	Gross	profit or (loss) (all	ach schedule) \	910	8					 				
€0						• • • • • •		20	0,229.		3,770.			 		
\neg		l otal.	Add lines 1 th	rouc	2021 DE 189	111	1		,0,223.		3,770.					
_ 1	13		7===	===	rectors, trustees		┾╾┚						_	-		
0	14				and wages .		-									
Expenses! (15		n plans, emp	-			<u> </u>					-		- 		
<u>ē</u>					ule)		-				-	-				
					schedule)		<u> </u>		905.		005					
.2	С	Other	professional f	iees ((attach schedu	le).*	<u> </u>		905.		905.	<u> </u>				
Administrative	17	Interes	it				<u> </u>	-				 		<u> </u>		
is	18	Taxes (a	attach schedule) (see	page 14 of the ins	tructions)	` <u></u>		57.			<u> </u>				
들	19	Depre	ciation (attach	h sch	nedule) and de	pletion.	<u></u>					L				
ᄫ	20	Occup	ancy									<u> </u>		<u> </u>		
اج	21				meetings								<u>.</u>			
and	22				s						-					
ug	23		•		schedule)											
=	24				ministrative ex											
ē					3	•			962.		905.					
Ō	25				nts paid		1	4	15,500.			-		45,500		
	26			•	ents Add lines 2			4	16,462.		905.			45,500		
_	27		ct line 26 fro			· unu 20										
	ľ				es and disbursem	enta		24	13,767.]						
					es and disbursem (if negative, ei		-				2,865.					
	ט	MET IN			(ii riegauve, ei	•	\vdash					\vdash	-0-	_		

Form 990-PF (2009) PAGE 1

ATCH 3

For Privacy Act and Paperwork Reduction Act Notice, see page 30 of the instructions.* ATCH 2 JSA ** 9E1410 2 0000 7 0 6 0 3 P 2 T 7 V 11/4/2010 5:45:31 PM V 09-8.4

П	art II	Attached schedules and amounts in the description column should be for end-of-year	Beginning of year	End of	year
	الايالة	amounts only (See instructions)	(a) Book Value	(b) Book Value	(c) Fair Market Value
٦	1 '	Cash - non-interest-bearing	2,305.	306,931.	
	2	Savings and temporary cash investments	29,383.	13,879.	13,879.
	3	Accounts receivable ▶			
		Less allowance for doubtful accounts ▶			
	4	Pledges receivable			
Ì	•	Less allowance for doubtful accounts ▶			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
	Ů				
	-	disqualified persons (attach schedule) (see page 16 of the instructions). Other notes and loans receivable (attach schedule)		-	
	7	Less allowance for doubtful accounts			
왍	8	Inventories for sale or use	885.	828.	828.
Assets	9	Prepaid expenses and deferred charges A.T.C.H4		020.	
ã		Investments - U.S and state government obligations (attach schedule)	126,900.	81,602.	128,784.
		Investments - corporate stock (attach schedule) ATCH .5	120, 900.	01,002.	120,704.
	11 ^C	investments - corporate bonds (attach schedule)			
		Less accumulated depreciation			
	12	(attach schedule)			
	13	Investments other (attach schedule)			_
	14	Investments - other (attach schedule) Land, buildings, and equipment basis			
		equipment basis Less accumulated depreciation 13,073. (attach schedule)			
	15	Other assets (describe)			
	16	Total assets (to be completed by all filers - see the	159,473.	403,240.	450,422.
\dashv		instructions Also, see page 1, item I)	139,473.	405,240.	430,422.
	17	Accounts payable and accrued expenses			
	18	Grants payable			
Liabilities	19	Deferred revenue			
Ħ	20	Loans from officers, directors, trustees, and other disqualified persons			
iat	21	Mortgages and other notes payable (attach schedule)			
_	22	Other liabilities (describe			
	23	Total liabilities (add lines 17 through 22)			
		Foundations that follow SFAS 117, check here			
		and complete lines 24 through 26 and lines 30 and 31.			
es	24	Unrestricted	157,273.	401,040.	
JIC.	24 25 26	Temporarily restricted	2,200.	2,200.	
32	26	Permanently restricted			
힏		Foundations that do not follow SFAS 117,			
5		check here and complete lines 27 through 31. ▶			
7	27	Capital stock, trust principal, or current funds			
īs	28	Paid-in or capital surplus, or land, bldg , and equipment fund			
Net Assets	29	Retained earnings, accumulated income, endowment, or other funds		· · · · · · · · · · · · · · · · · · ·	
Ą	30	Total net assets or fund balances (see page 17 of the			
ĕ	30	· · •	159,473.	403,240.	
_	31	Instructions)			
	31	· · · · ·	159,473.	403,240.	
	o rt	of the instructions)		403,240.	=
_				agree with	
1		Il net assets or fund balances at beginning of year - Part I		-	159,473.
_	end-	of-year figure reported on prior year's return)			
2	Ente	er amount from Part I, line 27a			243,767.
3	Othe	er increases not included in line 2 (itemize)		3	400.040
		lines 1, 2, and 3		4	403,240.
5	Dec	reases not included in line 2 (itemize) ▶ Il net assets or fund balances at end of year (line 4 minus		5	****
<u>6</u>	Tota	I net assets or fund balances at end of year (line 4 minus	line 5) - Part II, column (b),	, fine 30 6	403,240.

