

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



Return of Private Foundation
or Section 4947(a)(1) Nonexempt Charitable Trust
Treated as a Private Foundation
Note. The foundation may be able to use a copy of this return to satisfy state reporting requirements.

OMB No 1545-0052 2011

		endar year 2011 or tax year beginning			and ending		, 20
		of foundation JESSIE BARKER MCKEI	LAR CHARITABLE	FOUNDAT	ION	A Employer identific	
_D	ATI	ED 5/28/1997 450001011				62-	<u>6323409</u>
Nı	ımb	per and street (or P.O. box number if mail is not delive	red to street address)		Room/suite	B Telephone numbe	r (see instructions)
		9 U.S. HIGHWAY 42, SUITE 200	0			(50	2) 212-7800
Ci	ty o	r town, state, and ZIP code				C If exemption applicat	
_L(OU:	ISVILLE, KY 40222				pending, check here	
G (he	ck all that apply: Initial return	Initial return of	of a former p	ublic charity	D 1 Foreign organizati	ons, check here . 🕨 🗀
		Final return Address change	Amended retu			2 Foreign organizati 85% test, check he computation	ere and attach
μc	he	ck type of organization: X Section 501(c)(3) exempt private fo	undation		E If private foundation	
<u></u>		ection 4947(a)(1) nonexempt charitable trust	Other taxable priv			· ·	(1)(A), check here
		C	unting method: X Ca	sh Acc	rual	F If the foundation is in	
	-		ther (specify) column (d) must be on	cash basis.)		under section 507(b)	(1)(B), check here . \blacktriangleright
		Analysis of Revenue and Expenses (The	· 			<u>- </u>	(d) Disbursements
		total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions))	(a) Revenue and expenses per books	(b) Net inve		(c) Adjusted net income	for charitable purposes (cash basis only)
		Contributions, gifts, grants, etc., received (attach schedule) if the foundation is not required to					
		attach Sch 8				5=4=	
		Dividends and interest from securities	213,244.	20	6,156.	RECEIVE	STMT
		Gross rents					SC
		Net rental income or (loss)	T		iv.	JUI 1 8 201	
		Net gain or (loss) from sale of assets not on line 10	85,196.		14	JOL TO CON	د اهٰ ا
Kevenue		Gross sales price for all 723 751	1	····			<u> </u>
Š	7	Capital gain net income (from Part IV, line 2).		8	5,196	OGDEN, U	T
		Net short-term capital gain					
		Income modifications · · · · · · · · · · · · · · · · · · ·					
10) a	Gross sales less returns and allowances · · · · ·					
	b	Less Cost of goods sold .					
	c	Gross profit or (loss) (attach schedule)			<u></u>		
1	1	Other income (attach schedule)					
1	2	Total. Add lines 1 through 11	298,440.		1,352.		
1	3	Compensation of officers, directors, trustees, etc	35,166.	3	5,166.		
	4	Other employee salaries and wages			NONE	NONE	
2 Se		Pension plans, employee benefits			NONE	NONE	_,
Expenses		Legal fees (attach schedule)					····
ונ	Ь	Accounting fees (attach schedule)					
<u>و</u> ا	C	Other professional fees (attach schedule)	-				
Strative 1	7	Interest					
[]	8	Taxes (attach schedule) (see instructions) STMT. 2.	5,385.	 	1,385.		
[]1	9	Depreciation (attach schedule) and depletion .					
1 2 2	0	Occupancy					
9 2 8 2	1	Travel, conferences, and meetings	_		NONE	NONE	
ā 2	2	Printing and publications	0.5		NONE	NONE	
[2		Other expenses (attach schedule) STMT. 3.	95.		14.		
Operating 2	4	Total operating and administrative expenses.		_			
اق		Add lines 13 through 23	40,646.	3	6,565.	NONE	
_ 2	5	Contributions, gifts, grants paid	288,435.		6 565	17037	288,43
2		Total expenses and disbursements Add lines 24 and 25	329,081.	3	<u>6,565.</u>	NONE	288,43
2		Subtract line 26 from line 12:					
		Excess of revenue over expenses and disbursements	-30,641.	~-	4 707		
		Net investment income (if negative, enter -0-)		25	4,787.		
	C	Adjusted net income (if negative, enter -0-).	1		!		

For Paperwork Reduction Act Notice, see instructions
1E1410 1 000 DCN753 978U 06/20/2012 08:41:35

Form 990-PF (2011) 62-6323409 Page 2

		Dalamas Chasta	Attached schedules and amounts in the	Beginning of year		nd o	f year
	<u>ąrt II</u>	Balance Sneets	description column should be for end-of-year amounts only (See instructions)	(a) Book Value	(b) Book Value		(c) Fair Market Value
	1	Cash - non-interest-beari	ng				
	2	Savings and temporary	cash investments	80,047.	131,1	86.	131,186
	3	Accounts receivable				- 1	
		Less: allowance for doub	otful accounts >				
	4	Pledges receivable ▶_					
		Less: allowance for doub	otful accounts >				
	5	Grants receivable					
	6	Receivables due from	officers, directors, trustees, and other			1	
		disqualified persons (atta	ach schedule) (see instructions)				
	7	Other notes and loans re	eceivable (attach schedule)			ĺ	
		Less allowance for doub	otful accounts >NONE				
_s	8	Inventories for sale or us	e				
Assets	9	Prepaid expenses and de	eferred charges				
As	10 a	Investments - U S and state	government obligations (attach schedule)				
	ь	Investments - corporate	stock (attach schedule)				
			bonds (attach schedule)				
	11	Investments - land, building and equipment basis		_		İ	
		Less accumulated deprecia	tion				
	12	Investments - mortgage	loans				
	13	Investments - other (atta	ch schedule)	6,242,952.	6,124,9	51.	6,148,004
	14	Land, buildings, and equipment basis				- 1	
		Less accumulated deprecia (attach schedule)	tion				
	15		>)				
	16		completed by all filers - see the				
_	ļ <u>-</u>		age 1, item I)	6,322,999.	6,256,1	<u>37.</u>	6,279,190
	17	Accounts payable and a	ccrued expenses				
	18						
es	19						
Liabilities	20		rs, trustees, and other disqualified persons .		=		
ia dei	21		tes payable (attach schedule)				
_	22	Other liabilities (describe	· -)				
		* . 10 100 1 100 1 1 1 1 1 1 1 1 1 1 1 1	47.11				
_	23		s 17 through 22)				
			ow SFAS 117, check here ► 4 through 26 and lines 30 and 31.			l	
(A)		-	J				
ce	24				<u> </u>	\dashv	
or Fund Balances	25						
B	26	•				\dashv	
Ĕ			not follow SFAS 117, plete lines 27 through 31. ► X				
F	27		ipal, or current funds	5,267,236.	6,256,1	37	
			land, bldg , and equipment fund	5,201,230.	0,230,1		
Net Assets	29		ated income, endowment, or other funds	1,055,763.			
As	30	•	balances (see instructions)	6,322,999.	6,256,1	37	
Vet	31	Total liabilities and		0,322,333.	0/230/2		
				6,322,999.	6,256,1	37.	
P	art II		anges in Net Assets or Fund		9723372	<u></u>	
			alances at beginning of year - Part		(must agree with		
•			on prior year's return)			1	6,322,999.
2		_				2	-30,641.
3	Othe	er increases not include	ine 27a	TEMENT 4	· · · · · · · · ·	3	17,921.
						4	6,310,279.
5	Decr	eases not included in	line 2 (itemize) ► SEE STA	TEMENT 5		5	54,142.
			lances at end of year (line 4 minus li			6	6,256,137.

