

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



Form **990-PF**Department of the Treasury

Internal Revenue Service

For calendar year 2014 or tax year beginning

EXTENDED TO AUGUST 17, 2015
Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public.
 ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf.

, and ending

OMB No 1545-0052

2014

Open to Public Inspection

٠,

Name of foundation A Employer identification number L. P. AND SALLY MOORE FOUNDATION, INC. 26-1523193 Room/suite Number and street (or P.O. box number if mail is not delivered to street address) B Telephone number 502-551-9566 703 RUGBY PLACE City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here LOUISVILLE, KY 40222-5617 Initial return Initial return of a former public charity G Check all that apply: D 1. Foreign organizations, check here Final return Amended return Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here I Fair market value of all assets at end of year | J Accounting method: X Cash Accrual F If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 216, 254. (Part I, column (d) must be on cash basis) ▶\$ Analysis of Revenue and Expenses Part I (d) Disbursements (c) Adjusted net (a) Revenue and (b) Net investment (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purpos (cash basis only) expenses per books income ıncome 15 N/A Contributions, gifts, grants, etc., received Check X If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 4,098. 4,098. STATEMENT 4 Dividends and interest from securities 5a Gross rents b Net rental income or (loss) 4,729 6a Net gain or (loss) from sale of assets not on line 10 b Gross sales price for all assets on line 6a 28,605. 4,729 7 Capital gain net income (from Part IV, line 2) 8 Net short-term capital gain 9 Income modifications 10a Gross sales less returns and allowances b Less Cost of goods sold c Gross profit or (loss) 1.430 1,430. STATEMENT 11 Other income 10,272 10,257 Total. Add lines 1 through 11 0 0. 0 Compensation of officers, directors, trustees, etc Other employee salaries and wages / F 15 Pension plans, employee benefits V O 16a Legal fees (♥ AUG 1 3,725 2,794 b Accounting fees 931. 22,454 1,954 20,500. c Other professional fees 17 Interest MADDAM, US 52 0. 184 18 Taxes STMT 19 Depreciation and depletion 20 Occupancy 109 0 109. 21 Travel, conferences, and meetings 22 Printing and publications 2,242 0 61. STMT 6 23 Other expenses 24 Total operating and administrative 28,714 4,800 21,601. expenses. Add lines 13 through 23 25 Contributions, gifts, grants paid 13,295 <u>13,295.</u> 26 Total expenses and disbursements. 34,896. 42,009 4,800 Add lines 24 and 25 Subtract line 26 from line 12: <31,737. & Excess of revenue over expenses and disbursements 5,457 b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

Pa	-+ 1	Balance Sheets Attached schedules and amounts in the description	Beginning of year	End o	f year
		column should be for end-of-year amounts only	(a) Book Value	(b) Book Value	(c) Fair Market Value
	1	Cash - non-interest-bearing	2,439.		
	2	Savings and temporary cash investments			
	3	Accounts receivable ►			
		Less: allowance for doubtful accounts ▶			
	4	Pledges receivable ►			
		Less: allowance for doubtful accounts			
	5	Grants receivable			
	6	Receivables due from officers, directors, trustees, and other			
		disqualified persons	908.	908.	908.
	7	Other notes and loans receivable			
		Less: allowance for doubtful accounts			
\$	8	Inventories for sale or use			
Ø I		Prepaid expenses and deferred charges	93.	160.	160.
1 ۲	0a	Investments - U.S. and state government obligations			
	b	Investments - corporate stock			
	C	Investments - corporate bonds			
1	11	Investments - land, buildings, and equipment basis			
		Less accumulated depreciation			
1		Investments - mortgage loans			
1	3	Investments - other STMT 7	186,603.	161,334.	187,483.
1	4	Land, buildings, and equipment basis ▶			
		Less accumulated depreciation			
1	5	Other assets (describe ► STATEMENT 8)	23,098.	27,703.	27,703.
1	6	Total assets (to be completed by all filers - see the			
		instructions. Also, see page 1, item I)	213,141.	<u> 190,105.</u>	216,254.
1	17	Accounts payable and accrued expenses			
1	18	Grants payable			
စ္မွ 1	9	Deferred revenue			
≣ 2	20	Loans from officers, directors, trustees, and other disqualified persons			
		Mortgages and other notes payable			
_ 2	22	Other liabilities (describe ► <u>CASH OVERDRAFT</u>)	0.	8,701.	
2		Total liabilities (add lines 17 through 22)	0.	8,701.	
		Foundations that follow SFAS 117, check here			
_o		and complete lines 24 through 26 and lines 30 and 31.			
Seo 2		Unrestricted			
[2		Temporarily restricted			
<u>1</u> 2		Permanently restricted			
Š		Foundations that do not follow SFAS 117, check here			
<u> </u>		and complete lines 27 through 31.			
<u>د</u> ا		Capital stock, trust principal, or current funds	0.	0.	
8 2		Paid-in or capital surplus, or land, bldg., and equipment fund	0.	0.	
-		Retained earnings, accumulated income, endowment, or other funds	213,141.	181,404.	
ž 3	80	Total net assets or fund balances	213,141.	181,404.	
				400 405	
3	31	Total liabilities and net assets/fund balances	213,141.	190,105.	
Pa	rt l	Analysis of Changes in Net Assets or Fund Ba	alances		
1 To	otal	net assets or fund balances at beginning of year - Part II, column (a), line 3	30		
		t agree with end-of-year figure reported on prior year's return)		1	213,141.
		amount from Part I, line 27a		. 2	<31,737.
		increases not included in line 2 (itemize)		3	0.
		ines 1, 2, and 3		4	181,404.
		ases not included in line 2 (itemize)		5	0.
		net assets or fund halances at end of year /line 4 minus line 5) - Part II col	lumn (h) line 30		181 404

Form 990-PF (2014) L. P. AND SALLY MOORE FOUNDATION, INC. 26-1523193

Page 2

Form **990-PF** (2014)