Form 990-PF (2009)		61-13581	65		Page 3
Part IV Capital Gains	s and Losses for Tax on Inve	estment Income			
	d describe the kind(s) of property sold (e	e g , real estate,	(b) How acquired	(c) Date acquired	(d) Date sold
` `	orick warehouse, or common stock, 200 s	· ·	P-Purchase D-Donation	(mo , day, yr)	(mo , day, yr)
1a SEE PART IV SCH	EDULE				
b	·				
C					
<u>d</u>		· ·			
e					
	(f) Depreciation allowed	(g) Cost or other basis		(h) Gain or (lo	oss)
(e) Gross sales price	(or allowable)	plus expense of sale		(e) plus (f) min	
2					
<u>a</u>					
<u>c</u>					
<u>d</u>		······································			
Complete only for accets	have and a solume (b) and ave	and by the foundation on 12/21/60			
Complete only for assets s	showing gain in column (h) and own		(1)	Gains (Col (h) g (k), but not less	than -0-) or
(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	0	Losses (from co	
	43 01 12/01/03			<u>`</u>	
<u>a</u>					
<u>b</u>					
С					
<u>e</u>			ļ		
2 Capital gain net income o	r (net capital loss)	gain, also enter in Part I, line 7 (loss), enter -0- in Part I, line 7	_		10 701
	*	,	2		-18,791.
	n or (loss) as defined in sections 12				
_	l, line 8, column (c) (see pages 13 a	1			
If (loss), enter -0- in Part I,	line 8	<u> </u>	3		
	nder Section 4940(e) for Redu				
(For optional use by domest	ic private foundations subject to the	e section 4940(a) tax on net invest	ment inco	ome)	
If section 4940(d)(2) applies	, leave this part blank				
	r the section 4942 tax on the distrib		ase perio	od?	_ Yes X No
·	not qualify under section 4940(e)				
1 Enter the appropriate an	nount in each column for each year	, see page 18 of the instructions be	efore ma		
(a) Base period years	(b)	(c)		(d) Distribution	ratio
Calendar year (or tax year beginning in)	Adjusted qualifying distributions	Net value of nonchantable-use assets		(col (b) divided b	
2008	377,945.	209,083.			1.807631
2007	962,378.	645,256.			1.491467
2006	669,608.	728,869.			0.918695
2005	2,247,549.	911,524.			2.465705
2004	829,072.	883,998.			0.937866
2 Total of line 1, column (c	b)		2		7.621364
3 Average distribution ratio	o for the 5-year base period - divide	the total on line 2 by 5, or by the		· · ·	
	ndation has been in existence if less		3		1.524273
number of years the rout	idation has been in existence in less	, man o years			
4. Enter the net value of ne	ancharitable use essets for 2000 fro	m Port V line 5	4		181,624.
4 Enter the net value of no	incharitable-use assets for 2009 fro	m Part X, line 5	 		101,021.
- 14 11 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1			_		276,845.
5 Multiply line 4 by line 3			5	<u> </u>	270,043.
			_		20
6 Enter 1% of net investment	ent income (1% of Part I, line 27b)		6		29.
					076 074
7 Add lines 5 and 6			7		276,874.
8 Enter qualifying distribut	ions from Part XII, line 4 reater than line 7, check the box i		8		45,500.
If line 8 is equal to or g	reater than line 7, check the box i	in Part VI, line 1b, and complete	that part	using a 1% ta	ax rate See the
Part VI instructions on pa	ige i o				

Par	Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see page 18 of the	e inst	ructio	ns)					
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1			_					
-	Date of ruling or determination letter (attach copy of ruling letter if necessary - see instructions)								
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check			57.					
	here ▶ and enter 1% of Part I, line 27b								
С	All other domestic foundations enter 2% of line 27b Exempt foreign organizations enter 4%								
	of Part I, line 12, col (b)								
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 2								
3	Add lines 1 and 2 3	57 <u>.</u>							
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only Others enter -0-) 4	0. 57.							
5	5 Tax based on investment income. Subtract line 4 from line 3 If zero or less, enter -0								
6	Credits/Payments								
	2009 estimated tax payments and 2008 overpayment credited to 2009 6a 885.								
	Exempt foreign organizations-tax withheld at source								
	Tax paid with application for extension of time to file (Form 8868) 6c 0.								
d	Backup withholding erroneously withheld		0	85.					
7	Total credits and payments Add lines 6a through 6d		. 0	65.					
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached								
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		8	28.					
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid Enter the amount of line 10 to be Credited to 2010 estimated tax 828 - Refunded 11			20.					
11									
	t VII-A Statements Regarding Activities		Yes	No					
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it	1a	163	X					
	participate or intervene in any political campaign?	10							
D		1b		Х					
	of the instructions for definition)? If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials								
	published or distributed by the foundation in connection with the activities								
_	c Did the foundation file Form 1120-POL for this year?								
d									
_	(1) On the foundation (2) On foundation managers (3) On the foundation (3) Imposed during the year.								
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed								
	on foundation managers > \$								
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		X					
	If "Yes," attach a detailed description of the activities								
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of								
	incorporation, or bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes	3		X					
4a	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	4a		X					
b	If "Yes," has it filed a tax return on Form 990-T for this year?								
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?	5		_X					
	If "Yes," attach the statement required by General Instruction T								
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either								
	By language in the governing instrument, or								
	By state legislation that effectively amends the governing instrument so that no mandatory directions that		Х						
_	conflict with the state law remain in the governing instrument?	6	X						
7	Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV								
8a	instructions) > KY,								
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General		v						
	(or designate) of each state as required by General Instruction G? If "No," attach explanation	8b	<u>X</u> _						
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 year 2009 or the taxable year beginning in 2009 (see instructions for Part XIV on page			x					
	27)? If "Yes," complete Part XIV	9		<u> </u>					
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their			x					
	names and addresses	10		ı					

Χ

Х

3 b

X No

Did the foundation hold more than a 2% direct or indirect interest in any business

b If "Yes," did it have excess business holdings in 2009 as a result of (1) any purchase by the foundation or disqualified persons after May 26, 1969, (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose of holdings acquired by gift or bequest, or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C, Form 4720, to determine if the

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

Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its

Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?