Form **990-PF** (2011)

Part IV Capital Gains	and Losses for Tax on Inv	restment Income			
	describe the kind(s) of property sold ck warehouse; or common stock, 200	•	(b) How acquired P-Purchase D-Donation	(c) Date acquired (mo , day, yr)	(d) Date sold (mo , day, yr.)
1a PUBLICLY TRADED S	SECURITIES				
b					
С					L
d					
е		<u> </u>	<u> </u>		
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis plus expense of sale		(h) Gain or (lo (e) plus (f) min	
a 689,193.		638,555.			50,638.
<u>b</u>					
С					
d					
<u>e</u>					
Complete only for assets sh	nowing gain in column (h) and owned	by the foundation on 12/31/69	(1)	Gains (Col (h) g	ain minus
(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	col	(k), but not less Losses (from co	
				· · · · · · · · · · · · · · · · · · ·	50,638.
b			<u> </u>	· · · · · · · · · · · · · · · · · · ·	20,030.
	-		 		
d	· · · · · · · · · · · · · · · · · · ·	 	-		-
e 2 Capital gain net income or (net capital loss)	f gain, also enter in Part I, line 7 f (loss), enter -0- in Part I, line 7			05 106
			2		85,196.
	or (loss) as defined in sections 12				
_		tructions). If (loss), enter -0- in	_		
	1 0 d 4040/ \ D	duced Tax on Net Investment I	3		
f section 4940(d)(2) applies, l Was the foundation liable for t		butable amount of any year in the b	ase perio	d? <u> </u>	X Yes No
f "Yes," the foundation does n	ot qualify under section 4940(e).	Do not complete this part.			
	unt in each column for each year	; see the instructions before making	any entri		
(a) Base period years Calendar year (or tax year beginning in)	(b) Adjusted qualifying distributions	(c) Net value of noncharitable-use assets		(d) Distribution ra (col (b) divided by	
2010					
2009					
2008					
2007					
2006					
					•
2 Total of line 1, column (d)			2		
3 Average distribution ratio f	for the 5-year base period - divide	the total on line 2 by 5, or by the			
number of years the foundation has been in existence if less than 5 years					
4 Enter the net value of none	charitable-use assets for 2011 fro	om Part X, line 5	4		
Multiply line 4 by line 3			5		
6 Enter 1% of net investment	t income (1% of Part I, line 27b)		6		
7 Add lines 5 and 6			7		
9 Enter model	- from Dank VIII to - 4				
8 Enter qualifying distribution If line 8 is equal to or green Part VI instructions.	ater than line 7, check the box	in Part VI, line 1b, and complete	8 that part	using a 1% ta	x rate. See th

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

b If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General

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 2011 or the taxable year beginning in 2011 (see instructions for Part XIV)? If "Yes," complete

8a Enter the states to which the foundation reports or with which it is registered (see instructions)

10 X Form **990-PF** (2011)

X

X

Х

X

7

8Ь

c If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.

b If "Yes," did it have excess business holdings in 2011 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 foundation had excess business holdings in 2011)

4a Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? 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 2011?

3a Did the foundation hold more than a 2% direct or indirect interest in any business enterprise

Form **990-PF** (2011)

Х

_	
Page	

Form 990-PF (2011)	Page 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Emploannd Contractors (continued)	yees,
3 Five highest-paid independent contractors for professional services (see instructions). If none, enter "NONI	
(a) Name and address of each person paid more than \$50,000 (b) Type of service	(c) Compensation
SEE STATEMENT 9	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 information such as the number of organizations and other beneficiaries served, conferences convened, research papers produced, etc.	Expenses
1NONE	
2	
3	
4	
Part IX-B Summary of Program-Related Investments (see instructions)	
Describe the two largest program-related investments made by the foundation during the tax year on lines 1 and 2	Amount
1 <u>NONE</u>	
2	
All other program-related investments See instructions	
3NONE	
Total. Add lines 1 through 3	- 200 75
	Form 990-PF (2011)

Par	Minimum Investment Return (All domestic foundations must complete this part. For see instructions.)	eign founda	tions,
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	<u>6,689,590.</u>
b	Average of monthly cash balances	. 1b	199,743.
C	Fair market value of all other assets (see instructions)	. 1c	NONE
d	Total (add lines 1a, b, and c)	. 1d	6,889,333.
e			
	1c (attach detailed explanation)		
2	Acquisition indebtedness applicable to line 1 assets	. 2	NONE
3	Subtract line 2 from line 1d	3	6,889,333.
4	Subtract line 2 from line 1d Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see		
	instructions)	. 4	103,340.
5	Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	6,785,993.
	Minimum investment return. Enter 5% of line 5		339,300.
	Tt XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private operating foundations and certain foreign organizations check here ▶ □ and do not complete this		•
1	Minimum investment return from Part X, line 6	. 1	339,300.
	Tax on investment income for 2011 from Part VI, line 5	-	
ь	Income tax for 2011. (This does not include the tax from Part VI.)		
	Add lines 2a and 2b	2c	5,096.
3	Distributable amount before adjustments. Subtract line 2c from line 1	3	334,204.
	Recoveries of amounts treated as qualifying distributions		NONE
5	Add lines 3 and 4	- 1	334,204.
	Deduction from distributable amount (see instructions)	•	NONE
7	Distributable amount as adjusted Subtract line 6 from line 5. Enter here and on Part XIII,	. _	110112
•	line 1 · · · · · · · · · · · · · · · · · ·	. 7	334,204.
Par	rt XII Qualifying Distributions (see instructions)	<u>- </u>	
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	288,435.
b	Program-related investments - total from Part IX-B		2007133.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc.,	.	
	purposes	_	NONE
3	Amounts set aside for specific charitable projects that satisfy the:		
а	Suitability test (prior IRS approval required)		NONE
b	Cash distribution test (attach the required schedule)		NONE
4	Qualifying distributions. Add lines 1a through 3b Enter here and on Part V, line 8, and Part XIII, line 4	- — — —	288,435.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment income	L I	1-
	Enter 1% of Part I, line 27b (see instructions)		N/A
6	Adjusted qualifying distributions. Subtract line 5 from line 4		288,435.
	Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when qualifies for the section 4940(e) reduction of tax in those years.	calculating w	hether the foundation

