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## Form **990-PF**

OMB No 1545-0052

Department of the Treasury Internal Revenue Service

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.

Other professional fees   17   Interest   18   Taxes   STMT   3   3   3   282   282   3   3   3   3   3   3   3   3   3	For calendar year 2014 or tax year beginning			, and ending		
Section 4 PCPORDSHIRE ROAD   Section 5 PCPO	Name of foundation				A Employer identification	number
Solid Agency   Solid Representation   Solid Agency   Solid Representation   Solid Represe					61-6168546	
City of town, state or prevente, country, and 2 Per foreign postal code  LOUISVILLE, XY 40222 6 Cheeck all mat apply   Initial return   Amended return   Amende			address)	Room/suite		
LOUISVILLE, KY 40222 6 Check all that apply   Indust return   Animal return					502 426-27	51
Check all that apply:   Initial return   Amended return of a former public charby   Amended return   Amen			ostal code		C If exemption application is pe	ending, check here
Final return			The trade column of a fa		B. 4. Foreign organizations	ahaak hara
Address change  Address change	=		<del></del>	rmer public clianty	L. Foreigh organizations	, check here
H. Check hope of organization   Section 501(c)(3) exempt private foundation   Section 4947(3) 1) exemption of the transfer trust   Other transfer trust   Other transfer trust   Other transfer trust   Other (specify)   Fart market value of all assets at end of year   J. Accounting method:   (X) Cash   Accounting metho					2. Foreign organizations mee	eting the 85% test,
Section 49/7(g) (1) nonexempt charactable trust □ Other travable private foundation   far market value of all assets at end of year   J. Accounting method: X Cash						
Far market value of all assets at end of year   J Accounting method:   Cash   C				tion		
Contributions gits; grants, cot., received   100,000					, ,, ,	•
Part   Angus of Revenue and Expenses   (a) Adjusted net   (a) Adjusted net   (b) Net investment   (c) Adjusted net   (d) College   (a) Province (b) (a) and (a) may not   (b) Net investment   (c) Adjusted net   (d) College   (a) Province (b) (a) and (a) may not   (b) Net investment   (c) Adjusted net   (d) College   (a) Province (b) (a) and (a) may not   (b) Net investment   (c) Adjusted net   (d) College   (a) Province (b) (a) and (a) may not   (b) Net investment   (c) Adjusted net   (d) College   (a) Province (b) (a) and (a) may not   (a) Province (b) (a) and (a) may not   (b) Net investment   (c) Adjusted net   (c) Adjusted net   (d) College   (d)	(from Part II, col (c), line 16)	Ot	ther (specify)			
The total of amounts in columns (b), (c), and (d) may not explaines per books   income   for dheritable authorise column (b), (c), and (d) may not   explaines per books   income   for dheritable authorise (death base only)	<b>▶</b> \$ 9,126,952.	(Part I, colu	mn (d) must be on cash b	oasis)		
Check	(The total of amounts in columns (b), (c), ar	nd (d) may not	(a) Revenue and expenses per books			for charitable purposes
Interest on assurage and temporary	1 Contributions, gifts, grants, etc., rece	ived	100,000.			
Page		to attach Sch B				
Sa Gross rents	cash investments		111 501	444 604	444 504	CENTRAL C
Description		S	444,604.	444,604.	444,604.	STATEMENT I
Sample   S	5a Gross rents					
Description of the first states and depletion  Description of the first states and depletion and depletion  Description of the first states and depletion and depletion and depletion and depletion and depletion are states and depletion and depletion are states are states and depletion are states a	D Net rental income or (loss)		-1 804	<u> </u>		
10   10   10   10   10   10   10   10	Gross sales price for all		1,004.			<del></del>
10   10   10   10   10   10   10   10	assets on line 6a			0.		
Coross profit of (loss) 11 Other income  12 Total: Add Jinas Starough 11 542,800. 444,604. 444,604.  13 Compensation of offices, directors, visitees, etc	8 Net short-term capital gain	,				
Coross profit of (loss) 11 Other income  12 Total: Add Jinas Starough 11 542,800. 444,604. 444,604.  13 Compensation of offices, directors, visitees, etc	9 Income modifications					
Coross profit of (loss) 11 Other income  12 Total: Add Jinas Starough 11 542,800. 444,604. 444,604.  13 Compensation of offices, directors, visitees, etc	Gross sales less returns and allowances					
11 Other income  12 Total: Add Jinas Timrough 111  13 Compensation of officers, directors, trustees, etc  14 Other employee salaries and Wages  15 Persistion plans of process and water sand water sa	b Less Cost of goods sold					
12   Total Add   Hines   Tarrough 11   542,800	c Gross profit or (loss)					
13   Compensation of officers, directors, business, etc   14   Other employee salaries and logges   15   Peristion plans employee benefits   16   Legal fees   17   Interest   18   Taxes   STMT   2   4   911   .	Charles and the control of the contr		540.000	444 604	444 604	
Other employee salaries and sal	12 Total Add lines (through 11)				<del> </del>	0
Second   S		es, etc	<u> </u>	0.		0.
Total expenses and disbursements Add lines 24 and 25   A gent and addinates are separate and disbursements b Net investment income (if negative, enter -0-)	1 (1) i					
b Accompling fees , STMT 2 4,911. 0. 0. 4,911.  To other professional fees STMT 3 3,282. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0. 0.	0					
17   Interest   18   Taxes   STMT   3   3   3   282   0   0   0   0     19   Depreciation and depletion   Occupancy   21   Travel, conferences, and meetings   22   Printing and publications   23   Other expenses   STMT   4   18   761   0   0   18   761   24   Total operating and administrative   expenses   Add lines 13 through 23   26   954   0   0   23   672   25   Contributions, gifts, grants paid   385   900   385   900   26   Total expenses and disbursements   Add lines 24 and 25   412   854   0   0   409   572   27   Subtract line 26 from line 12   2   Excess of revenue over expenses and disbursements   129   946	b Accounting fees	гмт 2	4,911.	0.	0.	4,911.
17   Interest   18   Taxes   STMT   3   3   3   282   0   0   0   0     19   Depreciation and depletion   Occupancy   21   Travel, conferences, and meetings   22   Printing and publications   23   Other expenses   STMT   4   18   761   0   0   18   761   24   Total operating and administrative   expenses   Add lines 13 through 23   26   954   0   0   23   672   25   Contributions, gifts, grants paid   385   900   385   900   26   Total expenses and disbursements   Add lines 24 and 25   412   854   0   0   409   572   27   Subtract line 26 from line 12   2   Excess of revenue over expenses and disbursements   129   946	o Other professional tees					
26 Total expenses and disbursements Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)  444,604.	₹ 17 Interest	•				
26 Total expenses and disbursements Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)  444,604.	• <u>할</u> 18 Taxes S <sup>+</sup>	rmt 3	3,282.	0.	0.	0.
26 Total expenses and disbursements Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)  444,604.	19 Depreciation and depletion					
26 Total expenses and disbursements Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)  444,604.	ਬੂ 20 Occupancy				<u> </u>	
26 Total expenses and disbursements Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)  444,604.	21 Travel, conferences, and meetings		-			
26 Total expenses and disbursements Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)  444,604.	E 22 Printing and publications	т <b>м</b> ит <i>1</i>	10 761	0	<u> </u>	18 761
26 Total expenses and disbursements Add lines 24 and 25  27 Subtract line 26 from line 12' a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)  444,604.	24 Total operating and administrative		10,/01.	0.	- 0.	10,701.
26 Total expenses and disbursements Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)  444,604.	evnenses Add lines 13 through 23		26 954	0.	. 0 .	23.672.
26 Total expenses and disbursements Add lines 24 and 25  27 Subtract line 26 from line 12  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-) c Adjusted net income (if negative, enter -0-)  444,604.	25 Contributions, offs grants haid					
Add lines 24 and 25  27 Subtract line 26 from line 12:  a Excess of revenue over expenses and disbursements b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  444,604.	_	<b>,</b>				
27 Subtract line 26 from line 12.  a Excess of revenue over expenses and disbursements  b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  444,604.	1		412,854.	0.	0.	409,572.
b Net investment income (if negative, enter -0-)  c Adjusted net income (if negative, enter -0-)  444,604.	27 Subtract line 26 from line 12					
c Adjusted net income (if negative, enter -0-)	a Excess of revenue over expenses and dist	oursements	129,946.			
				444,604		
42301 LHA For Paperwork Reduction Act Notice, see instructions Form 990-PF (2014)	40060+		<u> </u>	1	444,004.	Form <b>990-PF</b> (2014