_					, INC.			26-1523193 Page 3			
Ľ	(a) List and descr	ribe the kind(s) of property sold (e.	g., real estate,		P	 Purchas 	se I '`	c) Date a (mo., da	icquired ay, yr.)	(d) Dat (mo., d	
18	a										
_	SEE ATTACHED	STATEMENTS							_		
	<u>c </u>	<u> </u>			_						
_	<u>d</u>										
	(e) Gross sales price	(f) Depreciation allowed (or allowable)	1		<u> </u>				in or (loss) (f) minus (
_	a										
_	b									_	
_	C .										
_	d e 28,605.	••		23 87	6		•				,729.
_		o gain in column (h) and owned by	the foundation		0.		m e	Sains (Co	ol. (h) gain		, 149.
_	(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Ex	cess of col. (1)			còl. (l	k), but n	ot less thar from col. (1 -0-) or	
_	a										
_	b										
	<u> </u>		ļ								
_	<u>d</u>		 								720
_	<u>e</u>	<u> </u>		-	\exists					4	<u>,729.</u>
	, ,	pital loss) 🐧 If (loss), enter -()- in Part I, line		}	2				4	<u>,729.</u>
3			nd (6):		٦						
_	If (loss), enter -0- in Part I, line 8				7	3			N/A		
	Part V Qualification U	nder Section 4940(e) for	r Reduced	Tax on Net	Inv	estme	nt Inco	me			
(F	or optional use by domestic private	foundations subject to the section	4940(a) tax on	net investment in	come	:-)					
If	section 4940(d)(2) applies leave th	nis nart blank.									
		·									[TE]
				•	1003					Yes	X No
					ntries						
Ė	(a)	, , , , , , , , , , , , , , , , , , , ,		<u> </u>					Distrib	(d) ution ratio	
	Calendar year (or tax year beginnii	براح حصريكا المربح الممقمين المراق	stributions	Net value of no	nchar	itable-use	e assets	(טואנדום col. (b) dıv	ution ratio ided by col.	(c))
	2013	3	35,325.			251	,817.		•	.1	40280
_	2012										73236
_								-			89252
_											46126
-	2009		(3,313.			454	, 334.			. 0	<u>53444</u>
2	Total of line 1, column (d)							2		. 4	02338
	• •	5-year base period - divide the total	on line 2 by 5,	or by the number	of yea	ars					
	the foundation has been in exister	nce if less than 5 years.						3		0	<u>80468</u>
4	Enter the net value of noncharitab	ele-use assets for 2014 from Part X,	line 5					4		226	<u>,584.</u>
5	Multiply line 4 by line 3							5		18_	<u>,233.</u>
6	Enter 1% of net investment incom	ne (1% of Part I, line 27b)						6			55.
	Add lines 5 and 6	•						7		18	,288.
8	(e) Gross sales price (1) Depreciation allowed (or allowable) (or			8			,896.				
_		•	e 1b, and comp	lete that part usin	g a 19	% tax rate) .				<u>, </u>

	n 990-PF (2014) L. P. AND SALLY MOORE FOUNDATION, INC. 26-152 art VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4948 - see			Page 4 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 letter if necessary-see instructions)			
þ	Domestic foundations that meet the section 4940(e) requirements in Part V, check here 🕨 🗓 and enter 1%			<u>55.</u>
	of Part I, line 27b			
	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-)			<u>0.</u>
3	Add lines 1 and 2			<u>55.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)			<u>0.</u>
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-			<u>55.</u>
6	Credits/Payments:			
	2014 estimated tax payments and 2013 overpayment credited to 2014			
	Exempt foreign organizations - tax withheld at source			
	Tax paid with application for extension of time to file (Form 8868)			
	Backup withholding erroneously withheld		4	
	Total credits and payments. Add lines 6a through 6d			60.
	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached 8	_		
	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed		- 1	^_
	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid			05.
	Enter the amount of line 10 to be: Credited to 2015 estimated tax ▶ 105 • Refunded ▶ 11 art VII-A Statements Regarding Activities			0.
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in	Т	Yes	No
14	any political campaign?	1a	1.00	X
h	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?	1b	 -	X
u	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published or	10	-	
	distributed by the foundation in connection with the activities.			
	Did the foundation file Form 1120-POL for this year?	10		x
	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:	"		<u> </u>
u	(1) On the foundation. \$\infty\$ 5 \text{0.} (2) On foundation managers. \$\infty\$ 5 \text{0.}	İ		
e	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation			
Ĭ	managers. > \$ 0.			
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?	2		x
_	If "Yes," attach a detailed description of the activities.			
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?	4b		
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 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	7	X	
8a	Enter the states to which the foundation reports or with which it is registered (see instructions)			
	KY		1	
b	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)			
	of each state as required by General Instruction G? If "No," attach explanation	8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendar		1	
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV	9		X
<u>10</u>	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses	10	DE	X (2244)
	F0	rm 99 0	/- P F ((2014)

	1990-PF (2014) L. P. AND SALLY MOORE FOUNDATION, INC. 26-1523	<u> 193</u>		Page 5
Pa	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X_
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	
	Website address ► N/A			
14	The books are in care of ▶ HENDERMAN, JESSEE & CO. PLLC Telephone no. ▶ 502-42	5-48	300	
	Located at ▶ 304 WHITTINGTON PKWY, SUITE 107, LOUISVILLE, KY ZIP+4 ▶40			
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here			
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,		Yes	No
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the	1		
	foreign country			
Pa	art VII-B Statements Regarding Activities for Which Form 4720 May Be Required			
	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.		Yes	No
12	During the year did the foundation (either directly or indirectly):			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person?			
	(2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)		İ	
	a disqualified person? X Yes No			
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?			
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person?			
	(5) Transfer any income or assets to a disqualified person (or make any of either available		l	
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	if the foundation agreed to make a grant to or to employ the official for a period after	1	I	
	termination of government service, if terminating within 90 days.)		l	
	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
•	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)?	1b		X
	Organizations relying on a current notice regarding disaster assistance check here	10		
	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2014?	,,		x
•		1c		
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
_	defined in section 4942(j)(3) or 4942(j)(5)): At the end of try year 2014, did the foundation have any undertributed income (lines 5d and 5e. Part XIII) for the year(a) havening			
•	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2014? Yes X No			
	WALL BLOOM TO THE TOTAL THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TO THE TOTAL TOT			
	If "Yes," list the years \(\bigs_{			
į,				
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach	ا ۱۰		
_	statement - see instructions.) N/A	2b		
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
٠.	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time		1	
36	during the year?			
C	If "Yes," did it have excess business holdings in 2014 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 2014) N/A	3b		7,
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes?	4a		<u>X</u>
t	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 jeonardy before the first day of the tay year beginning in 2014?	. Ah !		¥

Form **990-PF** (2014)