Pa	t VII-B Statements Regarding Activities fo	or Which Form 4	720 May Be Requ	ired (continued)			
5a	During the year did the foundation pay or incur any amou						
	(1) Carry on propaganda, or otherwise attempt to influen		4945(e))?	Yes X No			
	(2) Influence the outcome of any specific public election						
	directly or indirectly, any voter registration drive?	•	-	Yes X No			
	(3) Provide a grant to an individual for travel, study, or oth						
	(4) Provide a grant to an organization other than a chari						
	section 509(a)(1), (2), or (3), or section 4940(d)(2)? (· · · · · · ·		Yes X No	1 1		
	(5) Provide for any purpose other than religious, charitat						
	purposes, or for the prevention of cruelty to children o	· ·		Yes X No			
b	If any answer is "Yes" to 5a(1)-(5), did any of the transi			. — —			
D	Regulations section 53 4945 or in a current notice regard				5b		
	Organizations relying on a current notice regarding disast	-	· ·	. 🖂			
_							
C	If the answer is "Yes" to question 5a(4), does the founda	•		Yes No			
	because it maintained expenditure responsibility for the gr						
_	If "Yes," attach the statement required by Regulations sect						
6 a	Did the foundation, during the year, receive any funds, d			Yes X No			
	on a personal benefit contract?			• — —		X	
D	Did the foundation, during the year, pay premiums, direct	tly or indirectly, on a p	personal benefit contra	ot ⁷	6b		
_	If "Yes" to 6b, file Form 8870				1 1		
7a At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction? Yes X No b If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?							
						X	
Pa	Information About Officers, Directors and Contractors	, Trustees, Foun	uation managers,	nigiliy Falu Ellipid	yees,		
1	List all officers, directors, trustees, foundation m				ıctions).		
	(a) Name and address	(b) Title, and average hours per week	(c) Compensation (If not paid, enter	(d) Contributions to employee benefit plans	(e) Expense other allow		
		devoted to position	<u>-0-)</u>	and deferred compensation			
	MA CUMPAIN C		-0-	-0-	-0	_	
<u> A1</u>	TACHMENT 6						
		<u></u>					
	Companyation of five highest said ampleyees (at	har Aban Abana ina	luded on line 4	name 22 of the inst	= totional		
2	Compensation of five highest-paid employees (ot if none, enter "NONE."	ner than those inc	iuded on line 1 - Se	e page 23 of the inst	ructions).		
		(b) Title, and average		(d) Contributions to	(e) Expense	account	
(8) Name and address of each employee paid more than \$50,000	hours per week devoted to position	(c) Compensation	employee benefit plans and deferred	other allov		
		devoted to position		compensation			
			 -	ļ · · - · 			
			<u> </u>				
			 -				
				,			
	al number of other employees paid over \$50,000 .					NONE	

and Contractors (continued) 3 Five highest-paid independent contractors for professional services (see page	23 of the instructions) If none	enter "NONE "
(a) Name and address of each person paid more than \$50,000	(b) Type of service	(c) Compensation
NONE		
Total number of others receiving over \$50,000 for professional services		▶ NONE
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statistical of organizations and other beneficianes served, conferences convened, research papers produced, etc.	information such as the number	Expenses
1 THE ORGANIZATION SERVES AS A CONDUIT FOR THE FOUNDA MEMBER'S CHARITABLE GIVING PROGRAM TO 501(C)(3)	TION	
ORGANIZATIONS.	·	45,500
THE ORGANIZATION SUBSIDIZES TRANSIENT LABORERS MEDI		
AND SOCIAL NEEDS WHOM WORK ON THE BACKSTRETCH GROUN MEMBER ORGANIZATION.	DS OF THE	
THE ORGANIZATION SOLICITS GIFTS OF BOOKS, PERIODICA	LS,	
ARTWORK, TROPHIES AND OTHER EDUCATIONAL AND SCIENTI		
MATERIALS RELATING TO THOROUGHBRED HORSES.		
4		
		E
Part IX-B Summary of Program-Related Investments (see page 23 of the Describe the two largest program-related investments made by the foundation during the tax year on lines		Amount
1 NONE	1 010 2	- Tillouin
·		
2	· <u>-</u>	
All other program-related investments See page 24 of the instructions 3 NONE		
3 NONE		
Total. Add lines 1 through 3		