423511 11-24-14

5 Decreases not included in line 2 (itemize)

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

7,456,340.

Form 990-PF (2014)

<del></del>	and Losses for lax on in tibe the kind(s) of property sold (e.g		income	(b) H	low acquire	d (	) Date acquired	(d) Date sold
	rehouse; or common stock, 200 shs			D D	low acquire - Purchase - Donation	,,,	(mo., day, yr.)	(mo., day, yr.)
1a RJ-DEUTSCHE AL		С			P_		4/18/11	10/27/14
b COMMONWEALTH B				<u> </u>	P		<del> </del>	
c COMMONWEALTH B	<u>&amp;Т</u>			-	P			
<u>d</u>		-		<del> </del>				
e (e) Gross sales price	(f) Depreciation allowed (or allowable)	, , ,	t or other basis xpense of sale	-			(h) Gain or (loss (e) plus (f) minus	
a 59,310.			60,00	0.				-690.
ь 71,975.			98,33					-26,355.
c 456,011.			430,77	0.				25,241.
d								
Complete only for coasts shows	un nous un naturemen (h) and aumand hu	the foundation	22 12/21/60				) (O-1 (b)	
Complete only for assets snowin	ng gain in column (h) and owned by	т					Bains (Col. (h) gair k), but not less tha	
(i) F.M.V. as of 12/31/69	(j) Adjusted basis as of 12/31/69		cess of col. (ı) col. (j), if any				osses (from col.	
a			· · · · · · · · · · · · · · · · · · ·	-				-690.
b		-				<del></del>		-26,355.
C				-				25,241.
d								•
e							·	
2 Capital gain net income or (net ca	If gain, also enter of lf (loss), enter of	r in Part I, line I- in Part I, line	7 7	}	2			-1,804.
3 Net short-term capital gain or (los	•							
If gain, also enter in Part I, line 8,		(0).		}				_
if (loss), enter -0- in Part I, line 8	4040/ ) (	· ·	<del></del>		3	<u> </u>		0.
	Inder Section 4940(e) for				_	i inco	me	
(For optional use by domestic private	e foundations subject to the section	4940(a) tax on	net investment ir	ncome	!)			
If section 4940(d)(2) applies, leave t	his part blank.							
Was the foundation liable for the sec	tion 4942 tax on the distributable an	nount of any ve	ear in the base oe	riod?				Yes X No
If "Yes," the foundation does not qua								
1 Enter the appropriate amount in	each column for each year; see the I	nstructions be	fore making any e	entries			<del></del>	
(a) Base period years Calendar year (or tax year beginni	ng in) Adjusted qualifying dis	stributions	Net value of no		ritable-use a		(col. (b) di	(d) bution ratio vided by col. (c))
2013		36,744.			<u>,576,</u>			.062584
2012		0,925.			<u>,993,</u>			.040148
2011		3,034.			,677,			.038168
2010		5,614.			<u>,472,</u> ,746,			.060973
2009	41	9,953.	<del></del>	0	, /40,	<u>3∠U.</u>	<del>                                     </del>	.062249
2 Total of line 1, column (d)							2	.264122
3 Average distribution ratio for the	5-year hase period - divide the total	on line 2 hy 5.	or by the number	r of ve	ars			<u> </u>
the foundation has been in existe		, .,	,	, ,			3	.052824
	•							
4 Enter the net value of noncharital	ble-use assets for 2014 from Part X,	line 5					4	8,977,196.
5 Multiply line 4 by line 3							5	474,211.
	, , , , , , , , , , , , , , , , , , ,							1 116
6 Enter 1% of net investment incor	me (1% of Part I, line 27b)						6	4,446.
7 Add Imag F and C							7	478,657.
7 Add lines 5 and 6								±/0,05/.
8 Enter qualifying distributions from							8	409,572.
If line 8 is equal to or greater tha See the Part VI instructions	n line 7, check the box in Part VI, line	e 1b, and comp	olete that part usi	ng a 1	% tax rate.			

	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 494	8 - SOO i			rage 4
		0 - SEE I	1150 0	CUOI	15)
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)				
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here   and enter 1%	!		3,89	<u>92.</u>
	of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	2			<u>0.</u>
3	Add lines 1 and 2	3		3,8	<u>92.</u>
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)	4	<del></del>		0.
5	Tax based on investment income Subtract line 4 from line 3. If zero or less, enter -0-	5		3,8	<u>92.</u>
6	Credits/Payments;				
a	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 3,541.	·			
b	Exempt foreign organizations - tax withheld at source				
	Tax paid with application for extension of time to file (Form 8868)  6c 5,351.				
	Backup withholding erroneously withheld 6d 6d				
		7	;	8,8	92.
		8			
		9			0.
		0			
		1			
	irt VII-A Statements Regarding Activities	· · · · · · · · · · · · · · · · · · ·			
	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	No
10	any political campaign?		1a		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	25			
	distributed by the foundation in connection with the activities.	<i></i>			
	·		1c		Х
	Did the foundation file Form 1120-POL for this year?		16		
a	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:  (1) On the foundation.  \$\Bigsim \text{\$\sigma}\$ \$\ 0 \cdot (2) On foundation managers. \$\Bigsim \text{\$\sigma}\$			ĺ	
	(1)				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers. ► \$		,		Х
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2		Δ.
_	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				Х
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	N/A	4a		Λ.
	of "Yes," has it filed a tax return on Form 990-T for this year?	N/A	4b		X
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		
_	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		ļ	į	
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state larger than the st	N			
	remain in the governing instrument?		7	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		'	Λ.	
	The state of the s				
88	a Enter the states to which the foundation reports or with which it is registered (see instructions)				
	KY			į	
ı	o If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)		۵.	v	
	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 calend	ar	_		٠,,
	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		X
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10	Dr.	X
		F0	rm <b>990</b>	-rr(	ZU14)

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4a

X

N/A

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,

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

Form 4720, to determine if the foundation had excess business holdings in 2014)

had not been removed from jeopardy before the first day of the tax year beginning in 2014?