Form 990-PF (2014) L. P. AND SALLY MOORE FO			26-15231	93 Page 6
Part VII-B Statements Regarding Activities for Which	Form 4720 May Be F	Required (contin	ued)	
5a During the year did the foundation pay or incur any amount to:				
(1) Carry on propaganda, or otherwise attempt to influence legislation (section			es 🗶 No	
(2) Influence the outcome of any specific public election (see section 4955); of	or to carry on, directly or indire			
any voter registration drive?			es 🔀 No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?	Y ₀	es X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section			
4945(d)(4)(A)? (see instructions)		·	es X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	, or educational purposes, or f		_	
the prevention of cruelty to children or animals?			es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify un	·	n Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru	•		N/A	5b
Organizations relying on a current notice regarding disaster assistance check h				
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption f				
expenditure responsibility for the grant?		[/A	es L No	
If "Yes," attach the statement required by Regulations section 53 494				
6a Did the foundation, during the year, receive any funds, directly or indirectly, to	pay premiums on	—		
a personal benefit contract?		Ye	es X No	AL 37
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	personal benefit contract?			6b X
If "Yes" to 6b, file Form 8870.	shaltar transaction O		es X No	1 1
7a At any time during the tax year, was the foundation a party to a prohibited tax s		TO	·	7b
b If 'Yes,' did the foundation receive any proceeds or have any net income attributed in the foundation receive any proceeds or have any net income attributed in the foundation receive any proceeds or have any net income attributed in the foundation receive any proceeds or have any net income attributed in the foundation receive any proceeds or have any net income attributed in the foundation receive any proceeds or have any net income attributed in the foundation receive any proceeds or have any net income attributed in the foundation receive any proceeds or have any net income attributed in the foundation receive any proceeds or have any net income attributed in the foundation receive any proceeds or have any net income attributed in the foundation receive any proceeds or have any net income attributed in the foundation receive any proceeds or have any net income attributed in the foundation receive any proceeds or have any net income attributed in the foundation receive any proceeds or have any net income attributed in the foundation received in the found		nagers Highly	,	70
Paid Employees, and Contractors	ees, roundation wa	nagers, mgm	,	
1 List all officers, directors, trustees, foundation managers and their	compensation.			
	(b) Title, and average	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense
(a) Name and address	hours per week devoted to position	(If not paid, enter -0-)	and deferred compensation	account, other allowances
LORAN P MOORE III, MD	PRESIDENT-TRE			
703 RUGBY PLACE				
LOUISVILLE, KY 402225617	0.50	0.	0.	0.
WILLIAM O LACY, MD	DIRECTOR			
1648 CHEROKEE ROAD				
LOUISVILLE, KY 402051369	0.08	0.	0.	0.
WILLIAM J JESSEE, CPA	DIRECTOR-SECR	ETARY		
304 WHITTINGTON PKWY, SUITE 107				
LOUISVILLE, KY 40222	0.08	0.	0.	0.
	hadadaa liaa d\ kaasa	IINONE II		
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter "NUNE."	(d) Contributions to	(e) Expense
(a) Name and address of each employee paid more than \$50,000	hours ner week	(c) Compensation	employee benefit plans and deferred	account, other
NOVE	devoted to position		compensation	allowances _
NONE	-			
	-			
	-	-		
	1			
				-
	1			
	1			
Total number of other employees paid over \$50,000				

Form 990-PF (2014) L. P. AND SALLY MOORE FOUNDATION	I, INC. 26-	1523193 Page 7
Part VIII Information About Officers, Directors, Trustees, Foundated Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter	r "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		<u>▶</u> 0
Part IX-A Summary of Direct Charitable Activities		
List the foundation's four largest direct charitable activities during the tax year. Include relevant statis number of organizations and other beneficiaries served, conferences convened, research papers produced to the served of the served		Expenses
1 NONE		
		0.
2		
3		
<u> </u>		
4		
· · · · · · · · · · · · · · · · · · ·		
Part IX-B Summary of Program-Related Investments		
Describe the two largest program-related investments made by the foundation during the tax year on	lines 1 and 2.	Amount
1 NONE		
		٥
2		0.
All other program-related investments. See instructions. 3		
Total Add Issa 1 through 2		
Total, Add lines 1 through 3		O.

Note. The amount on line 6 will be used in Part V, column (b), in subsequent years when calculating whether the foundation qualifies for the section

Qualifying distributions. Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4

Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment

income. Enter 1% of Part I, line 27b

Adjusted qualifying distributions. Subtract line 5 from line 4

4940(e) reduction of tax in those years.

Form **990-PF** (2014)

34,896.

55.

4

Page 9

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI,	-			
line 7				11,274.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years:		ا م		
Excess distributions carryover, if any, to 2014:		0.		
a From 2009 67.				
b From 2010				
c From 2011 11,022.			;	
d From 2012 5,231.				
e From 2013 22,998.				
f Total of lines 3a through e	39,318.			
4 Qualifying distributions for 2014 from	35,010.			
Part XII, line 4: ► \$34,896.				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior			0.0	
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				11,274.
e Remaining amount distributed out of corpus	23,622.			
5 Excess distributions carryover applied to 2014	0.			0.
(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:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	62,940.			
b Prior years' undistributed income. Subtract	02,540.			
line 4b from line 2b		0.		
c 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		0.		
d Subtract line 6c from line 6b. Taxable				
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line				_
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract				
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	67.			
9 Excess distributions carryover to 2015.				
Subtract lines 7 and 8 from line 6a	62,873.			- <u>-</u>
10 Analysis of line 9:				
a Excess from 2010				
b Excess from 2011 11,022.				
c Excess from 2012 5, 231.				
d Excess from 2013 22, 998.				
e Excess from 2014 23,622.	<u> </u>			F 000 PF
11-24-14				Form 990-PF (2014)