Form **990-PF** (2011)

Page **9**

Pa	t XIII Undistributed Income (see instructi		(6)		
1	Distributable amount for 2011 from Part XI,	(a) Corpus	(b) Years prior to 2010	(c) 2010	(d) 2011
	line 7				334,204.
2	Undistributed income, if any, as of the end of 2011				
а	Enter amount for 2010 only			268,131.	
Ь	Total for prior years 20_09_, 20, 20		NONE		
3	Excess distributions carryover, if any, to 2011:				
а	From 2006 NONE				
b	From 2007 NONE				
c	From 2008 NONE				
d	From 2009 NONE				
е	From 2010 NONE				
	Total of lines 3a through e	NONE			
4	Qualifying distributions for 2011 from Part XII,				11.715.17
•	line 4. ▶ \$ 288,435.				
9	Applied to 2010, but not more than line 2a			268,131.	
b	Applied to undistributed income of prior years (Election required - see instructions)		NONE		
				•	· · · · · · · · · · · · · · · · · · ·
C	Treated as distributions out of corpus (Election required - see instructions)	NONE			
		140141			20,304.
	Applied to 2011 distributable amount	NONE			20,301.
	Remaining amount distributed out of corpus	NONB			NONE
5	Excess distributions carryover applied to 2011 . (If an amount appears in column (d), the same	NONE			NONE
	amount must be shown in column (a)				
6	Enter the net total of each column as indicated below:		İ		
а	Corpus Add lines 3f, 4c, and 4e. Subtract line 5	NONE			
b	Prior years' undistributed income. Subtract				
	line 4b from line 2b		NONE		
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		NONE		
d	Subtract line 6c from line 6b Taxable				
	amount - see instructions		NONE		
е	Undistributed income for 2010. Subtract line				
	4a from line 2a. Taxable amount - see				
_					
f	Undistributed income for 2011 Subtract lines	}			
	4d and 5 from line 1 This amount must be distributed in 2012				313,900.
7	Amounts treated as distributions out of corpus				•
′	to satisfy requirements imposed by section				
	170(b)(1)(F) or 4942(g)(3) (see instructions)	NONE			
_		1,01,12			
8	Excess distributions carryover from 2006 not applied on line 5 or line 7 (see instructions)	NONE			
_		NONE			
9	Excess distributions carryover to 2012.	NONE			
	Subtract lines 7 and 8 from line 6a	NOIVE			
	Analysis of line 9 Excess from 2007 NONE				
a					
b	Excess from 2008 NONE				
C	Excess from 2009 NONE			İ	
d	Excess from 2010 NONE				
е	Excess from 2011 NONE				Form 990-PF (2011

JSA 1E1490 1 000 DCN753 978U 06/20/2012 08:41:35

SEE ATTACHED STATEMENT FOR LINE 2

Any restrictions or limitations on awards, such as by geographical areas, charitable fields, kinds of institutions, or other

Form 990-PF (2011)				Page 11
Part XV Supplementary Information				
3 Grants and Contributions Paid Durin	ng the Year or Appr			
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				
сте статемент 10				
SEE STATEMENT 18				
Total			3a	288,435.
b Approved for future payment				
	Ì			
	<u></u>			
Total			<u>.</u> ▶ 3b	

1 Program a b c d e f g Fees :	amounts unless otherwise indicated. service revenue		ted business income (b) Amount	Excluded by (c) Exclusion code	(d) Amount	(e) Related or exempt function income (See instructions)
1 Program a b c d e f g Fees :	service revenue					function income
b c d e f g Fees a						
c d e f g Fees a						
d e f g Fees						<u> </u>
e f						
f						
g Fees	-			-		
-						
2 Member	and contracts from government agencies ship dues and assessments			-		
	n savings and temporary cash investments					
	ls and interest from securities			14	206,156.	7,088.
	al income or (loss) from real estate.					
a Debt-	financed property					
b Not d	lebt-financed property					
	income or (loss) from personal property .					<u> </u>
7 Other inv	vestment income			1.0	05.405	
	oss) from sales of assets other than inventory			18	85,196.	
	me or (loss) from special events					
•	ofit or (loss) from sales of inventory					
	venue. a					
		1				
						· · · · · · · · · · · · · · · · · · ·
e						
2 Subtotal	Add columns (b), (d), and (e)				291,352.	7,088.
3 Total. Ac	dd line 12, columns (b), (d), and (e)				13	298,440.
See workshi Part XVI-l	Relationship of Activities				········	
Line No. ▼	Explain below how each activit accomplishment of the foundation TAX EXEMPT INTEREST F	on's exemp	t purposes (other thai			•

orm	990-PF							02-03234				ige is
Par 、	t XVII		Information R Exempt Organ		ransfers To	and Transac	tions ar	nd Relation	ships With Non	chari	table	;
1	Did t	he o			engage in ar	ny of the followi	ng with a	ny other orga	nization described	\Box	Yes	No
•			_				_		relating to political			
	orgar			(011101 11101	, , , , , , , , , , , , , , , , , , , ,	-,,-,g	,		recently to permit			1
а			from the reporting	a foundation to	o a noncharital	hle exempt orga	nization o	f·			1	l
-			•	-		· -				1a(1)		Х
										1a(2)		X
L			assets					• • • • • • •		14(2)		<u>^</u>
В				aharitahla aya	mnt organizati	an.				15/11		Х
										1b(1)		X
										1b(2)		X
										1b(3)		X
										1b(4)		X
										1b(5)		X
						_				1b(6)		
										1c_		X
d									should always show			
									dation received less			
			•	. 	_				s, other assets, or s			
(a) L	ine no	(t	a) Amount involved	(c) Name of	noncharitable exe	mpt organization	(d) De:	scription of transf	ers, transactions, and sha	ring arra	ngeme	nts
		<u> </u>										
		L										
		L										
						_						
				-								
						•						
22	le the	e for	undation directly	or indirectly a	ffiliated with	or related to o	ne or mo	re tay-eyemn	t organizations			
2.0			in section 501(c)						t Organizations	\square_{v}	es 🛛	No X
h			omplete the follow			11011 30 1(0)(3)) 0	1 111 300010			ш.	CS <u> </u>	<u> </u>
	11 10		a) Name of organizatio		T	Type of organization			(c) Description of relation	nship		
				<u> </u>	1	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			<u></u>			
					1							
	-,				 						•	
					 							
					+				·			
	1	4						d atata—aata—aad	to the heat of my knowled	fan and l	baliaf it	
Sig		der per rect, ar	nalties of perjury, I declar nd complete Declaration o	are that I have exam f preparer (other than	nined this return, in taxpayer) is based of	n all information of whic	schedules and h preparer has	a statements, and any knowledge	to the best of my knowled	ge and t	bener, n	is true
_			B. In		ΔI_{A} . A		-		May the IF	RS discus	ss this	return
ler	e 💆		Share Feldenusch	Principal	<u> </u>	1/6/2012	7.1	WIEE		reparer	л г	below
	S	gnatu	Shorty Feldstrusch	P	Kinki Mi Date		Title		(see instruction	ns)? [_X	Yes	No
		10	runt/Turns V			o anoturo A		Data		DTIN		
Paid	d		rint/Type preparer's	•	Nutti	signature	ODA	L Daje	2 Check Lif	PTIN		
	parer	. <u> E</u>		ROSENBERG		COLORAGO	TI	1 10/2011				36
	Only	1 17	irm's name ► DE	EMING MALO			PSC	•	Firm's EIN ► 61-	1064	249	
JSF	יוחני:	V C.	rm's address 🛌 🔿 🤊	OO CHELDA	מת מוזדנו	ርጥሮ 1300			i .			