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

orm 990-PF (2014) LARRY R. COFFEY CHARITAB			<u>61-61685</u>	46 Page 6
Part VII-B   Statements Regarding Activities for Which F	orm 4720 May Be F	Required (continu	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	1 4945(e))?	Ye	s X No	
<ol><li>Influence the outcome of any specific public election (see section 4955); o</li></ol>	r to carry on, directly or indire			
any voter registration drive?			s X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes'	?	Ye	s X No	
(4) Provide a grant to an organization other than a charitable, etc., organization	n described in section		1	1 }
4945(d)(4)(A)? (see instructions)		Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational purposes, or I	or	Ì	} }
the prevention of cruelty to children or animals?		Ye	s X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify unc	der the exceptions described i	n Regulations		
section 53.4945 or in a current notice regarding disaster assistance (see instru		•	N/A	5 <b>b</b>
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 fr		ined		
expenditure responsibility for the grant?		T/A 🔲 Ye	s No	
If "Yes," attach the statement required by Regulations section 53.4945		.,		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
a personal benefit contract?	pay promising on	□ Ve	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal hanefit contract?			6b X
	iei Suliai Delielit Collitact.		<u> </u>	70 X
If "Yes" to 6b, file Form 8870	haltar transaction?		s X No	
7a At any time during the tax year, was the foundation a party to a prohibited tax s				7b
Part VIII Information About Officers, Directors, Trust		nagora Highl		/ 0
Part VIII Information About Officers, Directors, Trust Paid Employees, and Contractors	ees, roundation wa	inagers, migniy	,	
List all officers, directors, trustees, foundation managers and their	compensation			
List all officers, directors, it distees, foundation managers and their	(b) Title, and average	(c) Compensation	(d) Contributions to	(e) Expense
(a) Name and address	hours per week devoted	(If not paid, enter -0-)	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
	to position	enter -U-)	compensation	allowances
LARRY R. COFFEY	TRUSTEE			
504 BEDFORDSHIRE RD	10.00			
LOUISVILLE, KY 40222	10.00	0.	0.	0.
				I
		ļ		<del></del>
			:	ı
				L
2 Compensation of five highest-paid employees (other than those inc	cluded on line 1). If none	enter "NONE."	T ( D )	
(a) Name and address of each employee paid more than \$50,000	(b) Title, and average hours per week	(c) Compensation	(d) Contributions to employee benefit plans	(e) Expense account, other
(a) Name and address of each employee paid more than \$50,000	devoted to position	(C) Compensation	and deterred compensation	allowances
NONE				
	1			
	1		!	
		1		
	1			
		<del></del>		
	+		1	1
Table Number of other employees and over 000,000		1	<u> </u>	0
Total number of other employees paid over \$50,000				990-PF (2014)
			Form	330-FF (2014)

	51-61685 <b>4</b> 6 F	age 7
Part VIII Information About Officers, Directors, Trustees, Foundation Managers, Highly Paid Employees, and Contractors (continued)		
3 Five highest-paid independent contractors for professional services. If none, enter "NONE."		
(a) Name and address of each person paid more than \$50,000 (b) Type of service	e (c) Compen	sation
NONE		
	<del></del>	
Total number of others receiving over \$50,000 for professional services	<b>&gt;</b>	0
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	
1 NONE		
		0.
2		
3		
A	-	
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		
		0.
2		
All other program-related investments. See instructions.		
3		
Total. Add lines 1 through 3	<b>&gt;</b>	0.
	Form <b>990-PF</b>	(2014)

P.	Minimum Investment Return (All domestic foundations must	complete this part. Foreign four	ndations, s	see instructions )
1	Fair market value of assets not used (or held for use) directly in carrying out charitable, et	c., purposes:		· · · · · · · · · · · · · · · · · · ·
a	Average monthly fair market value of securities		1a	8,549,857.
b	Average of monthly cash balances		1b	564,048.
C	Fair market value of all other assets		1c	
ď	Total (add lines 1a, b, and c)		1d	9,113,905.
е	Reduction claimed for blockage or other factors reported on lines 1a and			
	1c (attach detailed explanation)	0.		
2	Acquisition indebtedness applicable to line 1 assets		2	0.
3	Subtract line 2 from line 1d		3	9,113,905.
4	Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see	instructions)	4	136,709.
5	Net value of noncharitable-use assets Subtract line 4 from line 3. Enter here and on Pa	rt V, line 4	5	8,977,196.
6	Minimum investment return Enter 5% of line 5		6	448,860.
Р	art XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j foreign organizations check here   ☐ and do not complete this part.)	)(5) private operating foundations an	id certain	
1	Minimum investment return from Part X, line 6		1	448,860.
2a	Tax on investment income for 2014 from Part VI, line 5	8,892.		
b	Income tax for 2014. (This does not include the tax from Part VI.)	····		
C	Add lines 2a and 2b		2c	8,892.
3	Distributable amount before adjustments. Subtract line 2c from line 1		3	439,968.
4	Recoveries of amounts treated as qualifying distributions		4	0.
5	Add lines 3 and 4		5	439,968.
6	Deduction from distributable amount (see instructions)		6	0.
7	Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII	, line 1	7	439,968.
P	art XII Qualifying Distributions (see instructions)	***		
1	Amounts paid (including administrative expenses) to accomplish charitable, etc., purpose	28:		
a	Expenses, contributions, gifts, etc total from Part I, column (d), line 26		1a	409,572.
	Program-related investments - total from Part IX-B		1b	0.
2	Amounts paid to acquire assets used (or held for use) directly in carrying out charitable,	etc., purposes	2	
3	Amounts set aside for specific charitable projects that satisfy the:			
a	Suitability test (prior IRS approval required)		3a	
	Cash distribution test (attach the required schedule)		3b	
4	Qualifying distributions Add lines 1a through 3b Enter here and on Part V, line 8, and F	art XIII, line 4	4	409,572.
5	Foundations that qualify under section 4940(e) for the reduced rate of tax on net investm			<del></del>
	income Enter 1% of Part I, line 27b		5	0.
6	Adjusted qualifying distributions Subtract line 5 from line 4		6	409,572.
	Note The amount on line 6 will be used in Part V, column (b), in subsequent years wher	calculating whether the foundation	qualifies for	- · · · - · · · · · · · · · · · · · · ·
	40.40/s) raduation of towns these vects	-		