		OORE FOUNDAT		26-15	23193 Page 10
Part XIV Private Operating F	oundations (see in	structions and Part VII	-A, question 9)	N/A	
1 a If the foundation has received a ruling of	or determination letter that	at it is a private operating			
foundation, and the ruling is effective fo			▶ Ĺ		
b Check box to indicate whether the found		ing foundation described i		4942(j)(3) or 49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year		Prior 3 years		
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(d) 2011	(e) Total
investment return from Part X for					
each year listed					
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities		 			
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c Complete 3a, b, or c for the alternative test relied upon: a "Assets" alternative test - enter: (1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
b "Endowment" alternative test - enter 2/3 of minimum investment return shown in Part X, line 6 for each year listed					
c "Support" alternative test - enter:					
 Total support other than gross investment income (interest, dividends, rents, payments on securities loans (section 512(a)(5)), or royalties) 					
(2) Support from general public and 5 or more exempt organizations as provided in section 4942(j)(3)(B)(III)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					
Part XV Supplementary Info	rmation (Comple	ete this part only	if the foundation	had \$5,000 or mo	re in assets
at any time during t	the year-see inst	ructions.)			
1 Information Regarding Foundation	on Managers:		· ·		
a List any managers of the foundation wh year (but only if they have contributed r			ributions received by the	foundation before the clos	e of any tax
NONE					
b List any managers of the foundation who other entity) of which the foundation ha			or an equally large porti	on of the ownership of a pa	rtnership or
NONE					
2 Information Regarding Contribut	ion, Grant, Gift, Loan	, Scholarship, etc., Pr	ograms:		
Check here ► X if the foundation of the foundation makes gifts, grants, etc.					
a The name, address, and telephone num	·				
SEE STATEMENT 9					
b The form in which applications should t	oe submitted and informa	ation and materials they st	nould include:		
c Any submission deadlines:					
d Any restrictions or limitations on award	s, such as by geographic	cal areas, charitable fields,	kinds of institutions, or	other factors:	

| Part XV | Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient Foundation Purpose of grant or show any relationship to Amount status of contribution any foundation manager Name and address (home or business) recipient or substantial contributor a Paid during the year CABBAGE PATCH SETTLEMENT HOUSE N/A PUBLIC INVITATIONAL GOLF TOURNAMENT 1413 SOUTH SIXTH STREET LOUISVILLE KY 40208 1,125. FIRST PRESBYTERIAN CHURCH N/A PUBLIC CHURCH FUND 1328 GRIFFITH AVE OWENSBORO KY 42301 5,000. FIRST TEE OF LOUISVILLE N/A PUBLIC YOUTH DEVELOPMENT 460 NORTHWESTERN PARKWAY LOUISVILLE KY 40212 420. VANDERBILT UNIVERSITY MEDICAL CENTER N/A PUBLIC WILLETT H. RUSH 2525 WEST EMD AVE. STE 450 SCHOLARSHIP FUND NASHVILLE, TN 37203 5,000, NATIONAL KIDNEY ASSOCATION N/A PUBLIC BRONZE SPONSORSHIP FOR 8920 STONE GREEN WAY, SUITE 100 NKF GOLF CLASSIC LOUISVILLE KY 40220 1_250. SEE CONTINUATION SHEET(S) Total ▶ 3a 13,295. **b** Approved for future payment NONE

▶ 3b

Total

enter gross amounts unless otherwise indicated.	Unrelate	d business income	Exclu	ded by section 512, 513, or 514	(e)
	(a) Business code	(b) Amount	(C) Exclu- sion code	(d) Amount	Related or exempt function income
1 Program service revenue:	code		000		
a			 -		· · · · · · · · · · · · · · · · · · ·
b			-		
c	1				
d					
1					
g Fees and contracts from government agencies					
Membership dues and assessments			-		
3 Interest on savings and temporary cash					
investments	E				
4 Dividends and interest from securities			14	4,098.	
5 Net rental income or (loss) from real estate:				2,050	<u> </u>
a Debt-financed property					
b Not debt-financed property					<u> </u>
6 Net rental income or (loss) from personal					
property					
7 Other investment income			14	1,430.	
8 Gain or (loss) from sales of assets other		. .			
than inventory			18	4,729.	
9 Net income or (loss) from special events					
O Gross profit or (loss) from sales of inventory	Ì				
11 Other revenue:					
a					
b					
C					
d					•
e					
2 Subtotal. Add columns (b), (d), and (e)		0.		10,257.	0.
3 Total Add line 12, columns (b), (d), and (e)				13	10,257.
See worksheet in line 13 instructions to verify calculations.)					
Part XVI-B Relationship of Activities to	o the Acco	mplishment of Ex	emp	t Purposes	
Line No. Explain below how each activity for which income the foundation's exempt purposes (other than			contrib	outed importantly to the accom	plishment of
N/A		· · · · · · · · · · · · · · · · · · ·			
				<u> </u>	

						L			
	and beli	enalties of perury, I declare that I have examined this ef, it is true, correct, and complete Declaration of present the property of officer or trustee		taxpayer) is bas		nation of whi		has any knowledge	May the IRS discuss this return with the preparer shown below (see instr)? X Yes No
aid repa	rer	Print/Type preparer's name WILLIAM J. JESSEE Firm's name ► HENDERMAN, J	Preparer's su WUW ESSEE	md.) ANY PL	Date 8/7 LC	.	Check if self- employed Firm's EIN ► 3	PTIN P01302666 1-1490913
	⊢	Firm's address ► 304 WHITTIN LOUISVILLE,		ARKWAY 222	# 107			Phone no. (5	02)425-4800

Capital Gallis and Co.	3363 IOI TAX OII IIIVG3BIIGIIL IIIGOIIIG				
. (a) List and 2-story br	describe the kind(s) of property so ick warehouse; or common stock, 2	ld, e.g., real estate, 200 shs. MLC Co.	(b) How acquired P - Purchase D - Donation	(c) Date acquired (mo., day, yr.)	(d) Date sold (mo., day, yr.)
1a HARBOR COMMODI	<u> </u>		LA P		12/12/14
	NG MARKETS FUND			10/01/10	
		ASS S - 91.158 SH		05/27/08	
d RUSSELL STRATE			HS P	05/27/08	
	GIC BOND FUND CL		P	05/27/08	
	MALL CAP EQUITY			07/10/09	
g CAPITAL GAINS		FOND CDASS S - 11	P	07/10/03	02/11/14
h	DIVIDENDS				
				 	
1					
k					
	•				
	-				
n	•				
0					
(e) Gross sales price	(f) Depreciation allowed (or allowable)	(g) Cost or other basis) Gain or (loss) blus (f) minus (g)	
a 2,887.	,	4,231.		- (,,20 (8/	<1,344.
b 3,545.		3,863.			<318.
c 1,000.	-	931.			69.
d 1,430.		1,325.		_	105.
e 23.		21.			2.
f 347.		208.			139.
g 4,245.		200.			4,245.
h					
1					 -
<u></u>					
k					· · · · · · · · · · · · · · · · · · ·
i i					
m					
n					
0				<u> </u>	
	ig gain in column (h) and owned by	the foundation on 12/31/69	(I) L os	sses (from col. (h))	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69	(k) Excess of col. (i) over col. (j), if any	Gains (excess	of col. (h) gain over ot less than "-0-")	col. (k),
a				<u>-</u>	<1,344.
b					<318.
C					69.
d					105.
e			 		2.
f					139.
g			. =		4,245.
h	-				-,
1					
<u> </u>				-	
k					
1					
m					
n					
0			-		
		un Dank I lina 7			
2 Capital gain net income or (net ca		,	2		4,729.
3 Net short-term capital gain or (los if gain, also enter in Part I, line 8,		nd (6):			
If (loss), enter "-0-" in Part I, line 8		j	3	N/A	