	rt X Minimum Investment Return (All domestic foundations must complete this part. Forei see page 24 of the instructions.)	gn foundatio	ons,
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	130,236.
b	Average of monthly cash balances	1b	54,154.
С		1c	0.
d	Total (add lines 1a, b, and c)	1d	184,390.
е	Reduction claimed for blockage or other factors reported on lines 1a and		,
	1c (attach detailed explanation)]	
2	Acquisition indebtedness applicable to line 1 assets	2	0.
3	Subtract line 2 from line 1d	3	184,390.
4	Cash deemed held for charitable activities Enter 1 1/2 % of line 3 (for greater amount, see page 25		
	of the instructions)	4	2,766.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3 Enter here and on Part V, line 4	5	181,624.
6	Minimum investment return. Enter 5% of line 5	6	9,081.
Pa	Int XI Distributable Amount (see page 25 of the instructions) (Section 4942(j)(3) and (j)(5) private	ate operating	
	foundations and certain foreign organizations check here and do not complete this	oart)	
1	Minimum investment return from Part X, line 6	1	9,081.
2 a	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	1	
С	Add lines 2a and 2b	2c	57.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	9,024.
4	Recoveries of amounts treated as qualifying distributions	4	
5	Add lines 3 and 4	5	9,024.
6	Deduction from distributable amount (see page 25 of the instructions)	6	
7	Distributable amount as adjusted Subtract line 6 from line 5 Enter here and on Part XIII,		
	line 1	7	9,024.
Pa	art XII Qualifying Distributions (see page 25 of the instructions)		
4	Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes.	T T	· · · · · · · · · · · · · · · · · · ·
1		1a	45,500.
a b	Expenses, contributions, gifts, etc - total from Part I, column (d), line 26	1b	0.
	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	10	
2		2	0.
2	purposes Amounts set aside for specific charitable projects that satisfy the.		
3	Suitability test (prior IRS approval required)	3a	0.
a	Cook distribution that (attack the program dishala)	3b	0.
b 1	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	45,500.
4 5		-	33,300.
J	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	5	N/A
_	Enter 1% of Part I, line 27b (see page 26 of the instructions) Adjusted qualifying distributions. Subtract line 5 from line 4	6	45,500.
6			
	Note: The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating v qualifies for the section 4940(e) reduction of tax in those years.	vnetner the 10	ouridation

Pa	rt XIII Undistributed Income (see page	26 of the instruction	าร)		
		(a)	(b)	(c)	(d)
1	Distributable amount for 2009 from Part XI,	Corpus	Years prior to 2008	2008	2009
	line 7				9,024.
2	Undistributed income, if any, as of the end of 2009				
а	Enter amount for 2008 only				
	Total for prior years 20,20,20				
3	Excess distributions carryover, if any, to 2009				
а	From 2004				
ь	From 2004				
С	From 2006 636,890. From 2007 932,929.				
	From 2007 932, 929.				
	From 2008				
	Total of lines 3a through e	4,937,677.			
	Qualifying distributions for 2009 from Part XII,				
	line 4 ▶ \$ 45,500.				
а	Applied to 2008, but not more than line 2a				
b	Applied to undistributed income of prior years (Election				
_	required - see page 26 of the instructions)				
С	Treated as distributions out of corpus (Election required - see page 26 of the instructions)				
4	Applied to 2009 distributable amount	<u>-</u>			9,024.
	Remaining amount distributed out of corpus	36,476.			
5	Excess distributions carryover applied to 2009				
•	(If an amount appears in column (d), the same		:		
	amount must be shown in column (a))				
6	Enter the net total of each column as indicated below:				
а	Corpus Add lines 3f, 4c, and 4e Subtract line 5	4,974,153.			
	Prior years' undistributed income Subtract				
U	line 4b from line 2b				
С	Enter the amount of prior years' undistributed				
	income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has				
	been previously assessed				
ч	Subtract line 6c from line 6b Taxable				
_	amount - see page 27 of the instructions				
е	Undistributed income for 2008 Subtract line				
	4a from line 2a Taxable amount - see page 27 of the instructions				
T	Undistributed income for 2009 Subtract lines 4d and 5 from line 1. This amount must be				
	distributed in 2010				
7	Amounts treated as distributions out of corpus				
	to satisfy requirements imposed by section 170(b)(1)(F) or 4942(g)(3) (see page 27 of the				
	instructions)				
8	Excess distributions carryover from 2004 not applied on line 5 or line 7 (see page 27 of the				
	instructions)	791,078.			
9	Excess distributions carryover to 2010.				
	Subtract lines 7 and 8 from line 6a	4,183,075.			
	Analysis of line 9				
	Excess from 2005 2, 208, 179.				
b	Excess from 2006 636, 890 .				
С	Excess from 2007 932, 929.				
d	Excess from 2008 368, 601.				
e	Excess from 2009 36, 476.				