Form 990-PF (2011)

Phone no 502-426-9660

40222-5187

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

NET INVESTMENT INCOME	81,133.	30,817.	8,702.	9,208.	50,528.		206,156.
REVENUE AND EXPENSES PER BOOKS	81,133.	30,817.	8,702.	9,208.	50,528.		213,244.
DESCRIPTION	CORPORATE INTEREST MUNICIPAL INTEREST	US GOVERNMENT INTEREST	FEDERALLY TAXABLE MUNICIPAL INTEREST	FOREIGN DIVIDENDS	DOMESTIC DIVIDENDS	NONQUALIFIED DOMESTIC DIVIDENDS	TOTAL

STATEMENT

TAXES
1
Н
PART
990PF,
FORM

NET	INCOME	1 1 1 1 1	1,385.	1,385.
REVENUE AND	EXPENSES PER BOOKS	1 1 1 1 1 1 1 1	1,385.	5,385.
	DESCRIPTION		FOREIGN TAXES 2010 FEDERAL TAX PAYMENT	TOTALS

STATEMENT

STATEMENT

(,,
$^{\circ}$
\sim
S
1
à
છ
w

EXPENSES	
OTHER	
ı	II II
Н	II
PART	
990PF,	
Σ	H

	NET	INVESTMENT	INCOME	1 1 1 1 1	
REVENUE	AND	EXPENSES	PER BOOKS	1 1 1 1 1 1	
			DESCRIPTION		

14.	14.
14. 81.	95.
FOREIGN CONVERSION EXPENSE BANK CHECK CHARGE	TOTALS

FORM 990PF, PART III - OTHER INCREASES IN NET WORTH OR FUND BALANCES

DESCRIPTION

AMOUNT

NONTAXABLE DIVIDENDS

17,921.

TOTAL

17,921.

FORM 990PF, PART III - OTHER DECREASES IN NET WORTH OR FUNI	BALANCES
DESCRIPTION	AMOUNT
COST BASIS ADJUSTMENTS FOR 2010 ROC ON FSP ACCRUED INCOME FROM PRIOR YEAR	50,166. 3,976.
TOTAL	54,142.

FORM 990PF, PART VII-A, LINE 14 - BOOKS ARE IN THE CARE OF

NAME: THE GLENVIEW TRUST COMPANY

ADDRESS: 4969 US HIGHWAY 42, SUITE 2000

LOUISVILLE, KY 40222

TELEPHONE NUMBER: (502)212-7814

62-6323409

FORM 990PF, PART VIII - LIST OF OFFICERS, DIRECTORS, AND TRUSTEES _____

OFFICER NAME:

THE GLENVIEW TRUST COMPANY

ADDRESS:

4969 US HIGHWAY 42, SUITE 2000

LOUISVILLE, KY 40222

TITLE:

TRUSTEE

AVERAGE HOURS PER WEEK DEVOTED TO POSITION: 1

COMPENSATION 35,166.

TOTAL COMPENSATION:

35,166.

990PF, PART VIII - COMPENSATION OF THE FIVE HIGHEST PAID EMPLOYEES ______

EMPLOYEE NAME: NONE

990PF, PART VIII- COMPENSATION OF THE FIVE HIGHEST PAID PROFESSIONALS ______

NAME: NONE

JESSIE BARKER MCKELLAR CHARITABLE FOUNDATION FORM 990PF, PART XV - LINES 2a - 2d

RECIPIENT NAME:

DOUGLAS H MCKELLAR JR

ADDRESS:

26325 ISABELLA AVENUE

CARMEL, CA 93923

RECIPIENT'S PHONE NUMBER: 502.212.7800

FORM, INFORMATION AND MATERIALS:

WRITTEN APPLICATION WITH SUPPORTING DOCUMENTATION

SUBMISSION DEADLINES:

NONE

RESTRICTIONS OR LIMITATIONS ON AWARDS:

NONE

RECIPIENT NAME:

ADOPT A CLASSROOM

ADDRESS:

4141 NE 2ND AVENUE, #203B

MIAMI, FL 33137

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EDUCATION

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

American Himalayan Foundation

ADDRESS:

909 MONTGOMERY STREET, STE 400

San Francisco, CA 94133

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SOCIAL, EDUCATIONAL AND CULTURAL

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

Calvary Christian School

ADDRESS:

701 PALISADES DRIVE

Pacific Palisades, CA 90272

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EDUCATION/RELIGIOUS

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

Children International

ADDRESS:

POST OFFICE BOX 219055

Kansas City, MO 64121

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SOCIAL WELFARE

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

AMOUNT OF GRANT PAID

560.

RECIPIENT NAME:

Children's Institute

ADDRESS:

5000 VAN NUYS BOULEVARD, #300

Sherman Oaks, CA 91403

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SOCIAL WELFARE, MEDICAL

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

Diadames of the Child Care League

ADDRESS:

10372 SUNSET BOULEVARD

Los Angeles, CA 90077

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

MEDICAL

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

AMOUNT OF GRANT PAID 5,000.

RECIPIENT NAME: Doctors without Borders ADDRESS:

333 7TH AVENUE, 2ND FLOOR New York, NY 10001

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

MEDICAL

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

AMOUNT OF GRANT PAID 1,000.

RECIPIENT NAME:

Habitat for Humanity

ADDRESS:

121 HABITAT STREET Americus, GA 31709

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SOCIAL AND CULTURAL

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

AMOUNT OF GRANT PAID 1,000.

RECIPIENT NAME:

International Health Emissaries

ADDRESS:

8 SOMERSET RISE

Monterey, CA 93940

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

MEDICAL

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

AMOUNT OF GRANT PAID 5,000.

RECIPIENT NAME:

Monterey Jazz Festival

ADDRESS:

9699 BLUE LARKSPUR LANE, #204

Monterey, CA 93940

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EDUCATION

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

Nepal Program for Progres Inc.