Form **990-PF** (2014)

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	( <b>d)</b> 2014
Distributable amount for 2014 from Part XI, line 7				439,968.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only	j		0.	
<b>b</b> Total for prior years:		0.		
3 Excess distributions carryover, if any, to 2014		0.		
a From 2009				
<b>b</b> From 2010				
c From 2011 20,587.				
d From 2012				
e From 2013 114,491.				
f Total of lines 3a through e	135,078.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: $\triangleright$ \$ 409,572.				
a Applied to 2013, but not more than line 2a			0.	
<b>b</b> Applied to undistributed income of prior				
years (Election required - see instructions)		0.		· · ·
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				409,572.
e Remaining amount distributed out of corpus	0.			- <u>-</u>
5 Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a) )	30,396.			30,396.
6 Enter the net total of each column as indicated below:				
a Corpus Add lines 3f, 4c, and 4e Subtract line 5	104,682.			
<b>b</b> Prior years' undistributed income. Subtract				
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			0.	
4a from line 2a. Taxable amount - see instr.			<u>U•</u>	
f Undistributed income for 2014 Subtract lines 4d and 5 from line 1 This amount must				
be distributed in 2015				0.
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				<del></del>
not applied on line 5 or line 7	0.			
9 Excess distributions carryover to 2015				
Subtract lines 7 and 8 from line 6a	104,682.			
10 Analysis of line 9:				
a Excess from 2010				
b Excess from 2011				
c Excess from 2012				
d Excess from 2013 104,682.				
e Excess from 2014				
423581 11-24-14			· · · · · · · · · · · · · · · · · · ·	Form <b>990-PF</b> (2014)

	. COFFEY CH				68546 Page 10
Part XIV Private Operating F			I-A, question 9)	N/A	·
1 a If the foundation has received a ruling o					
foundation, and the ruling is effective for			▶ └	<del></del>	
<b>b</b> Check box to indicate whether the found		ng foundation described		4942(j)(3) or49	942(1)(5)
2 a Enter the lesser of the adjusted net	Tax year	(h) 0012	Prior 3 years	(4) 2011	(a) Total
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>b</b> 85% of line 2a	-				
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the alternative test relied upon:					
a "Assets" alternative test - enter-					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					
<b>b</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.					
(1) Total support other than gross					
investment income (interest,					
dividends, rents, payments on securities loans (section				l'	
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			if the foundation	on had \$5,000 or m	ore in assets
at any time during	the year-see inst	ructions.)			
1 Information Regarding Foundation	on Managers:				
a List any managers of the foundation wi			ntributions received by t	he foundation before the clo	ose of any tax
year (but only if they have contributed	more than \$5,000) (See	section 507(d)(2).)			
NONE		· · · · · · · · · · · · · · · · · · ·		<del> </del>	
b List any managers of the foundation who other entity) of which the foundation has	no own 10% or more of t as a 10% or greater inter	he stock of a corporationest.	ı (or an equally large po	rtion of the ownership of a p	partnership or
NONE					
2 Information Regarding Contribut	tion, Grant, Gift, Loar	n, Scholarship, etc., F	Programs:		
Check here 🕨 🗓 If the foundation					
the foundation makes gifts, grants, etc.	(see instructions) to ind	ividuals or organizations	under other conditions,	, complete items 2a, b, c, an	ıd d
a The name, address, and telephone num	nber or e-mail address of	the person to whom app	olications should be add	ressed.	
JOAN B. COFFEY, (502	2) 426-2751				
504 BEDFORDSHIRE ROA					
<b>b</b> The form in which applications should	be submitted and inform	ation and materials they	should include:		
EXPLAINATION FOR REC	QUEST				
c Any submission deadlines:					
NONE					
d Any restrictions or limitations on award	is, such as by geographi	cal areas, charitable field	s, kinds of institutions, i	or other factors:	
NONE					
					Form 990-PF (2014)

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, show any relationship to Recipient Foundation Purpose of grant or Amount any foundation manager or substantial contributor status of contribution Name and address (home or business) recipient a Paid during the year AMERICAN RED CROSS PUBLIC GENERAL FUND 510 E CHESTNUT ST 10,000. LOUISVILLE, KY 40202 BILINGUAL CHURCH OF CHRIST EVANGELISM PUBLIC 508 W 139TH ST BASEMENT NEW YORK, NY 10034 10,800, BLUE RIDGE CHURCH OF CHRIST PUBLIC EVANGELISM 929 INDIANA AVE NË ROANOKE, VA 24012 EVANGELISM 2,500. BROADMOOR CHURCH OF CHRIST PUBLIC EVANGELISM 264 BROADMOOR DR 6,000. NASHVILLE, TN 37207 PUBLIC EVANGELISM CENTRAL SHELBY CHURCH OF CHRIST 1118 BURK'S BRANCH ROAD SHELBYVILLE, KY 40065 2,700. EVANGELISM SEE CONTINUATION SHEET(S) ➤ 3a 385 900 Total b Approved for future payment NONE **▶** 3b Total

423821 11-24-14

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

Enter gross amounts unless otherwise indicated.	Unrelate	ed business income		ded by section 512, 513, or 514	(e)
	(a) Business	( <b>b)</b> Amount	(C) Exclu- sion	(d) Amount	Related or exempt function income
1 Program service revenue:	code	Amount	code	Amount	TOTAL COLLEGE
a			ļ		
b			<b></b>		
C					
d					· · · · · · · · · · · · · · · · · · ·
e					
				-	
g Fees and contracts from government agencies					<u> </u>
2 Membership dues and assessments		<u> </u>			
3 Interest on savings and temporary cash investments					
4 Dividends and interest from securities			14	444,604.	
5 Net rental income or (loss) from real estate.					
Debt-financed property			ļ		
b Not debt-financed property			ļ		
6 Net rental income or (loss) from personal			1		
property					
7 Other investment income					
8 Gain or (loss) from sales of assets other					
than inventory			18	-1,804.	
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory			ļ		
11 Other revenue:					
a			<del> </del>		
b			ļ		
<u> </u>			<del> </del>		
d					
e			<del> </del>	442 000	
12 Subtotal. Add columns (b), (d), and (e)		0.	<u> </u>	442,800.	
13 Total. Add line 12, columns (b), (d), and (e)				13	442,800.
(See worksheet in line 13 instructions to verify calculations )		· · ·			
Part XVI-B Relationship of Activities to	the Acc	omplishment of Ex	emp	t Purposes	
Line No Explain below how each activity for which incon	ne is renorted	in column (e) of Part XVI-A	contril	huted importantly to the accord	nnlishment of
the foundation's exempt purposes (other than b			CONTIN	buted importantly to the accord	inpusiument of
	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				······
		<del></del>		<del>,</del>	
					1.00