Forn	1 990-PF (2009)		61-1358165 Page 10									
Pa	rt XIV Private Oper	ating Foundations	s (see page 27 of the instructions and Part VII-A, question 9) NOT APPLICABLE									
1 a	If the foundation has	received a ruling or d	etermination letter tha	it it is a private oper	ating							
	foundation, and the ruling	g is effective for 2009, e	nter the date of the ruling		. ▶							
b	Check box to indicate wh)(3) or 4942(j)(5)						
_		Tax year	l	Prior 3 years								
2 a	Enter the lesser of the ad- justed net income from Part	(a) 2009	(b) 2008	(c) 2007	(d) 2006	(e) Total						
	f or the minimum investment	(a) 2003	(5) 2000	(6)2001_	(4) 2000							
	return from Part X for each											
	year listed											
þ	85% of line 2a	· · · · · · · · · · · · · · · · · · ·		<u> </u>		 						
С	Qualifying distributions from Part XII, time 4 for each year listed .											
d	Amounts included in line 2c not used directly for active conduct											
_	of exempt activities				 							
е	Qualifying distributions made directly for active conduct of											
	exempt activities Subtract line											
_	2d from line 2c			<u> </u>								
3	Complete 3a, b, or c for the alternative test relied upon											
а	"Assets" alternative test - enter:											
	(1) Value of all assets											
	(2) Value of assets qualifying											
	under section											
ь	4942(j)(3)(B)(i) "Endowment" alternative test-				 	 						
	enter 2/3 of minimum invest-											
	ment return shown in Part X,											
•	line 6 for each year listed		<u> </u>									
·	"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			1 15 11 5 1		<u> </u>						
P 8	at any time of	during the year - se	e page 28 of the ir	structions.)	ation had \$5,000	or more in assets						
1	Information Regardin											
а	List any managers of	the foundation who h	nave contributed mor	e than 2% of the tota	al contributions received	ved by the foundation						
	before the close of any	tax year (but only if the	ney have contributed	more than \$5,000). (S	ee section 507(d)(2)	•						
	NONE	NONE										
b	List any managers of	the foundation who	own 10% or more o	f the stock of a corp	oration (or an equally	v large portion of the						
	ownership of a partner					, 5 1						
	•	• • • • • • • • • • • • • • • • • • • •		ŭ								
	NONE											
2	Information Regardin	g Contribution, Grant	, Gift, Loan, Scholars	hip, etc., Programs:								
		-		- ·	table erganizations of	and door not account						
	Check here ► X if t	ne roundation only i	makes contributions	to preselected chari	able organizations a	ons) to individuals or						
	organizations under ot				20 Of the mondell	ons) to individuals of						
												
а	The name, address, a	nd telephone number	of the person to who	m applications should b	e addressed.							
b	The form in which app	lications should be su	bmitted and informati	on and materials they	should include							
_	Any submission deadli	inos:										
C	with anniting sight degall	1163										
	Anu sontrations at 11	mitations as a second	augh as his asset	onbigol proper shares	ship finds leads of	inglitutions of the						
đ	Any restrictions or li factors:	mitations on awards	, sucn as by geogr	apnicai areas, charita	able fields, kinds of	institutions, or other						

Part XV Supplementary Information (continued)									
3 Grants and Contributions Paid Durin	ng the Year or Appr		uture 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	contribution						
a Paid during the year									
ATTACHMENT 7									
		ļ							
Total	<u> </u>	<u> </u>	3a	45,500.					
b Approved for future payment									
		1							
		1							
		1							
Total									
				= 000 DE 10000					

Form 990-PF ((2009)			61-	-1358165	Page 12
Part XVI-	A . Analysis of Income-Produ	cing Activ	vities			
	amounts unless otherwise indicated		ated business income	Excluded by	section 512, 513, or 514	(e)
1 Program service revenue		(a) Business code	(b)	(c) Exclusion code	(d)	(e) Related or exempt function income (See page 28 of the instructions)
•	Service revenue					
ř			-			
	and contracts from government agencies					
_	ship dues and assessments	-			_	·
	n savings and temporary cash investments					
	s and interest from securities			14	3,770.	
	al income or (loss) from real estate			<u> </u>		
	-financed property					
	debt-financed property				- i	-
	income or (loss) from personal property					
	vestment income					
	oss) from sales of assets other than inventory			18	-18,791.	
•	me or (loss) from special events					
	ofit or (loss) from sales of inventory			-		
	venue a					
_						
						-
						•
e						
	Add columns (b), (d), and (e)			i	-15,021.	
Part XVI- Line No. ▼	Explain below how each activities the accomplishment of the for page 29 of the instructions.)	ity for whi	ch income is reporte	d in colum	n (e) of Part XVI-A con	
-					-	
						
			NOT APPLICABI	E		
		 				
						1333131
	I					

Pa	rt XVII	Information Inform		ransfers To and	d Transa	ctions	and Rela	tionship	s With N	lonc	harit	able
1	in sec	ne organization directly tion 501(c) of the Cozations?	ode (other than	section 501(c)(3) o	rganizations						Yes	No
а		ers from the reporting for								1a(1)		х
		her assets								1a(2)		X
b		transactions										
		les of assets to a nonch								1b(1)		X
		rchases of assets from								1b(2)		X
		ental of facilities, equipm								1b(3) 1b(4)		X
		eimbursement arrangeme ans or loan guarantees								1b(5)		X
		erformance of services of										X
С		g of facilities, equipmen								1	<u> </u>	X
d		answer to any of t										
		of the goods, other										
	value	in any transaction or	r sharing arran	gement, show in co	lumn (d) t	ne value	e of the goo	ods, other	assets, or	servic	es re	ceived
(a)	Line no	(b) Amount involved	(c) Name of	noncharitable exempt orga	anization	(d) De	scription of tran	nsfers, transac	tions, and shar	nng am	angeme	nts
		N/A	(0)			N/A						_
		<u></u>	-		<u>-</u>							
		<u> </u>										
											•	
			<u> </u>									
			-									
										<u> </u>		
	section	foundation directly or n 501(c) of the Code (other	her than section :	· ·	· ·			nizations de	escribed in	Y	'es [X No
	if "Yes	s," complete the followin (a) Name of organizatio		(b) Type of o	manization	- [(c) Descrip	tion of relations	ship		
		(a) Name of organization		(2) 1) po o o	- garneston			(0) 0 000p				
								_				
	Under belief,	penalties of perjury, I decit is true correct, and com	lare that I have exploite Declaration	amined this return, inclusion of preparer (other than ta	ding accompa expayer or fid	uciary) is 1	nedules and sta based on all inf	tements, and formation of	which prepare	of my ler has a	knowled any knowled	ige and wiedge
ā	SI	gnature of officer or trustee		<u>:</u>	. ,	Date		Title				
Sign Here	Paid Preparer's Use Only	Preparer's signature	Dea-KA	fair	Date	Inlin	Check if self-empl	oyed ►	Preparer's number (Se page 30 of	ee Sign	náture c	
U)	Paid Prepare Use On	Firm's name (or yours if	f CROWE	HORWATH LLP		7/10	. 1	EIN ▶	35-0921	680		
	د ته	self-employed), address	s, 144 No	ORTH BROADWAY							_	
_		and ZIP code	LEXIN	GTON, KY		4	0507	Phone n				
									F	om 9	90-PF	(2009)