ADDRESS:

26910 GRAND CENTRAL PKWY, APT. 9-0

Floral Park, NY 11005

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SOCIAL, EDUCATIONAL, AND CULTURAL

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

Pico Youth & Family Center

ADDRESS:

715 PICO BOULEVARD

Santa Monica, CA 90405

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SOCIAL, EDUCATIONAL AND CULTURAL

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

Second Harvest Food Bank of

Middle Tennessee

ADDRESS:

331 GREAT CIRCLE ROAD

Nashville, TN 37228

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SOCIAL, EDUCATIONAL AND CULTURAL

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

St. Matthews Episcopal Church

ADDRESS:

303 NORTH HUBBARDS LANE

Louisville, KY 40207

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EDUCATION, RELIGIOUS

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

Stevenson School

ADDRESS:

3152 FOREST LAKE ROAD

Pebble Beach, CA 93953

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EDUCATION

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME: The Colleagues ADDRESS: 3312 PICO BOULEVARD Santa Monica, CA 90405 RELATIONSHIP: NONE PURPOSE OF GRANT: SOCIAL WELFARE FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 10,000. RECIPIENT NAME: United Way of Williamson County ADDRESS: 209 GOTHIC COURT, STE 107 Franklin, TN 37067 **RELATIONSHIP:** NONE PURPOSE OF GRANT: SOCIAL WELFARE FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 1,000. RECIPIENT NAME: University of Southern California School of Theatre ADDRESS: 1029 CHILDS WAY Los Angeles, CA 90089 RELATIONSHIP: NONE PURPOSE OF GRANT:

AMOUNT OF GRANT PAID

EXEMPT

SOCIAL, EDUCATIONAL AND CULTURAL

FOUNDATION STATUS OF RECIPIENT:

1,000.

RECIPIENT NAME: Vanderbilt University Development & Alumni Relations ADDRESS: 2301 VANDERBILT PLACE Nashville, TN 37240 RELATIONSHIP: NONE PURPOSE OF GRANT: SOCIAL, EDUCATIONAL AND CULTURAL FOUNDATION STATUS OF RECIPIENT: EXEMPT RECIPIENT NAME: V-Day ADDRESS: 303 PARK AVENUE SOUTH, #1184 New York, NY 100100 **RELATIONSHIP:** NONE PURPOSE OF GRANT: SOCIAL WELFARE FOUNDATION STATUS OF RECIPIENT: EXEMPT AMOUNT OF GRANT PAID 10,000. RECIPIENT NAME: Wellspring ADDRESS: PO BOX 1927 Louisville, KY 40201 RELATIONSHIP: NONE PURPOSE OF GRANT: MEDICAL/SOCIAL WELFARE

AMOUNT OF GRANT PAID

EXEMPT

FOUNDATION STATUS OF RECIPIENT:

20,000.

JESSIE BARKER MCKELLAR CHARITABLE FOUNDATION 62-6323409 FORM 990PF, PART XV, LINE 3 - CONTRIBUTIONS, GIFTS, GRANTS PAID

RECIPIENT NAME:

World Wildlife Fund

ADDRESS:

1250 24TH STREET, NW Washington, DC 20077

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SOCIAL WELFARE

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

Young Men's Christian Association

of Middle Tennessee

ADDRESS:

1000 CHURCH STREET

Nashville, TN 37203

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

SOCIAL, EDUCATIONAL AND CULTURAL

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

RECIPIENT NAME:

Lipscomb Elementary School

ADDRESS:

8011 CONCORD ROAD

Brentwood, TN 37027

RELATIONSHIP:

NONE

PURPOSE OF GRANT:

EDUCATION

FOUNDATION STATUS OF RECIPIENT:

EXEMPT

TOTAL GRANTS PAID:

288,435.

===========

SCHEDULE D (Form 1041)

Department of the Treasury

Internal Revenue Service

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

Name	of estate or trust				Employeridentif	ication	number
	ESSIE BARKER MCKELLAR CHARIT		ATION		62-632	340	9
	Form 5227 filers need to complete only Pa						· · · · · · - · · - ·
Part	Short-Term Capital Gains and Lo	sses - Assets	Held One Ye	ar or Less	т		100 0 10 11
	(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 instruction		(f) Gain or (loss) for the entire year Subtract (e) from (d)
1a							
_							
-				* **********			
						1	
Ь	Enter the short-term gain or (loss), if any, fr	om Schedule D-	1, line 1b			1b	2,615
2	Short-term capital gain or (loss) from Forms	s 4684, 6252, 6	3781, and 8824	4		2	
3	Net short-term gain or (loss) from partnersh	nips, S corporati	ons, and other	estates or trusts		3	
4	Short-term capital loss carryover. Enter Carryover Worksheet		•		-	4	()
5	Net short-term gain or (loss). Combine column (3) on the back	lines 1a through	gh 4 in colum	n (f) Enter here an	d on line 13,	5	2,615
Part							
	(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 instruction		(f) Gain or (loss) for the entire year Subtract (e) from (d)
6a	ONG-TERM CAPITAL GAIN DIVIDE	UNIT) S					32,236
	ONG TENN CAPITAL GAIN DIVIDE	in DO					32,230
	***	,			<u></u>		
b	Enter the long-term gain or (loss), if any, fro	om Schedule D-	I, line 6b			6b	48,023
7	Long-term capital gain or (loss) from Forms	2439, 4684, 6	252, 6781, an	d 8824		7	
8	Net long-term gain or (loss) from partnersh	ıps, S corporatio	ons, and other ϵ	estates or trusts		8	
9	Capital gain distributions					9	2,322
10	Gain from Form 4797, Part I					10	
11	Long-term capital loss carryover. Enter Carryover Worksheet	the amount, if	any, from lin	e 14 of the 2010	Capital Loss	11	()
12	Net long-term gain or (loss). Combine in column (3) on the back	nes 6a through	11 in columr	n (f). Enter here and	l on line 14a,	12	82,581
For P	aperwork Reduction Act Notice, see the Instruc						D (Form 1041) 2011