Form 990-PF (2014) LARRY R. COFFEY CHARITABLE TRUST 61-6168546 Page 13 Part XVII Information Regarding Transfers To and Transactions and Relationships With Noncharitable **Exempt Organizations** Yes No Did the organization directly or indirectly engage in any of the following with any other organization described in section 501(c) of the Code (other than section 501(c)(3) organizations) or in section 527, relating to political organizations? a Transfers from the reporting foundation to a noncharitable exempt organization of: (1) Cash 1a(1) X (2) Other assets 1a(2) Х **b** Other transactions: (1) Sales of assets to a noncharitable exempt organization 1b(1) (2) Purchases of assets from a noncharitable exempt organization 1b(2) (3) Rental of facilities, equipment, or other assets 1b(3) (4) Reimbursement arrangements 1b(4) (5) Loans or loan guarantees 1b(5) (6) Performance of services or membership or fundraising solicitations 1b(6) c Sharing of facilities, equipment, mailing lists, other assets, or paid employees 1c d If the answer to any of the above is "Yes," complete the following schedule. Column (b) should always show the fair market value of the goods, other assets, or services given by the reporting foundation. If the foundation received less than fair market value in any transaction or sharing arrangement, show in column (d) the value of the goods, other assets, or services received. (c) Name of noncharitable exempt organization (a) Line no (b) Amount involved (d) Description of transfers, transactions, and sharing arrangements N/A 2a Is the foundation directly or indirectly affiliated with, or related to, one or more tax-exempt organizations described Yes X No in section 501(c) of the Code (other than section 501(c)(3)) or in section 527? b If "Yes," complete the following schedule. (a) Name of organization (b) Type of organization (c) Description of relationship N/A Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge return with the preparer shown below (see instr.)? Sign Here TRUSTEE X Yes Signature of officer or trustee Date Title Print/Type preparer's name Preparer's signature Date Check PTIN self- employed JOHN A. SCHAEFER, Paid P00277701 JR., CPA Preparer Firm's name ► MATHER & CO Firm's EIN  $\triangleright$  61-1210177 Use Only

Form **990-PF** (2014)

Phone no. (502)429-0800

SUITE 200

Firm's address ▶ 9100 SHELBYVILLE ROAD,

LOUISVILLE, KY 40222

## Schedule B

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

Department of the Treasury Internal Revenue Service

## **Schedule of Contributors**

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.lrs.gov/form990.

2014

Name of the organization

Employer identification number

1	LARRY R. COFFEY CHARITABLE TRUST	61-6168546
Organization type (chec	•	
Filers of:	Section:	
Form 990 or 990-EZ	501(c)( ) (enter number) organization	
	4947(a)(1) nonexempt charitable trust <b>not</b> treated as a private foundation	
	527 political organization	
Form 990-PF	X 501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
• •	on is covered by the <b>General Rule</b> or a <b>Special Rule</b> . (c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special	Rule See instructions
General Rule		
<del>-</del>	tion filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions total any one contributor. Complete Parts I and II. See instructions for determining a contribution	
Special Rules		
sections 509(a) any one contrib	tion described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% supp (1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 1 outor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the am EZ, line 1 Complete Parts I and II	6a, or 16b, and that received from
year, total conti	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from the fibritions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or expected from the following that the first section of cruelty to children or animals. Complete Parts I, II, and III	•
year, contribution is checked, ent purpose Do no	tion described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from sections exclusively for religious, charitable, etc., purposes, but no such contributions totaled er here the total contributions that were received during the year for an exclusively religion to the parts unless the General Rule applies to this organization because able, etc., contributions totaling \$5,000 or more during the year	d more than \$1,000 If this box ous, charitable, etc ,
but it must answer "No" certify that it does not m	n that is not covered by the General Rule and/or the Special Rules does not file Schedu on Part IV, line 2, of its Form 990, or check the box on line H of its Form 990-EZ or on its leet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF)	s Form 990-PF, Part I, line 2, to
LHA For Paperwork Re	eduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedu	le B (Form 990, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

## LARRY R. COFFEY CHARITABLE TRUST

61-6168546

Part I	Contributors (see instructions) Use duplicate copies of Part I if	additional space is needed	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	LARRY R COFFEY  504 BEDFORDSHIRE ROAD  LOUISVILLE, KY 40222	\$ 100,000.	Person X Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupation (Complete Part II for noncash contributions )
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash Complete Part II for noncash contributions )

Name of organization

Employer identification number

## LARRY R. COFFEY CHARITABLE TRUST

61-6168546

		<del> </del>
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	
	3	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	s	
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	s	
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	\$	
(b)  Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
	(b) Description of noncash property given  (b) Description of noncash property given  (b) Description of noncash property given  (b) Description of noncash property given	(b) Description of noncash property given  (c) FMV (or estimate) (see instructions)  (d) Description of noncash property given  (e) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)  (d) FMV (or estimate) (see instructions)  (e) FMV (or estimate) (see instructions)  (f) FMV (or estimate) (see instructions)  (h) Description of noncash property given  (c) FMV (or estimate) (see instructions)  (c) FMV (or estimate) (see instructions)

iame or orga	INIZATION		Employer identification number
LARRY Part III	the year from any one contributor. Complete	ributions to organizations described in columns (a) through (e) and the following	61-6168546 section 501(c)(7), (8), or (10) that total more than \$1,000 for any line entry. For organizations
	completing Part III, enter the total of exclusively religiou Use duplicate copies of Part III if addition	s, charitable, etc., contributions of \$1,000 or les	ss for the year (Enterthis into once) > \$
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
		(e) Transfer of gift	•
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

FORM 990-PF	DIVIDENDS	AND INTER	EST FROM SECUR	RITIES ST	TATEMENT 1
SOURCE	GROSS AMOUNT	CAPITAL GAINS DIVIDENDS	(A) REVENUE PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME
COMMONWEALTH BANK & TRUST COMMONWEALTH BANK	237,687.	(	237,687	237,687.	237,687.
CHECKING	210.	(	210	. 210.	210.
COMMONWEALTH K-1 FOCUSED EQ COMMONWEALTH K-1	29,941.	(	29,941	. 29,941.	29,941.
INC BUILDER	13,489.	(	13,489		13,489.
RAYMOND JAMES	4,860.		4,860		4,860.
ROYAL ALLIANCE	158,417.		158,417 —	. 158,417.	158,417.
TO PART I, LINE 4	444,604.		444,604	444,604.	444,604.
FORM 990-PF		ACCOUNTII	NG FEES	Si	PATEMENT 2
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
TAX RETURN PREPARAT	ION	4,911.	0.	0.	4,911.
TO FORM 990-PF, PG	1, LN 16B	4,911.	0.	0.	4,911.
FORM 990-PF		TAX	ES	S	ratement 3
DESCRIPTION		(A) EXPENSES PER BOOKS	(B) NET INVEST- MENT INCOME	(C) ADJUSTED NET INCOME	(D) CHARITABLE PURPOSES
EXCISE TAX		3,282.	0.	0.	0.
20122 1.11.		•			