P. AND SALLY MOORE FOUNDATION, INC. 26-1523193 Part XV **Supplementary Information** 3 Grants and Contributions Paid During the Year (Continuation) If recipient is an individual, show any relationship to any foundation manager or substantial contributor Recipient Foundation status of recipient Purpose of grant or contribution Amount Name and address (home or business) N/A PUBLIC SPONSORSHIP FOR KOSAIR KOSAIR CHILDREN'S HOSPITAL CLASSIC PRO-AM 982 EASTERN PARKWAY 500. LOUISVILLE, KY 40233 Total from continuation sheets 500

FORM 990-PF	DIVIDEND	S AND INTE	REST	FROM SECT	RITIES	STATEMENT	_1
SOURCE	GROSS AMOUNT	CAPITA GAINS DIVIDEN		(A) REVENUE PER BOOKS		(C) I- ADJUSTE ME NET INCO	
NORTHWESTERN MUTUAL -2381	4,098	•	0.	4,098	3. 4,09	 8.	
TO PART I, LINE 4	4,098	•	0.	4,098	4,098	8.	_
FORM 990-PF		OTHER	INCO	ME		STATEMENT	2
DESCRIPTION				(A) VENUE BOOKS	(B) NET INVEST- MENT INCOME		
INCOME FROM ANNUITY		_		1,430.	1,430	•	
TOTAL TO FORM 990-PI	, PART I,	LINE 11 =		1,430.	1,430	•	
FORM 990-PF		ACCOUNT	ING	FEES		STATEMENT	3
DESCRIPTION		(A) EXPENSES PER BOOKS		(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOM	CHARITAB	
ACCOUNTING & TAX PREPARATION	_	3,725	•	2,794	•	93	1.
TO FORM 990-PF, PG	L, LN 16B	3,725	 	2,794	•	93	1.
FORM 990-PF	0	THER PROFE	ssio	NAL FEES		STATEMENT	4
DESCRIPTION		(A) EXPENSES PER BOOKS	NE ME	(B) T INVEST- NT INCOME	(C) ADJUSTED NET INCOM	(D) CHARITAB E PURPOSE	
INVESTMENT MANAGMENT SERVICE CONTRACT-COM & YOUTH DEVELOPMENT	MUNITY	1,954	•	1,954	•		0.
SOUTH LOUISVILLE YOU APPRAISAL SERVICES		18,000 2,500		0.		18,00 2,50	
TO FORM 990-PF, PG	l, LN 16C	22,454	•	1,954		20,50	0.
	_		= =				

FORM 990-PF	TAX	ES			STATEMENT	5
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO	_	(C) ADJUSTEI NET INCOM	CHARITA	
FOREIGN TAX WITHHOLDING ON DIVIDENDS FEDERAL EXCISE TAX ON NET	52.		52.			0.
INVESTMENT INCOME	132.		0.			0.
TO FORM 990-PF, PG 1, LN 18	184.		52.			0.
FORM 990-PF	OTHER E	XPENSES	·		STATEMENT	6
DESCRIPTION	(A) EXPENSES PER BOOKS	(B) NET INVES MENT INCO		(C) ADJUSTEI NET INCON		
LIFE INSURANCE PREMIUM-NOT DEDUCTIBLE KY SEC OF STATE	1,501.		0.			0.
FILING/REGIST FEES MISCELLANEOUS FEES	15. 46.		0. 0.			15. 46.
NONDEDUCTIBLE MEALS & ENTERTAINMENT	680.		0.			0.
TO FORM 990-PF, PG 1, LN 23	2,242.		0.			61.
FORM 990-PF	OTHER INV	ESTMENTS			STATEMENT	7
DESCRIPTION		LUATION ETHOD	вос	OK VALUE	FAIR MARKE VALUE	ET
MUTUAL FUNDS - SEE LIST ATTAC ANNUITY		COST COST		135,628. 25,706.	161,7	
TOTAL TO FORM 990-PF, PART II	, LINE 13	_		161,334.	187,4	183.

L P & Sally Moore Foundation Supporting documentation for form 990-PF, Part II, page 2, Ln 13 Schedule of secunites investments held as of December 31, 2014

	Market	Value	98 \$ 15,790 31	72 9,288 75	70 7,242.25	78 9,021 56	84 12,410 18	00 6,988 51	50 26,789 39	32 12,005 78	43 16,876 19	64 7,11143	31 8,089 87	15 35,719 27	09 5,679 42	\$ 147,115 46 \$ 173,012 91 25,897 45
	Cost	Basis	\$ 9,732,98	6,993 72	3,397 70	8,522	12,514 84	5,824 00	24,905 50	9,371.32	10,692 43	8,680 64	8,808 31	34,053 15	3,618 09	\$ 147,115
13		Symbol	AMCFX	ACMVX	REACX	AHIFX	ACINX	ACINX	XIQOQ	AEPFX	FINEX	HAXMX	REMSX	RFCTX	RLESX	1**
End of year 12/31/13		# shares Description	576 499 AMCAP Fund Class F-2	590 512 American Century Mid Cap Value Fund	309 895 American Century Real Estate	794 151 American High Income Trust Class F	618 037 Capital World Bond Fund Class F	149 711 Columbia Acorn International Fund Class Z	1,979 999 Dodge & Cox Income Fund	245.116 Europacific Growth Fund Class F	324 792 Fundamental Investors Fund Class F	1,201 255 Harbor Commodity Real Return Strat	449 937 Russell Emerging Markets Fund CI S	3,286 041 Russell Strategic Bond Fund Class S	183.919 Russell U.S. Small & Mid Cap Fund	Unrealized Gain (Loss)
	Market	Value	\$ 15,569 31	10,039 25	8,325 60	7,440 72	12,785 21	414 15	6,287 84	27,276 24	11,905 04	15,584 99	5,373 01	35,241 56	5,534 22	\$ 161,777 14 26,149 42
	Cost	Basis	\$ 10,012 97	7,527.97	3,190 70	7,498 61	13,079 85	450 99	5,904 03	24,985 32	9,757 55	10,386 37	5,989 07	33,049 77	3,794 52	\$ 135,627 72 \$ 161,777 14
4		Symbol	AMCFX	ACMVX	REACX	AHIFX	ACINX	CCIRX	ACINX	DODIX	AEPFX	FINFX	REMSX	RFCTX	RLESX	1**11
End of year 12/31/14		Description	554 660 AMCAP Fund Class F-2	610 289 American Century Mid Cap Value Fund	280 512 American Century Real Estate	692 160 American High Income Trust Class F-2	645 066 Capital World Bond Fund Class F-2	9 856 Columbia Acorn International Fund Class R4	150 679 Columbia Acorn International Fund Class 2	1,979 408 Dodge & Cox Income Fund	253 191 Europacific Growth Fund Class F-2	299 481 Fundamental Investors Fund Class F	316 618 Russell Emerging Markets Fund CI S	3,177 778 Russell Strategic Bond Fund Class S	185 215 Russell U S Small & Mid Cap Fund	Unrealized Gain (Loss)
		# shares	54 660 AM	10 289 Am	80 512 Am	92 160 Am	45 066 Cap	9 856 Col	50 679 Col	79 408 Dox	53 191 Eur	39 481 Fur	16 618 Rus	77 778 Rus	85 215 Ru:	ī. D