Schedule B

Internal Revenue Service

(Form 990, 990-EZ, or 990-PF)
Department of the Treasury

Schedule of Contributors

► Attach to Form 990, 990-EZ, or 990-PF.

OMB No 1545-0047

2009

Employer identification number Name of the organization KEENELAND FOUNDATION, INC. 61-1358165 Organization type (check one) Filers of: Section: 501(c)(Form 990 or 990-EZ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule See instructions General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. **Special Rules** For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 331/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h or (ii) Form 990-EZ, line 1 Complete Parts I and Ш For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, aggregate contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals Complete Parts I, II, and III For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not aggregate to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2 of its Form 990, or check the box on line H of its Form 990-EZ, or on line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

JSA

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

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

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

ae .	of	of Part I
ae .	01	UIFAILI

Name of organization KEENELAND FOUNDATION, INC.

Employer identification number 61-1358165

Part I Contributors	(see instructions)
---------------------	--------------------

(a) No	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
1	MAKER'S MARK 6200 DUTCHMANS LANE, SUITE 103 LOUISVILLE, KY 40205	\$\$	Person X Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
2	MARTIN SCHWARTZ 3265 NORTH OCEAN BOULEVARD GULF STREAM, FL 33483	\$\$5,000.	Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II if there is a noncash contribution)
(a) No.	(b) Name, address, and ZIP + 4	(c) Aggregate contributions	(d) Type of contribution
		 \$	Person Payroll Noncash (Complete Part II if there is a noncash contribution.)
(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.)

- DIVIDENDS AND INTEREST FROM SECURITIES PART I FORM 990PF,

NET INVESTMENT INCOME	115. 3,655.	3,770.
REVENUE AND EXPENSES PER BOOKS	115.	3,770.
		TOTAL
DESCRIPTION	OTHER ES BARR/BROWN ADVISORY	

ATTACHMENT 2

l	~
	CHMENT
	ATTA

FEES	
PROFESSIONAL	
OTHER	
I	
Η	
PART	
990PF,	•

NET INVESTMENT	INCOME	905
REVENUE AND EXPENSES	PER BOOKS	905.
	DESCRIPTION	ACCOUNT MANAGEMENT FEES

	•
	2
	0
	6
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	ı

905.

TOTALS

ATTACHMENT 3

FORM 990PF, PART I - TAXES

REVENUE AND

EXPENSES

PER BOOKS

DESCRIPTION

TAXES

57.

TOTALS

57.

ATTACHMENT 4

PREPAID EXPENSES AND DEFERRED CHARGES

ı

ΙΙ

PART

FORM 990PE,

BEGINNING BOOK VALUE

828.

885.

TOTALS

PREPAID TAXES

DESCRIPTION

885.

828.

ENDING <u>FMV</u>		
ĮΤĴ		20
		PAGE
ᄓ	828.	
ENDING BOOK VALUE	828	

5
ATTACHMENT

128,784.

81,602.

126,900.

126,900.

TOTALS

EQUITY SECURITIES (BV @ COST)

81,602.

128,784.

TTACHMENT 5	ENDING
ATTACHN	ENDING BOOK VALUE
- CORPORATE STOCK	BEGINNING BOOK VALUE
FORM 990PF, PART II - CORPOR	DESCRIPTION

FORM 990PE,

ATTACHMENT

PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

L. L. HAGGIN, III

P.O. BOX 1690

LEXINGTON, KY 40588-1690

NICK NICHOLSON

VICE PRESIDENT

HARVIE B. WILKINSON

SECRETARY

FRAN TAYLOR

DIRECTOR

LEXINGTON, KY 40588-1690

WILLIAM THOMASON

LEXINGTON, KY 40588-1690 P.O. BOX 1690

PRESIDENT

LEXINGTON, KY 40588-1690 P.O. BOX 1690

LEXINGTON, KY 40588-1690 P.O. BOX 1690

P.O. BOX 1690

TREASURER

VERSAILLES, KY 40383 WILLIAM S. FARISH P.O. BOX 626

DIRECTOR

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ATTACHMENT 6 (CONT'D)