FORM 990-PF	OTHER E	XPENSES		rz	TATEMENT	4	
	(A) EXPENSES PER BOOKS	(B) NET INVE MENT INC		(C) ADJUSTE NET INCO		(D) CHARITAI PURPOSI	
INVESTMENT EXPENSES SAFE DEPOSIT BOX OFFICE SUPPLIES	18,616. 45. 100.		0.		0.		L6. 15.
TO FORM 990-PF, PG 1, LN 23	18,761.		0.		0.	18,76	51.
FORM 990-PF	CORPORAT	E STOCK			SI	PATEMENT	5
DESCRIPTION			вос	OK VALUE	FA	AIR MARKET	r
<del></del>				5,914,967.		8,585,83	38.
TOTAL TO FORM 990-PF, PART II,	LINE 10B		(	5,914,967.		8,585,83	38.
FORM 990-PF	OTHER	ASSETS	<u></u>		rs	PATEMENT	6
DESCRIPTION		NING OF K VALUE		OF YEAR OK VALUE	F <i>P</i>	AIR MARKET	ľ
ESTIMATED TAX PAYMENTS		3,541.		259.			0.
TO FORM 990-PF, PART II, LINE	15	3,541.		259.			0.

## 2014 Tax Information Statement

COMMONWEALTH BANK & TRUST COMPANY 4350 BROWNSBORO ROAD, SUITE 210 Payer's Name and Address: LOUISVILLE, KY 40207

(502)259-2500 XX-XXX8546 61-0337590 61-0337590 1147710 Payer's Federal ID Number: Account Number: Recipient's Tax ID Number: Payer's State ID Number: **Questions?** State:

LARRY R. COFFEY CHARITABLE TR DATED 11/23/88 JOAN B. COFFEY TRUSTEE Recipient's Name and Address: 504 BEDFORDSHIRE ROAD LOUISVILLE, KY 40222

Page 7 of 23

2nd TIN notice Corrected

# 2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

Reported to the IRS is proceeds less commissions and option premiums. Covered (Box 5 is not checked)

Description of property (Box 1a)

Date Sold or Disposed	Date Acquired	Form 8949 Checkbox	Proceeds	Cost or Other Basis	Code ıf any	Adjustments	Net Gain or Loss	Income Income Tax Withheld	Tax Withheld
(Box 1c)	(Box 1b)		(Box 1d)	(Box 1e)	(Box 1f)	(Box 1g)		(Box 4)	(Box 16)
Long Term Sales Reported on 1099-B 100.0 WISDOMTREE EMER	9-B IERGING MARKE	Reported on 1099-B WISDOMTREE EMERGING MARKETS EQUITY INCOM							
03/2014	01/03/2014 12/17/2012		4,903.92	5,523,75		00.0	-619.83	00.00	00 Ó
EMERGIA	LAZARD EMERGING MARKETS EQUITY INSTL	UITY INSTL							
29/2014	01/29/2014 12/26/2012		803.50	903.11	•	0.00	-99,61	00'0	00.0
MTREE EM	ERGING MARKE	WISDOMTREE EMERGING MARKETS EQUITY INCOM							
03/2014	02/03/2014 10/17/2012	Q	13,692.96	16,433,97		0.00	-2,741.01	0.00	00.0
UNCONST	PIMCO UNCONSTRAINED BOND FUND - INSTL	UND - INSTL							
06/23/2014 Various	Various	Q	24,677.06	25,441.40		0.00	-764.34	00'0	00.0
T VECTOR:	MARKET VECTORS GOLD MINERS ETF	ETF							
726/2014	06/26/2014 09/02/2011	0	7,757,85	19,498.29	•	0.00	-11,740.44	0.00	00.0
NEWMONT MINING CORP	IG CORP								
. 06/26/2014 Various	Various	Q :	7,472,92	17,388.10		0.00	-9,915.18	00.0	00.00
TOTAL RET	PIMCO TOTAL RETURN FUND - INSTL	II.							
08/08/2014 Various	Various		12,667.13	13,141.43		00.0	474.30	0000	00 0
Total Long Term Sales Reported on 1099-B	1099-B		71,975.34	98,330.05		0.00	-26,354.71	0.00	0.00

Report on Form 8949, Part II, with Box D checked

This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. The taxpayer is ultimately responsible for the accuracy of their own tax return.

## 2014 Tax Information Statement

(502)259-2500 XX-XX8546 61-0337590 61-0337590 1147710 Recipient's Tax ID Number: Payer's Federal ID Number: Payer's State ID Number: Account Number: Questions? State:

LARRY R. COFFEY CHARITABLE TR DATED 11/23/88 JOAN B. COFFEY TRUSTEE Recipient's Name and Address: 504 BEDFORDSHIRE ROAD LOUISVILLE, KY 40222

Page 8 of 23

2nd TIN notice

Corrected

COMMONWEALTH BANK & TRUST COMPANY 4350 BROWNSBORO ROAD, SUITE 210

LOUISVILLE, KY 40207

Payer's Name and Address:

# 2014 Form 1099-B: Proceeds from Broker and Barter Exchange Transactions

OMB No. 1545-0715

For noncovered securities (Box 5 is checked) shown on this statement, cost basis information is not being reported to the IRS. Reported to the IRS is proceeds less commissions and option premiums.

Cost or Other Basis amounts shown with a "U" are unknown or unsubstantiated.