FORM 990-PF	OTHER ASSETS	STATEMENT 8	
DESCRIPTION	BEGINNING OF YR BOOK VALUE	END OF YEAR BOOK VALUE	FAIR MARKET VALUE
CASH SURRENDER VALUE LIFE INS	23,098.	27,703.	27,703.
TO FORM 990-PF, PART II, LINE 15	23,098.	27,703.	27,703.

FORM 990-PF GRANT APPLICATION SUBMISSION INFORMATION PART XV, LINES 2A THROUGH 2D

STATEMENT

9

NAME AND ADDRESS OF PERSON TO WHOM APPLICATIONS SHOULD BE SUBMITTED

LORAN P. MOORE III, MD 703 RUGBY PLACE LOUISVILLE, KY 402225617

TELEPHONE NUMBER

502-551-9566

FORM AND CONTENT OF APPLICATIONS

NO SET FORM

ANY SUBMISSION DEADLINES

NONE

RESTRICTIONS AND LIMITATIONS ON AWARDS

THE FOUNDATION EXCLUSIVELY SUPPORTS CHARITABLE, RELIGIOUS, EDUCATIONAL AND SCIENTIFIC PURPOSES WITHIN THE MEANING OF SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE.

Form **8868**

(Rev January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

OMB No. 1545-1709

•								
• If you a	re filing for an Automatic 3-Month Extension, complete	te only Pa	rt I and check this box	-		ightharpoons		
- ii you a	re filing for an Additional (Not Automatic) 3-Month Ex	tension, c	complete only Part II (on page 2 of	this form)				
	, , , ,		itic 3-month extension on a previous	•				
Electronic	c filing (e-file) . You can electronically file Form 8868 if y	ou need a	a 3-month automatic extension of tin	ne to file (6	months fo	r a corporation		
required to	o file Form 990-T), or an addıtıonal (not automatıc) 3-moı	nth extens	sion of time. You can electronically f	ile Form 8	368 to requ	est an extension		
of time to	file any of the forms listed in Part I or Part II with the exc	ception of	Form 8870, Information Return for	Transfers /	Associated '	With Certain		
Personal F	Benefit Contracts, which must be sent to the IRS in pap	er format	(see instructions) For more details of	on the elec	tronic filing	of this form,		
visit www	irs gov/efile and click on e-file for Chanties & Nonprofits							
Part I	Automatic 3-Month Extension of Time	e. Only s	submit original (no copies ne	eded).				
A corpora	tion required to file Form 990-T and requesting an autor	natic 6-mo	onth extension - check this box and	complete				
Part I only						ightharpoons		
	corporations (including 1120-C filers), partnerships, REM	ICs, and to	rusts must use Form 7004 to reques	it an exten	sıon of time	•		
to file income tax returns.						Enter filer's identifying number		
						on number (EIN) oi		
print								
F.1- b #	L. P. AND SALLY MOORE FOUNT	OITAC	N, INC.		26-15	23193		
File by the due date for	Number, street, and room or suite no. If a P.O box, se	ee instruc	tions.	Social se	Social security number (SSN)			
filing your return See	C/O HENDERMAN, JESSEE & CO.	. PLL	<u> </u>					
instructions	City, town or post office, state, and ZIP code For a fo	oreign add	ress, see instructions.					
	LOUISVILLE, KY 40222							
Enter the	Return code for the return that this application is for (file	e a separa	te application for each return)			0 4		
Application	on	Return	Application			Return		
Is For		Code	Is For		Code			
	or Form 990-EZ	01	Form 990-T (corporation)			07		
Form 990-		02	Form 1041-A			08		
	0 (individual)	03	Form 4720 (other than individual)	09				
		04	Form 5227	10				
Form 990-	-FF							
Form 990	· · · · · · · · · · · · · · · · · · ·		Form 6069			11		
Form 990-	T (sec 401(a) or 408(a) trust)	05	Form 6069			11		
Form 990-	-T (sec 401(a) or 408(a) trust) -T (trust other than above)	05 06	Form 8870			11 12		
Form 990-	-T (sec 401(a) or 408(a) trust) -T (trust other than above) HENDERMAN, JESS	05 06 SEE &	Form 8870 CO. PLLC	TSVII.	I.R KV	12		
Form 990- Form 990-	T (sec 401(a) or 408(a) trust) T (trust other than above) HENDERMAN, JESS ooks are in the care of 304 WHITTINGTON	05 06 SEE &	Form 8870 CO. PLLC Y, SUITE 107 - LOU		LE, KY	12		
Form 990- Form 990- • The bo Teleph	T (sec 401(a) or 408(a) trust) T (trust other than above) HENDERMAN , JESS ooks are in the care of ▶ 304 WHITTINGTON one No ▶ 502-425-4800	05 06 SEE & N PKW	Form 8870 CO. PLLC Y, SUITE 107 - LOU Fax No ▶ 502-425-31		LE, KY	12		
Form 990- Form 990- The bo Teleph If the o	T (sec 401(a) or 408(a) trust) T (trust other than above) HENDERMAN, JESS oks are in the care of 304 WHITTINGTON one No 502-425-4800 organization does not have an office or place of business	05 06 SEE & V PKW	Form 8870 CO PLLC Y SUITE 107 - LOU Fax No ► 502-425-31 inted States, check this box	31		12 7 40222 ▶ □		
Form 990- Form 990- The bo Teleph If the o If this is	T (sec 401(a) or 408(a) trust) T (trust other than above) HENDERMAN, JESS ooks are in the care of 304 WHITTINGTOR one No 502-425-4800 Organization does not have an office or place of business of a Group Return, enter the organization's four digit of the second se	05 06 SEE & N PKW	Form 8870 CO PLLC Y, SUITE 107 - LOU Fax No 502-425-31 inted States, check this box emption Number (GEN)	31 If this is fo	the whole	12 7 40222 proup, check this		
Form 990- The bo Teleph If the o If this is	T (sec 401(a) or 408(a) trust) T (trust other than above) HENDERMAN, JESS oks are in the care of 304 WHITTINGTON one No 502-425-4800 Organization does not have an office or place of business of a Group Return, enter the organization's four digit of the group, check this box	05 06 SEE & N PKW s in the Ur Group Exe	Form 8870 CO PLLC Y, SUITE 107 - LOU Fax No 502-425-31 inted States, check this box emption Number (GEN) ich a list with the names and EINs o	31 If this is fo	the whole	12 7 40222 proup, check this		