FORM 990PF,

PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES

NAME AND ADDRESS

TITLE AND AVERAGE HOURS PER WEEK DEVOTED TO POSITION

DIRECTOR

WILLIAM M. LEAR, JR. 300 WEST VINE STREET SUITE 2100 LEXINGTON, KY 40507

GRAND TOTALS

61-1358165

YEA
THE
DURING
PAID
CONTRIBUTIONS
AND
GRANTS
_'
×
PART
990PF,
FORM

PURPOSE OF GRANT OR CONTRIBUTION AMOUNT	CONTRIBUTION FOR MEDICINE/MEDICAL SUPPLIES 1,500	CONTRIBUTE TO EMERGENCY NEEDS FUND 5,000	TRANSPORTATION FUNDING	SUPPORT FOR EQUINE RESEARCH 5,000.	ASSIST WITH EMERGENCY SHELTER COSTS. 2,500	CONTRIBUTION FOR EQUIPMENT AND FURNITURE - EARLY 2,500 LEARNING CENTER
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE	NONE	NONE	NONE	NONE	NONE
RECIPIENT NAME AND ADDRESS	BABY HEALTH SERVICES 1590 HARRODSBURG ROAD LEXINGTON, KY 40504	BLUE GRASS COMMUNITY FOUNDATION 250 W. MAIN STREET, STE 1220 LEXINGTON, KY 40507-1714	CHRYSALIS HOUSE, INC 1589 HILL RISE DRIVE LEXINGTON, KY 40504	GRAYSON JOCKEY CLUB 821 CORPORATE DRIVE LEXINGTON, KY 40503	HOPE CENTER, INC 360 WEST LOUDON AVENUE LEXINGTON, KY 40508	SALVATION ARMY 736 WEST MAIN STREET

ATTACHMENT 7 (CONT'D)

AMOUNT	10,000	5,000	2,500	500	10,000
PURPOSE OF GRANT OR CONTRIBUTION	CONTRIBUTION TO PRESIDENT'S DISCRETIONARY FUND	SUPPORT HOOFBEATS AND HEARTBEATS EXHIBITION	2009/2010 ANNUAL GIVING CAMPAIGN	DONATION	TED BASSETT SCHOLARSHIP FUND
RELATIONSHIP TO SUBSTANTIAL CONTRIBUTOR AND FOUNDATION STATUS OF RECIPIENT	NONE	NONE	NONE	NONE	NONE
RECIPIENT NAME AND ADDRESS	UNIVERSITY OF KENTUCKY 101 MAIN BUILDING LEXINGTON, KY 40506-0032	UNIVERSITY OF KENTUCKY ART MUSEUM 115 SINGLETARY CENTER LEXINGTON, KY 40506	URBAN LEAGUE 148 DEWÈESE STREET LEXINGTON, KY 40507	KCTCS FOUNDATION 300 NORTH MAIN STREET VERSAILLES, KY 40383	TRANSYLVANIA UNIVERSITY . 300 n BROADWAY LEXINGTON, KY 40508

45, 500 TOTAL CONTRIBUTIONS PAID

V 09-8 4

SCHEDULE D (Form 1041)

Department of the Treasury Internal Revenue Service Name of estate or trust

Capital Gains and Losses

► Attach to Form 1041, Form 5227, or Form 990-T. See the instructions for Schedule D (Form 1041) (also for Form 5227 or Form 990-T, if applicable).

OMB No 1545-0092

Employer identification number

2009

r	REENELAND FOUNDATION, INC.				01-13281	כס	
Note	: Form 5227 filers need to complete only P	arts I and II.			·		
Par			Held One Ye	ar or Less			
· ai	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(e) Cost or other (see page 4 of instructions)	the	(f) Gain or (loss) for the entire year Subtract (e) from (d)
1 a	-			_	,		
					-		
				<u> </u>			
b	Enter the short-term gain or (loss), if any,	from Schedule D	-1, line 1b			1 b	2,407.
2	Short-term capital gain or (loss) from Fore	ms 4684, 6252,	6781, and 882	4		2	
3	Net short-term gain or (loss) from partner						
4	Short-term capital loss carryover. Enter the	ne amount, if any	y, from line 9 of	the 2008 Capital Los	ss		· · · · · · · · · · · · · · · · · · ·
5	Carryover Worksheet		· · · · · · · · · · · · · · · · · · ·	Enter here and on li		4	
	column (3) on the back	 	<u> </u>		<u> </u>	5	2,407.
Pai	t II Long-Term Capital Gains and Loss		1	ne Year	(e) Cost or other	haeie	(f) Gain or (loss) for
	(a) Description of property (Example 100 shares 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price	(see page 4 of	the	the entire year Subtract (e) from (d)
6a							
						I	
b	Enter the long-term gain or (loss), if any,	from Schedule D	-1, line 6b			6b	-21,198.
7	Long-term capital gain or (loss) from Fore	ms 2439, 4684,	6252, 6781, aı	nd 8824		7	
8	Net long-term gain or (loss) from partners	ships, S corporat	tions, and other	estates or trusts		8	
9	Capital gain distributions					9	
						4.	
10 11	Gain from Form 4797, Part I Long-term capital loss carryover. Enter the				oss	10	
	Carryover Worksheet					11	(
12	Net long-term gain or (loss). Combine line column (3) on the back					12	-21,198.
For	Paperwork Reduction Act Notice, see the Insti						e D (Form 1041) 2009

Sche	dule D (Form 1041) 2009				Page 2
Par	Summary of Parts I and II Caution: Read the instructions before completing this p	art.	(1) Beneficiaries' (see page 5)	(2) Estate's or trust's	(3) Total
13	Net short-term gain or (loss)	13			2,407.
а	Total for year	14a			-21,198.
b	Unrecaptured section 1250 gain (see line 18 of the wrksht.)	14b			
С	28% rate gain	14c			
15	Total net gain or (loss). Combine lines 13 and 14a ▶	15			-18,791.
Note	e: If line 15, column (3) is a net gain, enter the gain on Form 1041, line 4 (or For	m 000.	T Part I line 4a) If lines	14a and 15 column i	(2) are net gains go

Note: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form 990-T, Part I, line 4a) If lines 14a and 15, column (2), are net gains, go to Part V, and do not complete Part IV If line 15, column (3), is a net loss, complete Part IV and the Capital Loss Carryover Worksheet, as necessary.