Description of property (Box 1a)

State Tax Withheld	(Box 16)		00 0		00.0		0000		0.00		00.00		0.00		00.0
Federal Income Tax Withheld	(Box 4)		0000		00.0		00 0		00.00		0.00		0.00		00.0
Net Garn or Loss			-534.29		3,874.55		-17,762.26		4,207.99		2,291.64		11,099 76		3,710.94
Adjustments	(Box 1g)		00.0		0.00		0.00		00.0		00.0		00.0		0.00
Code If any	(Box 1f)														
Cost or Other Basis	(Box 1e)		8,240.79		156,448.39		72,41186		45,792.01		45,041.23		24,899,48		46,289.06
Proceeds	(Box 1d)		7,706.50		160,322.94		54,649.60		50,000,00		47,332.87		35,999,24		50,000,00
Form 8949 Checkbox		JITY INSTL	ш	JND - INSTL	Ш	0	Ш	INST	ш.	1	: u		Ш <sub>:</sub>	INST	ш
Date Acquired	(Box 1b)	Reported on 1099-B LAZARD EMERGING MARKETS EQUITY INSTL	01/29/2014 06/15/2010	PIMCO UNCONSTRAINED BOND FUND - INSTL	Various	HUSSMAN STRATEGIC GROWTH FD	Various	PIMCO ALL ASSET ALL AUTHORITY INST	Various	PIMCO TOTAL RETURN FUND - INSTL	Various		08/08/2014 06/08/2010	PIMCO ALL ASSET ALL AUTHORITY INST	08/08/2014 12/29/2008
Date Sold or Disposed	(Box 1c)	Long Term Sales Reported on 1099-B 452.791 LAZARD EMERGING	01/29/2014	PIMCO UNCONS	06/23/2014 Various	HUSSMAN STRA	06/26/2014 Various	PIMCO ALL ASSE	06/26/2014 Various	PIMCO TOTAL RE	08/08/2014 Various	PEPSICO INC	08/08/2014	PIMCO ALL ASSE	08/08/2014
CUSIP Number		Long Term Sale 452.791	52106NBB9	14187.87	72201M487	5610843	448108100	4812.32	722000182	4322.636	693390700	400 0	713448108	4882.812	722000182

This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. For noncovered securities shown on this statement, cost basis information is not being reported to the Internal Revenue Service. The taxpayer is ultimately

responsible for the accuracy of their own tax return.

## 2014 Tax Information Statement

Page 9 of 23

LARRY R. COFFEY CHARITABLE TR DATED 11/23/88 JOAN B. COFFEY TRUSTEE Recipient's Name and Address: 504 BEDFORDSHIRE ROAD LOUISVILLE, KY 40222 2nd TIN notice (502)259-2500 XX-XXX8546 61-0337590 KY 61-0337590 1147710 Payer's Federal ID Number: Recipient's Tax ID Number: Payer's State ID Number: Account Number. Corrected Questions? State: COMMONWEALTH BANK & TRUST COMPANY 4350 BROWNSBORO ROAD, SUITE 210 Payer's Name and Address: LOUISVILLE, KY 40207

Reported to the IRS is proceeds less commissions and option premiums.

For noncovered securities (Box 5 is checked) shown on this statement, cost basis information is not being reported to the IRS. Cost or Other Basis amounts shown with a "U" are unknown or unsubstantiated.

0.00 0.00 Income Tax Withheld (Box 4) 18,352 65 25,240.98 Net Gain or Loss Adjustments 00 0 0.00 (Box 1g) (Box 1f) ıf any Code 31,647 35 430,770.17 Cost or Other Basis (Box 1e) 50,000,00 456,011.15 Proceeds (Box 1d) Form 8949 Checkbox ш SCOUT INTERNATIONAL FUND Acquired (Box 1b) 08/08/2014 Various Total Long Term Sales Reported on 1099-B Date Description of property (Box 1a) or Disposed Date Sold (Box 1c) 81063U503 1375.894 Number CUSIP

0.00

0.00

0

State Withheld

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(Box 16)

Report on Form 8949, Part II, with Box E checked

negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. For noncovered securities shown on this statement, cost basis information is not being reported to the Internal Revenue Service. The taxpayer is ultimately This is important tax information and is being furnished to the Internal Revenue Service (except as indicated). If you are required to file a return, a responsible for the accuracy of their own tax return. 6

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Proceeds from Broker and Barter Exchange Transactions

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5- NONCOVERED tax lots 3- Basis NOT reported to the IRS\*\*

OMB No. 1545-0715

Account 15642987

LONG-TERM TRANSACTIONS

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2014 1099-B\*

Raymond James & Associates, Inc.

Report on Form 8949, Part II, with Box E checked

acquired 1d- Proceeds & 6- Reported (G)ross (N)et la- Description of property/CUSIP/Symbol Quantity disposed 1c- Date sold or

other basis 60,000,00 DEUTSCHE ALTERNATIVE ASSET ALLOCATION FUND CLASS C M/F / CUSIP 25159K887 / Symbol AAAPX 04/19/11

59,310 12

6,217 617

Sale 689 88

Additional information

Adjustments & Gain or loss(-) & Code(s), if any 7-Loss not allowed(X)

Cost or

<sup>\*</sup>This is important tax information and is being furnished to the internal Revenue Service. If you are required to file a return, a negligence penalty or other sanction may be imposed on you if this income is taxable and the IRS determines that it has not been reported. Remember, taxpayers are ultimately responsible for the accuracy of their tax return(s).
\*\*For NONCOVERED tax lots, values for "Date acquired," "Cost or other basis" and "Adjustments & Code(s), if any" are provided for your reference and are NOT reported to the IRS For all tax lots, values for "Gain or loss(-)" and "Additional information" are provided for your reference and are NOT reported to the IRS

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) or substantial contributor recipient RIVER CITY CHURCH OF CHRIST PUBLIC EVANGELISM 3900 RIVER ROAD COLUMBUS GA 31904 2,500. CHURCH OF CHRIST AT TERRE HAUTE PUBLIC EVANGELISM 2645 S JOE FOX ST TERRE HAUTE, IN 47803 12,000, CUSTOM QUALITY SERVICES, INC. PUBLIC EQUIPMENT 3401 JEWELL AVE LOUISVILLE, KY 40212 1,000. DULLES CHURCH OF CHRIST PUBLIC EVANGELISM 21293 MARSH CREEK DR BROADLANDS VA 20148 6,000. ENGLEWOOD CHURCH OF CHRIST PUBLIC EVANGELISM 1130 S. UNION ROAD ENGLEWOOD OH 45322 5,400. FM 1878 CHURCH OF CHRIST PUBLIC EVANGELISM 3517 COLONIAL DR NACOGDOCHES TX 75965 6,000, GLEN SPRINGS RD CHURCH OF CHRIST PUBLIC EVANGELISM 2214 NW 31 AVE GAINESVILLE, FL 32605 9,600. HAYNES ST CHURCH OF CHRIST PUBLIC EVANGELISM 300 HAYNES ST DAYTON OH 45410 4,800. INDIAN CHRISTIAN EVANGELIZATION FD PUBLIC EVANGELISM P.O. BOX 3397 PONTE VEDRA, FL 32004 11,100. JEFFERSON CITY CHURCH OF CHRIST PUBLIC EVANGELISM 402 DIX RD JEFFERSON CITY MO 65109 12,000. Total from continuation sheets 353,900,