Form 990- Form 990- The bo Teleph If the o If this is	T (sec 401(a) or 408(a) trust) T (trust other than above) HENDERMAN, JESS ooks are in the care of ▶ 304 WHITTINGTON one No ▶ 502-425-4800 Organization does not have an office or place of business as for a Group Return, enter the organization's four digit of the group, check this box ▶ □ Quest an automatic 3-month (6 months for a corporation)	05 06 SEE & PKW s in the Ur Group Exe and atta	Form 8870 CO PLLC Y, SUITE 107 - LOU Fax No 502-425-31 Inted States, check this box emption Number (GEN) Ich a list with the names and EINs of the file Form 990-T) extension of time	31 If this is fo f all memb	r the whole ers the exte	12 7 40222 proup, check this ension is for		
Form 990- Form 990- The bo Teleph If the o If this is	T (sec 401(a) or 408(a) trust) T (trust other than above) HENDERMAN, JESS poks are in the care of ▶ 304 WHITTINGTON none No ▶ 502-425-4800 organization does not have an office or place of business as for a Group Return, enter the organization's four digit of the second of the group, check this box ▶ quest an automatic 3-month (6 months for a corporation AUGUST 15, 2015 , to file the exemp	05 06 SEE & PKW s in the Ur Group Exe and atta	Form 8870 CO PLLC Y, SUITE 107 - LOU Fax No 502-425-31 inted States, check this box emption Number (GEN) ich a list with the names and EINs o	31 If this is fo f all memb	r the whole ers the exte	12 7 40222 proup, check this ension is for		
Form 990- Form 990- The bo Teleph If the o If this is box ▶ I I rec	T (sec 401(a) or 408(a) trust) T (trust other than above) HENDERMAN, JESS poks are in the care of ▶ 304 WHITTINGTON none No ▶ 502-425-4800 organization does not have an office or place of business s for a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶ quest an automatic 3-month (6 months for a corporation AUGUST 15, 2015 The trust of the exemple of the organization's return for	05 06 SEE & PKW s in the Ur Group Exe and atta	Form 8870 CO PLLC Y, SUITE 107 - LOU Fax No 502-425-31 Inted States, check this box emption Number (GEN) Ich a list with the names and EINs of the file Form 990-T) extension of time	31 If this is fo f all memb	r the whole ers the exte	12 7 40222 proup, check this ension is for		
Form 990- Form 990- The bo Teleph If the o If this is box I I rec	T (sec 401(a) or 408(a) trust) T (trust other than above) HENDERMAN, JESS poks are in the care of ▶ 304 WHITTINGTON pone No ▶ 502-425-4800 programization does not have an office or place of business s for a Group Return, enter the organization's four digit of the group, check this box ▶ quest an automatic 3-month (6 months for a corporation august an automatic 3-month (6 months for a corporation august 15, 2015 The organization's return for X calendar year 2014 or	05 06 SEE & PKW s in the Ur Group Exe and atta required t organiza	Form 8870 CO. PLLC Y, SUITE 107 - LOU Fax No 502-425-31 inted States, check this box emption Number (GEN) ich a list with the names and EINs of the Form 990-T) extension of time the tion return for the organization name	31 If this is fo f all memb	r the whole ers the exte	12 7 40222 proup, check this ension is for		
Form 990- Form 990- The bo Teleph If the o If this is box	T (sec 401(a) or 408(a) trust) T (trust other than above) HENDERMAN, JESS poks are in the care of ▶ 304 WHITTINGTON none No ▶ 502-425-4800 organization does not have an office or place of business s for a Group Return, enter the organization's four digit If it is for part of the group, check this box ▶ quest an automatic 3-month (6 months for a corporation AUGUST 15, 2015 The trust of the exemple of the organization's return for	05 06 SEE & PKW s in the Ur Group Exe and atta required t organiza	Form 8870 CO PLLC Y, SUITE 107 - LOU Fax No 502-425-31 Inted States, check this box Emption Number (GEN) Ich a list with the names and EINs of the file Form 990-T) extension of time	31 If this is fo f all memb	r the whole ers the exte	12 7 40222 proup, check this ension is for		
Form 990- Form 990- The bo Teleph If the o If this is box ▶ I I rec Is fo	T (sec 401(a) or 408(a) trust) T (trust other than above) HENDERMAN, JESS ooks are in the care of ▶ 304 WHITTINGTON one No ▶ 502-425-4800 Organization does not have an office or place of business is for a Group Return, enter the organization's four digit of the group, check this box ▶ Quest an automatic 3-month (6 months for a corporation AUGUST 15, 2015 , to file the exemptor the organization's return for X calendar year 2014 or tax year beginning	05 06 SEE & PKW s in the Ur Group Exe and atta required t organiza , an	Form 8870 CO. PLLC Y, SUITE 107 - LOU Fax No 502-425-31 Inted States, check this box Emption Number (GEN) Inch a list with the names and EINs of to file Form 990-T) extension of time tion return for the organization name d ending	31 If this is fo f all memb until ed above.	the whole ers the exte The extensi	12 7 40222 proup, check this ension is for		
Form 990- Form 990- The bo Teleph If the o If this is box ▶ I I rec Is fo	T (sec 401(a) or 408(a) trust) T (trust other than above) HENDERMAN, JESS poks are in the care of ▶ 304 WHITTINGTON pone No ▶ 502-425-4800 programization does not have an office or place of business s for a Group Return, enter the organization's four digit of the standard of the group, check this box ▶ quest an automatic 3-month (6 months for a corporation AUGUST 15, 2015 , to file the exemple or the organization's return for X calendar year 2014 or tax year beginning the tax year entered in line 1 is for less than 12 months, contains the contains the standard or the contains the standard or the standard or the standard or the contains the standard or t	05 06 SEE & PKW s in the Ur Group Exe and atta required t organiza , an	Form 8870 CO. PLLC Y, SUITE 107 - LOU Fax No 502-425-31 Inted States, check this box Emption Number (GEN) Inch a list with the names and EINs of to file Form 990-T) extension of time tion return for the organization name d ending	31 If this is fo f all memb	the whole ers the exte The extensi	12 7 40222 proup, check this ension is for		