nedule D (Form 1041) 2011			Page 2
art III Summary of Parts I and II	(1) Beneficiaries'	(2) Estate's	(3) Total
Caution: Read the instructions before completing this part.	(see instr)	or trust's	
Net short-term gain or (loss)			2,615.
Net long-term gain or (loss):			02 501
a Total for year			82,581.
b Unrecaptured section 1250 gain (see line 18 of the wrksht.)			2,322.
c 28% rate gain			85,196.
te: If line 15, column (3), is a net gain, enter the gain on Form 1041, line 4 (or Form	n 990-T Part I line 4a	If lines 14a and 1	
ins, go to Part V, and do not complete Part IV If line 15, column (3), is a net loss, complete			
art IV Capital Loss Limitation			·
Enter here and enter as a (loss) on Form 1041, line 4 (or Form 990-T, Part I, lin	e 4c, if a trust), the sm	naller of:	<u>.</u>
a The loss on line 15, column (3) or b \$3,000 te: If the loss on line 15, column (3), is more than \$3,000, or if Form 1041, page 1, line tryover Worksheet in the instructions to figure your capital loss carryover	e 22 (or Form 990-T, lir	ne 34), is a loss, comp) Dilete the Capital Loss
art V Tax Computation Using Maximum Capital Gains Rates			
rm 1041 filers. Complete this part only if both lines 14a and 15 in column (2)	are gains, or an am	ount is entered in I	Part I or Part II and
ere is an entry on Form 1041, line 2b(2), and Form 1041, line 22, is more than	_		
ution: Skip this part and complete the Schedule D Tax Worksheet in the instruct	tions ıf:		
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. rm 990-T trusts. Complete this part only if both lines 14a and 15 are gains	e or qualified divide	nde are included i	n income in Part I
Form 990-T, and Form 990-T, line 34, is more than zero. Skip this part and cor			
either line 14b, col. (2) or line 14c, col. (2) is more than zero.			
Enter taxable income from Form 1041, line 22 (or Form 990-T, line 34)	17		
Enter the smaller of line 14a or 15 in column (2)	•		
but not less than zero			
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			
Add lines 18 and 19			
If the estate or trust is filing Form 4952, enter the			
amount from line 4g; otherwise, enter -0 > 21	⊣		
Subtract line 21 from line 20. If zero or less, enter -0	. 22		
Subtract line 22 from line 17. If zero or less, enter -0-	. 23		
-			
Enter the smaller of the amount on line 17 or \$2,300	. 24		
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.	25		
No. Enter the amount from line 23			
Are the amounts on lines 22 and 26 the same?	. 20		
Yes. Skip lines 27 thru 30, go to line 31 No. Enter the smaller of line 17 or line 22	27		
Enter the amount from line 26 (If line 26 is blank, enter -0-)	. 28		
Subtract line 28 from line 27	. 29		
Multiply line 29 by 15% (15)		30	
Figure the tax on the amount on line 23. Use the 2011 Tax Rate Sche		1 1	
(see the Schedule G instructions in the instructions for Form 1041)		31	
4.118		_	
Add lines 30 and 31			
Figure the tax on the amount on line 17. Use the 2011 Tax Rate Sche			
(see the Schedule G instructions in the instructions for Form 1041)			
Tax on all taxable income. Enter the smaller of line 32 or line 33 here at G, line 1a (or Form 990-T, line 36)		1 1	

JSA 1F1220 2 000

SCHEDULE D-1 (Form 1041)

Continuation Sheet for Schedule D (Form 1041)

OMB No 1545-0092

Department of the Treasury Internal Revenue Service

▶ See instructions for Schedule D (Form 1041). ▶ Attach to Schedule D to list additional transactions for lines 1a and 6a. 2011

Employer identification number Name of estate or trust JESSIE BARKER MCKELLAR CHARITABLE FOUNDATION 62-6323409 Short-Term Capital Gains and Losses - Assets Held One Year or Less (b) Date (f) Gain or (loss) Subtract (e) from (d) (a) Description of property (Example 100 sh 7% preferred of "Z" Co) (e) Cost or other basis (c) Date sold (d) Sales price acquired (see instructions) (mo, day, yr) (mo , day, yr 1a 500. LOCKHEED MARTIN CORP 10/01/2010 08/01/2011 34,765.00 2,615.00 37,380.00

1b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 1b

2,615.00

Schedule D-1 (Form 1041) 2011

Employer identification number Name of estate or trust as shown on Form 1041 Do not enter name and employer identification number if shown on the other side JESSIE BARKER MCKELLAR CHARITABLE FOUNDATION 62-6323409 Part | Long-Term Capital Gains and Losses - Assets Held More Than One Year (b) Date (a) Description of property (Example 100 sh 7% preferred of "Z" Co) (c) Date sold (e) Cost or other basis (f) Gain or (loss) (d) Sales price acquired (mo, day, yr) (see instructions) Subtract (e) from (d) (mo., day, yr) 6a 36.18 FEDERAL HOME LOAN MT GROUP #E00540 6.00% 08/27/1998 01/15/2011 36.00 36.00 1.2 GOV'T NAT'L MTG ASSN # DUE 11/15/28 11/29/1998 01/18/2011 1.00 1.00 11272.142 ARTIO INTERNATIO FUND II CLASS I 11/13/2009 02/03/2011 141,353.00 140,000.00 1,353.00 5072.464 ARTIO INTERNATION 11/13/2009 02/03/2011 63,609.00 63,000.00 609.00 FUND II CLASS I 39.82 FEDERAL HOME LOAN MT GROUP #E00540 6.00% 08/27/1998 02/15/2011 40.00 40.00 1.21 GOV'T NAT'L MTG ASSN 6.50% DUE 11/15/28 11/29/1998 02/15/2011 1.00 1.00 900. AUTOMATIC DATA PROCES 45,319.00 04/15/2009 03/03/2011 32,939.00 12,380.00 2100. SCHWAB CHARLES CORP 11/09/2009 03/07/2011 38,805.00 38,649.00 156.00 34.93 FEDERAL HOME LOAN MT GROUP #E00540 6.00% 08/27/1998 03/15/2011 35.00 35.00 1.22 GOV'T NAT'L MTG ASSN 6.50% DUE 11/15/28 11/29/1998 03/15/2011 1.00 1.00 995. FRANKLIN STREET PROPE 04/17/2002 04/05/2011 13,900.00 12,709.00 1,191.00 649.688 GOLDMAN SACHS MID FUND - INST 01/11/2005 04/05/2011 25,000.00 21,787.00 3,213.00 100. NUCOR CORP COM 03/08/2010 04/05/2011 4,742.00 4,507.00 235.00 100. TEXAS INSTRUMENTS -12/05/2007 04/05/2011 3,470.00 3,241.00 229.00 32.51 FEDERAL HOME LOAN MT 08/27/1998 04/15/2011 33.00 1.00 GROUP #E00540 6.00% 32.00 1.22 GOV'T NAT'L MTG ASSN 6.50% DUE 11/15/28 11/29/1998 04/15/2011 1.00 1.00 32.68 FEDERAL HOME LOAN MT GROUP #E00540 6.00% 08/27/1998 05/15/2011 33.00 33.00 1.23 GOV'T NAT'L MTG ASSN 1.00 6.50% DUE 11/15/28 11/29/1998 05/16/2011 1.00 33.74 FEDERAL HOME LOAN MT GROUP #E00540 6.00% 08/27/1998 06/15/2011 34.00 34.00 1.24 GOV'T NAT'L MTG ASSN 6.50% DUE 11/15/28 <u>11/29/</u>1998 1.00 1.00 06/15/2011 29.79 FEDERAL HOME LOAN MT GROUP #E00540 6.00% 08/27/1998 07/15/2011 30.00 30.00 1.24 GOV'T NAT'L MTG ASSN 6.50% DUE 11/15/28 11/29/1998 07/15/2011 1.00 1.00 . PRUDENTIAL FINANCIAL -07/18/2011 593.00 593.00 29.93 FEDERAL HOME LOAN MT GROUP #E00540 6.00% 08/27/1998 08/15/2011 30.00 30.00 1.25 GOV'T NAT'L MTG ASSN 6.50% DUE 11/15/28 11/29/1998 08/15/2011 1.00 1.00