LARRY R. COFFEY CHARITABLE TRUST

Part XV Supplementary Information Grants and Contributions Paid During the Year (Continuation) Recipient If recipient is an individual, Foundation Purpose of grant or show any relationship to Amount contribution status of any foundation manager Name and address (home or business) recipient or substantial contributor JULINGTON CREEK CHURCH OF CHRIST PUBLIC EVANGELISM 1630 STATE RD 13 NORTH JACKSONVILLE FL 32259 4,500. KENTUCKY HISTORICAL SOCIETY PUBLIC GENERAL FUND P.O. BOX 493 FRANKFORT KY 40602 500. KINGSLEY AVE CHURCH OF CHRIST PUBLIC EVANGELISM 1365 KINGSLEY AVE ORANGE PARK, FL 32073 25,500. LOOP 287 CHURCH OF CHRIST PUBLIC EVANGELISM P.O. BOX 493 LUFKIN, TX 75902 EVANGELISM 6,000. LOW COUNTRY CHURCH OF CHRIST PABLIC EVANGELISM 352 DUNNING RD SUMMERVILLE SC 29483 12,000. EAST SIDE CHURCH OF CHRIST PUBLIC EVANGELISM 428 N. 15TH STREET 3,600. EAST SAINT LOUIS, IL 62205 NORTH TERRACE CHURCH OF CHRIST PUBLIC EVANGELISM 12904 N 56TH ST TEMPLE TERRACE FL 33617 33,600. OFF THE CHAIN MINISTRIES, INC PUBLIC GENERAL FUND P.O. BOX 588 7,000. MIDDLEBURG, FL 32050 ROSWELL CHURCH OF CHRIST PUBLIC EVANGELISM 11670 KING ROAD 7,200. ROSWELL GA 30075 SHARON-COPLEY RD CHURCH OF CHRIST PUBLIC EVANGELISM 4730 SHARON-COPLEY RD MEDINA, OH 44258 4,500. Total from continuation sheets

3 Grants and Contributions Paid During the Y	ear (Continuation)			
Recipient	if recipient is an individual, show any relationship to	Foundation	Purpose of grant or contribution	Amount
Name and address (home or business)	any foundation manager or substantial contributor	status of recipient	Contribution	
CASTSIDE PITTSBURY CHURCH OF CHRIST		PUBLIC	EVANGELISM	
18 EMERALD DRIVE				
HUNKER, PA 15639				10,80
THE FLORIDA COLLEGE		PUBLIC	AKIN BLDG & ADOPT	
119 NORTH GLEN ARVEN AVE			STUDENT	
PEMPLE TERRACE, FL 33617				81,50
VENICE CHURCH OF CHRIST		PUBLIC	EVANGELISM	
1503 VENICE BLVD VENICE, CA 90291				12,00
WAYNESBORO CHURCH OF CHRIST		PUBLIC	EVANGELISM	
3 STATE STREET				
WAYNESBORO, PA 17268				12,00
YMCA OF GREATER LOUISVILLE		PUBLIC	ANNUAL CAMPAIGN	
545 S. SECOND ST		:		
LOUISVILLE, KY 40202				10,00
THE CENTER FOR COURAGEOUS KIDS		PUBLIC	COURAGE & COMMITMENT	
1501 BURNLEY ROAD			CAMPAIGN	
SCOTTSVILLE, KY 42164				50,00
ALPHARETTA CHURCH OF CHRIST		PUBLIC	EVANGELISM	
160 MARTIN DRIVE				2.00
ALPHARETTA, GA 30004				2,00
LOUISVILLE MALE HIGH SCHOOL ALUMNI ASSN.		PUBLIC	GENERAL FUND	
4409 PRESTON HWY				
LOUISVILLE, KY 40213				80
				,

Total from continuation sheets

## 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

<ul><li>If you a</li></ul>			rt I and check this box			
	re filing for an Additional (Not Automatic) 3-Month Ext	ension, c	omplete only Part II (on page 2 of	this form)		
Do not coi			tic 3-month extension on a previous		m 8868	
Electronic	filing (e-file). You can electronically file Form 8868 if y					r a corporation
	o file Form 990-T), or an additional (not automatic) 3-mor			· ·		•
	file any of the forms listed in Part I or Part II with the exc					
	Benefit Contracts, which must be sent to the IRS in pap		· ·			
	irs gov/efile and click on e-file for Charities & Nonprofits		(see instructions) For more details	on the elec	arome many	or triis form,
Part I	Automatic 3-Month Extension of Time	-	ubmit original (no copies ne	eded)		
						<del> </del>
-	tion required to file Form 990-T and requesting an auton	iatic 6-mo	onth extension - check this box and	complete		▶ □
Part I only					,,	
	orporations (including 1120-C filers), partnerships, REM: me tax returns	Cs, and tr	rusts must use Form 7004 to reques			
		<del></del>				ing number
Type or	Name of exempt organization or other filer, see instru-	ctions.		Employer	identification	on number (EIN) or
print						
Cita bir ab a	LARRY R. COFFEY CHARITABLE	TRUS?	<u>r</u>		<u>61-61</u>	68546
File by the due date for	Number, street, and room or suite no. If a P.O. box, se	e instruct	tions	Social se	curity numb	er (SSN)
filing your return See	504 BEDFORDSHIRE ROAD					
instructions	City, town or post office, state, and ZIP code. For a fo	reign add	ress, see instructions			
	LOUISVILLE, KY 40222	-				
	<u> </u>		· · · · · · · · · · · · · · · · · · ·	•		
Enter the	Return code for the return that this application is for (file	a separa	te application for each return)			0 4
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Application	nn	Return	Application			Return
ls For	···	Code	Is For			Code
	or Form 990-EZ	01	Form 990-T (corporation)		<del> </del>	07
		02	Form 1041-A			08
Form 990						
	0 (individual)	03	Form 4720 (other than individual)	<del> </del>	·.	09
Form 990		04	Form 5227			10
	T (sec 401(a) or 408(a) trust)	05	Form 6069	<del></del>		11
Form 990	T (trust other than above)	06	Form 8870			12
	LARRY R. COFFEY			40000		
	oks are in the care of ► 504 BEDFORDSHIP	RE RD		40222	<b></b> –	
Talaak						
reiepn	one No $\triangleright$ (502) 426-2751		Fax No			
• If the c	rganization does not have an office or place of business		nited States, check this box			▶ □
• If the c			nited States, check this box		the whole	▶ ☐ group, check this
• If the c	rganization does not have an office or place of business	Group Exe	nited States, check this box emption Number (GEN)	If this is foi		= :
<ul><li>If the o</li><li>If this i</li><li>box ▶ [</li></ul>	rganization 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.	Group Exe	nited States, check this box emption Number (GEN) ich a list with the names and EINs o	If this is foi		= :
<ul><li>If the o</li><li>If this i</li><li>box ▶ [</li></ul>	rganization 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.	Group Exe and atta required t	nited States, check this box emption Number (GEN) ich a list with the names and EINs o	If this is foi f all memb	ers the exte	ension is for
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