Part IV	Capital	Loss	Limitation

Note: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line 22 (or Form 990-T, line 34), is a loss, complete the Capital Loss Carryover Worksheet on page 7 of the instructions to figure your capital loss carryover

Part V Tax Computation Using Maximum Capital Gains Rates

Form 1041 filers. Complete this part only if both lines 14a and 15 in column (2) are gains, or an amount is entered in Part I or Part II and there is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than zero

Caution: Skip this part and complete the worksheet on page 8 of the instructions if

- Either line 14b, col (2) or line 14c, col (2) is more than zero, or
- Both Form 1041, line 2b(1), and Form 4952, line 4g are more than zero.

Form 990-T trusts. Complete this part only if both lines 14a and 15 are gains, or qualified dividends are included in income in Part I of Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and complete the worksheet on page 8 of the instructions if either line 14b, col. (2) or line 14c, col. (2) is more than zero.

17	Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17			
18	Enter the smaller of line 14a or 15 in column (2)				
	but not less than zero				
19	Enter the estate's or trust's qualified dividends				
	from Form 1041, line 2b(2) (or enter the qualified				
	dividends included in income in Part I of Form 990-T) 19				
20	Add lines 18 and 19				1
21	If the estate or trust is filing Form 4952, enter the				
	amount from line 4g, otherwise, enter -0 ▶ 21				
22	<u> </u>	22			
23	Subtract line 22 from line 17. If zero or less, enter -0-	23		1	
24	Enter the smaller of the amount on line 17 or \$2,300	24			
25	Is the amount on line 23 equal to or more than the amount on line 24?				
	Yes. Skip lines 25 and 26, go to line 27 and check the "No" box			İ	
	No. Enter the amount from line 23	25			
26	Subtract line 25 from line 24	26			
27	Are the amounts on lines 22 and 26 the same?				
	Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line 22	27]	
28	Enter the amount from line 26 (If line 26 is blank, enter -0-)	28]	
29	Subtract line 28 from line 27	29			
30	Multiply line 29 by 15% (15)			30	
31	Figure the tax on the amount on line 23. Use the 2009 Tax Rate Schedul				
	(see the Schedule Ginstructions in the instructions for Form 1041)			31	
32	Add lines 30 and 31			32	
33	Figure the tax on the amount on line 17 Use the 2009 Tax Rate Schedul	 le for F	states and Trusts	<u></u>	
-	(see the Schedule Ginstructions in the instructions for Form 1041)			33	
34	Tax on all taxable income. Enter the smaller of line 32 or line 33 here and of				
-	G, line 1a (or Form 990-T, line 36)			34	

Schedule D (Form 1041) 2009

SCHEDULE D-1 (Form 1041)

Department of the Treasury Internal Revenue Service

Continuation Sheet for Schedule D (Form 1041) ► See instructions for Schedule D (Form 1041).

▶ Attach to Schedule D to list additional transactions for lines 1a and 6a.

OMB No 1545-0092

2009

Name of estate or trust KEENELAND FOUNDATION, INC.

Employer identification number 61-1358165

Part I Short-Term Capital Gains at			or Less		
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (mo , day, yr)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
a ANNALY CAPITAL MANAGEMENT			1		
INC 500 SHARES	04/30/2009	09/23/2009	9,615.	7,208.	2,407
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		-			
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	l	<u></u>	1	.1	

2,407.

Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side

Employer identification number

Part II Long-Term Capital Gains and		s Held More Tha			
(a) Description of property (Example 100 sh 7% preferred of "Z" Co)	(b) Date acquired (mo , day, yr)	(c) Date sold (то , day, уг)	(d) Sales price (see page 4 of the instructions)	(e) Cost or other basis (see page 4 of the instructions)	(f) Gain or (loss) Subtract (e) from (d)
6a INTERNATIONAL GAME TECH - 500 SHARES	07/27/2007	08/27/2009	10,501.	18,005.	-7,504.
AMERICAN EXPRESS COMPANY - 200 SHARES	01/15/2008	11/30/2009	8,221.	8,640.	-419.
GENERAL ELECTRIC - 750 SHARES	09/02/2005	11/30/2009	11,830.	25,105.	-13,275.
					 .
			<u> </u>		
					_
		,			
6b Total. Combine the amounts in colum	ın (f) Enter here a	and on Schedule D,	line 6b		-21,198.

KEENELAND FOUNDATION, INC.

FORM 990-PF - PART IV

COSSES FOR TAX ON INVESTMENT INCOME

Kınd of F				cription		P or	Date	Date sold
Gross sale price less expenses of sale	Depreciation allowed/ allowable	Cost or other basis	FMV as of 12/31/69	Adj basis as of 12/31/69	Excess of FMV over adj basis	D	acquired Gain or (loss)	
10,501.	allowable			CH - 500 SH			07/27/2007 -7,504.	08/27/2009
9,615.		ANNALY CAPT	ITAL MANAGE	MENT INC	500 SHA		04/30/2009 2,407.	09/23/2009
8,221.		AMERICAN EX	XPRESS COMP	ANY - 200 S	HARES		01/15/2008 -419.	11/30/2009
11,830.		GENERAL ELI 25,105.	ECTRIC - 75	0 SHARES			09/02/2005 -13,275.	11/30/2009
OTAL GAIN(L	oss)						-18,791.	
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						į		
		:						