6b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 6b

Schedule D-1 (Form 1041) 2011

Page 2

Employer identification number

JESSIE BARKER MCKELLAR CHARITABLE FOUNDATION 62-6323409 Part | Long-Term Capital Gains and Losses - Assets Held More Than One Year (b) Date (e) Cost or other basis (f) Gain or (loss) (a) Description of property (Example (c) Date sold (d) Sales price acquired Subtract (e) from (d) 100 sh 7% preferred of "Z" Co) (mo, day, yr) (see instructions) (mo , day, yr) 6a 100000. LENAPE NJ REGL HIG DISTRICT 4.75% DUE 8/15/11 03/03/2003 08/15/2011 100,000.00 100,000.00 . ROYAL DUTCH SHELL PLC SP 32.00 09/06/2011 32.00 28.11 FEDERAL HOME LOAN MT GROUP #E00540 6.00% 08/27/1998 09/15/2011 28.00 28.00 1.26 GOV'T NAT'L MTG ASSN 6.50% DUE 11/15/28 11/29/1998 09/15/2011 1.00 1.00 1060. STATE STREET CORP -34,057.00 38,859.00 -4,802.00 07/29/2010 10/05/2011 27.88 FEDERAL HOME LOAN MT GROUP #E00540 6.00% 08/27/1998 10/15/2011 28.00 28.00 1.27 GOV'T NAT'L MTG ASSN 1.00 1.00 6.50% DUE 11/15/28 11/29/1998 10/17/2011 27.58 FEDERAL HOME LOAN MT GROUP #E00540 6.00% 08/27/1998 11/15/2011 28.00 28.00 1.27 GOV'T NAT'L MTG ASSN 6.50% DUE 11/15/28 11/29/1998 11/15/2011 1.00 1.00 100. DIAGEO P L C SPON ADR 12/08/2011 8,578.00 11/09/2009 6,754.00 1,824.00 500, EXXON MOBIL CORP 10/01/2010 12/08/2011 39,969.00 28,582.00 11,387.00 100. FREEPORTMCMORAN COPPE 10/01/2010 12/08/2011 3,850.00 4,464.00 -614.00 1000. KRAFT FOODS - COM 11/09/2009 12/08/2011 36,139.00 26,974.00 9,165.00 100. MASTERCARD INC CL A 12/10/2008 12/08/2011 37,516.00 13,911.00 23,605.00 2230. NOKIA CORP SPONSORED 11/09/2009 12/08/2011 10,972.00 36,731.00 -25,759.00 600. SCHLUMBERGER LTD - CO 11/09/2009 12/08/2011 43,517.00 30,292.00 13,225.00 25.22 FEDERAL HOME LOAN MT GROUP #E00540 6.00% 08/27/1998 12/15/2011 25.00 25.00 1.28 GOV'T NAT'L MTG ASSN 6.50% DUE 11/15/28 11/29/1998 12/15/2011 1.00 1.00 200. TRANSOCEAN LTD 12/10/2008 8,000.00 -1,965.00 12/21/2011 9,965.00

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

INDICATES WASH SALE

6b Total. Combine the amounts in column (f) Enter here and on Schedule D, line 6b

Schedule D-1 (Form 1041) 2011

48,023.00

'Form 8868

(Rev. January 2012)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service

File a separate application for each return.