Form 990- Form 990- The bo Teleph If the o If this is box I rec Is fo	T (sec 401(a) or 408(a) trust) T (trust other than above) HENDERMAN, JESS poks are in the care of ▶ 304 WHITTINGTON pone No ▶ 502-425-4800 programization does not have an office or place of business s for a Group Return, enter the organization's four digit of the start of the group, check this box ▶ Quest an automatic 3-month (6 months for a corporation automatic 3-month (6 month	05 06 SEE & Y PKW s in the Ur Group Exe and atta required t organiza , an	Form 8870 CO. PLLC Y, SUITE 107 - LOU Fax No 502-425-31 inted States, check this box emption Number (GEN) ich a list with the names and EINs of the form 990-T) extension of time tion return for the organization named dending on: Initial return	31 If this is fo f all memb until ed above.	the whole ers the exte The extensi	12 7 40222 proup, check this ension is for		
Form 990- Form 990- The bo Teleph If the o If this is box Irec Is fo If the Is fo If the Is fo If the Is fo If the Is fo If the Is fo If the Is fo If the Is fo If the Is fo If the Is fo	T (sec 401(a) or 408(a) trust) T (trust other than above) HENDERMAN, JESS JOAN WHITTINGTON TO SEE TO S	05 06 SEE & Y PKW s in the Ur Group Exe and atta required t organiza , an	Form 8870 CO. PLLC Y, SUITE 107 - LOU Fax No 502-425-31 inted States, check this box emption Number (GEN) ich a list with the names and EINs of the form 990-T) extension of time tion return for the organization named dending on: Initial return	31 If this is fo fall membuntiled above.	the whole ers the exte The extensi	12 7 40222 proup, check this ension is for		
Form 990- Form 990- The bo Teleph If the o If this is box I rec Is fo I l rec Is fo I l fth	T (sec 401(a) or 408(a) trust) T (trust other than above) HENDERMAN, JESS poks are in the care of ▶ 304 WHITTINGTOR pone No ▶ 502-425-4800 programization does not have an office or place of business as for a Group Return, enter the organization's four digit of the group, check this box ▶ [If it is for part of the group, check this box ▶ [Quest an automatic 3-month (6 months for a corporation automatic 3-month (6 months for a	05 06 SEE & PKW s in the Ur Group Exe and atta required t organiza , an heck reas	Form 8870 CO . PLLC Y , SUITE 107 - LOU Fax No 502-425-31 inted States, check this box emption Number (GEN) ich a list with the names and EINs of the file Form 990-T) extension of time tion return for the organization named dending on: Initial return enter the tentative tax, less any	31 If this is fo f all memb until ed above.	the whole ers the exte The extensi	12 7 40222 proup, check this ension is for		
Form 990- Form 990- The bo Teleph If the o If this is box ▶ 1 I rec is fo	T (sec 401(a) or 408(a) trust) T (trust other than above) HENDERMAN, JESS Tooks are in the care of ▶ 304 WHITTINGTON Toone No ▶ 502-425-4800 Toganization does not have an office or place of business The second of the group, check this box ▶ The second of the group of t	05 06 SEE & Y PKW s in the Ur Group Exe and atta required t organiza , an heck reas , or 6069,	Form 8870 CO. PLLC Y, SUITE 107 - LOU Fax No 502-425-31 Inted States, check this box Interpretation Number (GEN) Inch a list with the names and EINs of the file Form 990-T) extension of time the tion return for the organization named dending on: Initial return enter the tentative tax, less any or refundable credits and	31 If this is fo fall membruntilled above.	the whole ers the extension	12 7 40222 proup, check this ension is for		
Form 990- Form 990- The bo Teleph If the o If this is box ▶ I I rec Is fo If th Is fo If th Is fo	T (sec 401(a) or 408(a) trust) T (trust other than above) HENDERMAN, JESS boks are in the care of ▶ 304 WHITTINGTON cone No ▶ 502-425-4800 organization does not have an office or place of business is for a Group Return, enter the organization's four digit of If it is for part of the group, check this box ▶ quest an automatic 3-month (6 months for a corporation AUGUST 15, 2015 or the organization's return for X calendar year 2014 or tax year beginning the tax year entered in line 1 is for less than 12 months, color to the composition of the com	05 06 SEE & PKW s in the Ur Group Exe and atta required t organiza , an heck reas , or 6069,	Form 8870 CO PLLC Y , SUITE 107 - LOU Fax No ► 502-425-31 inted States, check this box emption Number (GEN) ich a list with the names and EINs of to file Form 990-T) extension of time tion return for the organization name d ending on: Initial return enter the tentative tax, less any y refundable credits and llowed as a credit.	31 If this is fo fall membuntiled above.	the whole ers the exte The extensi	12 7 40222 ▶ □ group, check this ension is for		
Form 990- Form 990- The bo Teleph If the o If this is box ▶ I I rec Is fo If th Is fo If th Is fo Bala	T (sec 401(a) or 408(a) trust) T (trust other than above) HENDERMAN, JESS Tooks are in the care of ▶ 304 WHITTINGTON Toone No ▶ 502-425-4800 Toganization does not have an office or place of business The second of the group, check this box ▶ The second of the group of t	05 06 SEE & Y PKW s in the Ur Group Exe and atta required t organiza , an heck reas , or 6069, , enter an ayment at	Form 8870 CO. PLLC Y, SUITE 107 - LOU Fax No 502-425-31 inted States, check this box emption Number (GEN) ich a list with the names and EINs of the form 990-T) extension of time tion return for the organization named dending on: Initial return enter the tentative tax, less any yrefundable credits and llowed as a credit. h this form, if required,	31 If this is fo fall membruntilled above.	the whole ers the extension	12 7 40222 proup, check this ension is for		