OMB No. 1545-1709

a corporatio	iling (e-file). You can electronically file Form in required to file Form 990-T), or an addition quest an extension of time to file any of the	nal (not au	tomatic) 3-month exte	nsion of time. You can electronicall	y file Form
Return for	Transfers Associated With Certain Person For more details on the electronic filing of t	al Benefit	Contracts, which mus	st be sent to the IRS in paper f	ormat (see
	tomatic 3-Month Extension of Time. O			~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	
	on required to file Form 990-T and requesting				
All other cor	porations (including 1120-C filers), partnersh	ips, REMICs	s, and trusts must use F	Form 7004 to request an extension o	of time
	ne tax returns.	•		Enter filer's identifying number, se	
	Name of exempt organization or other filer, see in	nstructions.		Employer identification number	(EIN) or
ype or	JESSIE BARKER MCKELLAR CHAR	ITABLE			•
orint	FOUNDATION DATED 5/28/1997	45000101	1	X 62-6323409	
ile by the ue date for	Number, street, and room or suite no. If a P.O. bo	x, see instru	ctions.	Social security number (SSN)	
ling your	4969 U.S. HIGHWAY 42, SUITE				
eturn. See nstructions.	City, town or post office, state, and ZIP code. For	a foreign ad	dress, see instructions.		
	LOUISVILLE, KY 40222				
nter the Re	turn code for the return that this application	is for (file a	separate application for	or each return)	. 04
pplication		Return	Application		Return
For		Code	Is For		Code
orm 990		01	Form 990-T (corpora	tion)	07
orm 990-BI	L	02	Form 1041-A		08
orm 990-E2	Z	01	Form 4720		09
orm 990-PI	F	04	Form 5227		10
		+			
	(sec. 401(a) or 408(a) trust)	05	Form 6069		11
orm 990-T orm 990-T	(sec. 401(a) or 408(a) trust) (trust other than above) s are in the care of ► THE GLENVIEW T	06	Form 8870		11
The books Telephone If the orga If this is for	trust other than above) s are in the care of ► THE GLENVIEW TI e No. ► (502)212-7814 anization does not have an office or place of or a Group Return, enter the organization's for e group, check this box	06 RUST COM business in our digit Gro	FORM 8870 MPANY FAX No. ► the United States, che pup Exemption Number	r (GEN) If th	► []
The books Telephone If the orga If this is for the whole Ist with the	(trust other than above) s are in the care of ► THE GLENVIEW THE OF THE GLENVIEW THE OF THE	Dusiness in bur digit Ground is for.	FORM 8870 MPANY FAX No. the United States, che pup Exemption Number art of the group, check quired to file Form 990	r (GEN)	12 ∴ ► ☐ is is ach
The books Telephone If the orga If this is for the whole list with the	(trust other than above) s are in the care of ► THE GLENVIEW THE OF THE GLENVIEW THE OF THE	Dusiness in bur digit Ground is for.	FORM 8870 MPANY FAX No. the United States, che pup Exemption Number art of the group, check quired to file Form 990	r (GEN)	▶☐is is ach
Telephone If the organist with the until Treque	s are in the care of ► THE GLENVIEW TO e No. ► (502) 212-7814 anization does not have an office or place of or a Group Return, enter the organization's for e group, check this box ►	Dusiness in bur digit Ground is for.	FORM 8870 MPANY FAX No. the United States, che pup Exemption Number art of the group, check quired to file Form 990	r (GEN)	12 ∴ ► ☐ is is ach
Telephone If the organist with the until Treque	s are in the care of ► THE GLENVIEW TO e No. ► (502) 212-7814 anization does not have an office or place of or a Group Return, enter the organization's for e group, check this box ►	business in our digit Grounding it is for paid ion is for. proration reexempt organization of the control of th	Form 8870 MPANY FAX No. the United States, che pup Exemption Number art of the group, check quired to file Form 990 ganization return for the	r (GEN)	is is ach
Telephone If the orga If this is for the whole list with the until for the	(trust other than above) s are in the care of ► THE GLENVIEW TI e No. ► (502) 212-7814 anization does not have an office or place of or a Group Return, enter the organization's for e group, check this box ►	business in bur digit Grounding for poration reexempt organism.	Form 8870 IPANY FAX No. the United States, che pup Exemption Number of the group, check quired to file Form 990 ganization return for the group, and ending	r (GEN)	▶☐is is ach
Telephone If the organist with the until for the X If the tree the tree the tree the tree tre	s are in the care of ► THE GLENVIEW TO e No. ► (502) 212-7814 anization does not have an office or place of or a Group Return, enter the organization's for e group, check this box ►	business in bur digit Grounding for poration reexempt organism.	Form 8870 IPANY FAX No. the United States, che pup Exemption Number of the group, check quired to file Form 990 ganization return for the group, and ending	r (GEN)	is is ach
Telephonic If the organic If the whole list with the until for the X If the tribute If the tribute If the tribute If the tribute If the tribute If the tribute If the tribute If the tribute If the tribute If the tribute If the tribute If the tribute If I I reque I I I reque I I I I reque I I I I reque I I I I I I I I I I I I I I I I I I I	s are in the care of ► THE GLENVIEW TO e No. ► (502) 212-7814 anization does not have an office or place of or a Group Return, enter the organization's for e group, check this box	business in our digit Ground is for. poration re exempt organism, 20	Form 8870 IPANY FAX No. the United States, che pup Exemption Number of the group, check quired to file Form 990 ganization return for the group, and ending the group.	r (GEN)	12 is is ach TATE AY 1 4 20
Telephone If the organistic with the until for the X If the triangle of the triangle of the whole list with the control of the whole list with the control of the whole list with the control of the whole list with the control of the whole list with the control of the whole list with the control of the whole list with the control of the whole list with the control of the whole list with the control of the whole list with the control of the whole list with the who	s are in the care of ► THE GLENVIEW TO e No. ► (502) 212-7814 anization does not have an office or place of or a Group Return, enter the organization's for e group, check this box	business in bur digit Ground is for. poration re exempt organism, 20	Form 8870 IPANY FAX No. the United States, che pup Exemption Number of the group, check quired to file Form 990 ganization return for the group and ending the reason: Initial on, or 6069, enter the	r (GEN)	12 ► □ is is ach [ASIDE]
Telephone If the organistic with the until for the whole list with the control of the whole list with the list with the list with the whole list with the whole list with the whole list with the whole list with the whole list with the whole list with the with list with the whole list wi	s are in the care of ► THE GLENVIEW TO e No. ► (502)212-7814 anization does not have an office or place of or a Group Return, enter the organization's for e group, check this box	business in our digit Ground is for. poration re exempt orgonomths, check 190-T, 4720, or 190-190-190-190-190-190-190-190-190-190-	Form 8870 IPANY FAX No. > the United States, che pup Exemption Number of the group, check quired to file Form 990 ganization return for the pup Exemption in the group, check quired to file Form 990 ganization return for the pup Exemption in the pup Exemption	r (GEN) and att O-T) extension of time e organization named above. The extension of time tentative tax, less any refundable credits and	12 > is is ach AY 1 4 20 DMLO 8,037.
Telephone If the organistic with the until for the whole list with the control of the whole list with the list with the list with the whole list with the whole list with the whole list with the whole list with the whole list with the whole list with the with the whole list with the who	s are in the care of ► THE GLENVIEW TO e No. ► (502)212-7814 anization does not have an office or place of or a Group Return, enter the organization's for e group, check this box	business in our digit Ground is for. poration re exempt orgonomths, check 190-T, 4720, or ar overpayr	Form 8870 IPANY FAX No. the United States, che pup Exemption Number of the group, check quired to file Form 990 ganization return for the pup for the group in the group in the group for the grou	r (GEN) and att O-T) extension of time e organization named above. The extension of time tentative tax, less any	12 is is ach TATE AY 1 4 20
Telephone If the organic lift the organic lift this is for the whole list with the list with the list with the list with the list with the list with the list with the list with the list with the list with the list with the list with the list with the list with the list with the list with list wi	s are in the care of ► THE GLENVIEW TO e No. ► (502) 212-7814 anization does not have an office or place of or a Group Return, enter the organization's for e group, check this box	business in our digit Ground is for. poration re exempt orgonomths, check 190-T, 4720, or ar overpayre your payments.	Form 8870 IPANY FAX No. the United States, che pup Exemption Number of the group, check quired to file Form 990 ganization return for the pup for the group in the group in the group for the grou	r (GEN) and att O-T) extension of time e organization named above. The extension of time tentative tax, less any tentative tax, less and it	12 > [] is is ach AY 1 4 2() DMLO 8,037. 3,037.
Telephone If the orga If this is for the whole list with the until for the whole with the second of	s are in the care of ► THE GLENVIEW TO e No. ► (502) 212-7814 anization does not have an office or place of or a Group Return, enter the organization's for e group, check this box	business in our digit Gro If it is for paion is for. Poration re exempt org	Form 8870 IPANY FAX No. the United States, che pup Exemption Number of the group, check quired to file Form 990 ganization return for the pup for the group in the group in the group for the grou	r (GEN) and att O-T) extension of time e organization named above. The extension of time tentative tax, less any tentative tax, less any tentative tax, less and it	12 > [] is is ach AY 1 4 20 MLO 8,037. 3,037. 5,000.
Telephone If the orga If this is for the whole Is twith the until_ for the I reque until_ for the X If this C 3a If this nonref b If this estima c Balanc (Electre	s are in the care of ► THE GLENVIEW TO e No. ► (502) 212-7814 anization does not have an office or place of or a Group Return, enter the organization's for e group, check this box	business in our digit Gro If it is for paion is for. Poration re exempt org	Form 8870 IPANY FAX No. the United States, che pup Exemption Number of the group, check quired to file Form 990 ganization return for the pup for the group in the group in the group for the grou	r (GEN) and att O-T) extension of time e organization named above. The extension of time tentative tax, less any tentative tax, less any tentative tax, less and it	12 > [] is is ach AY 1 4 20 DMLO 8,037. 3,037. 5,000.