

|                                                                                                                                                                     |                                                       |                                                                                                                                                                                                                                                             |                 |                                                                                                                           |                                |                     |                                                       |                    |                     |        |                                                         |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------|---------------------------------------------------------------------------------------------------------------------------|--------------------------------|---------------------|-------------------------------------------------------|--------------------|---------------------|--------|---------------------------------------------------------|
| efile GRAPHIC print - DO NOT PROCESS                                                                                                                                |                                                       |                                                                                                                                                                                                                                                             | As Filed Data - |                                                                                                                           |                                | DLN: 93491168005569 |                                                       |                    |                     |        |                                                         |
| Form 990-PF<br>Department of the Treasury<br>Internal Revenue Service                                                                                               |                                                       | Return of Private Foundation<br>or Section 4947(a)(1) Trust Treated as Private Foundation<br>Do not enter social security numbers on this form as it may be made public.<br>Information about Form 990-PF and its instructions is at www.irs.gov/form990pf. |                 |                                                                                                                           |                                |                     | OMB No 1545-0052<br>2017<br>Open to Public Inspection |                    |                     |        |                                                         |
| For calendar year 2017, or tax year beginning 08-01-2017, and ending 07-31-2018                                                                                     |                                                       |                                                                                                                                                                                                                                                             |                 |                                                                                                                           |                                |                     |                                                       |                    |                     |        |                                                         |
| Name of foundation<br>BLUEGRASS BOYS' RANCH                                                                                                                         |                                                       |                                                                                                                                                                                                                                                             |                 | A Employer identification number<br>61-0602374                                                                            |                                |                     |                                                       |                    |                     |        |                                                         |
| Number and street (or P O box number if mail is not delivered to street address)<br>PO BOX 54632                                                                    |                                                       |                                                                                                                                                                                                                                                             | Room/suite      | B Telephone number (see instructions)<br>(859) 299-9619                                                                   |                                |                     |                                                       |                    |                     |        |                                                         |
| City or town, state or province, country, and ZIP or foreign postal code<br>LEXINGTON, KY 405554632                                                                 |                                                       |                                                                                                                                                                                                                                                             |                 | C If exemption application is pending, check here                                                                         |                                |                     |                                                       |                    |                     |        |                                                         |
| G Check all that apply<br>Initial return<br>Final return<br>Address change                                                                                          |                                                       |                                                                                                                                                                                                                                                             |                 | D 1. Foreign organizations, check here<br>2 Foreign organizations meeting the 85% test, check here and attach computation |                                |                     |                                                       |                    |                     |        |                                                         |
| H Check type of organization<br>Section 501(c)(3) exempt private foundation<br>Section 4947(a)(1) nonexempt charitable trust<br>Other taxable private foundation    |                                                       |                                                                                                                                                                                                                                                             |                 | E If private foundation status was terminated under section 507(b)(1)(A), check here                                      |                                |                     |                                                       |                    |                     |        |                                                         |
| I Fair market value of all assets at end of year (from Part II, col (c), line 16)\$ 548,188                                                                         |                                                       | J Accounting method<br>Cash<br>Other (specify)                                                                                                                                                                                                              |                 | F If the foundation is in a 60-month termination under section 507(b)(1)(B), check here                                   |                                |                     |                                                       |                    |                     |        |                                                         |
| Part I Analysis of Revenue and Expenses (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a) (see instructions) ) |                                                       |                                                                                                                                                                                                                                                             |                 | (a)                                                                                                                       | Revenue and expenses per books | (b)                 | Net investment income                                 | (c)                | Adjusted net income | (d)    | Disbursements for charitable purposes (cash basis only) |
| Revenue                                                                                                                                                             | 1                                                     | Contributions, gifts, grants, etc , received (attach schedule)                                                                                                                                                                                              |                 |                                                                                                                           | 7,650                          |                     |                                                       |                    |                     |        |                                                         |
|                                                                                                                                                                     | 2                                                     | Check If the foundation is not required to attach Sch B                                                                                                                                                                                                     |                 |                                                                                                                           |                                |                     |                                                       |                    |                     |        |                                                         |
|                                                                                                                                                                     | 3                                                     | Interest on savings and temporary cash investments                                                                                                                                                                                                          |                 |                                                                                                                           |                                |                     |                                                       |                    |                     |        |                                                         |
|                                                                                                                                                                     | 4                                                     | Dividends and interest from securities                                                                                                                                                                                                                      |                 |                                                                                                                           | 7,396                          |                     | 7,396                                                 |                    |                     |        |                                                         |
|                                                                                                                                                                     | 5a                                                    | Gross rents                                                                                                                                                                                                                                                 |                 |                                                                                                                           |                                |                     |                                                       |                    |                     |        |                                                         |
|                                                                                                                                                                     | b                                                     | Net rental income or (loss)                                                                                                                                                                                                                                 |                 |                                                                                                                           |                                |                     |                                                       |                    |                     |        |                                                         |
|                                                                                                                                                                     | 6a                                                    | Net gain or (loss) from sale of assets not on line 10                                                                                                                                                                                                       |                 |                                                                                                                           | 7,858                          |                     |                                                       |                    |                     |        |                                                         |
|                                                                                                                                                                     | b                                                     | Gross sales price for all assets on line 6a106,015                                                                                                                                                                                                          |                 |                                                                                                                           |                                |                     |                                                       |                    |                     |        |                                                         |
|                                                                                                                                                                     | 7                                                     | Capital gain net income (from Part IV, line 2)                                                                                                                                                                                                              |                 |                                                                                                                           |                                |                     | 7,858                                                 |                    |                     |        |                                                         |
|                                                                                                                                                                     | 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) (attach schedule)              |                                                                                                                                                                                                                                                             |                 |                                                                                                                           |                                |                     |                                                       |                    |                     |        |                                                         |
| 11                                                                                                                                                                  | Other income (attach schedule)                        |                                                                                                                                                                                                                                                             |                 | 1,293                                                                                                                     |                                | 1,293               |                                                       |                    |                     |        |                                                         |
| 12                                                                                                                                                                  | Total. Add lines 1 through 11                         |                                                                                                                                                                                                                                                             |                 | 24,197                                                                                                                    |                                | 16,547              |                                                       |                    |                     |        |                                                         |
| Operating and Administrative Expenses                                                                                                                               | 13                                                    | Compensation of officers, directors, trustees, etc                                                                                                                                                                                                          |                 |                                                                                                                           | 23,462                         |                     | 11,731                                                |                    |                     |        | 11,731                                                  |
|                                                                                                                                                                     | 14                                                    | Other employee salaries and wages                                                                                                                                                                                                                           |                 |                                                                                                                           |                                |                     |                                                       |                    |                     |        |                                                         |
|                                                                                                                                                                     | 15                                                    | Pension plans, employee benefits                                                                                                                                                                                                                            |                 |                                                                                                                           |                                |                     |                                                       |                    |                     |        |                                                         |
|                                                                                                                                                                     | 16a                                                   | Legal fees (attach schedule)                                                                                                                                                                                                                                |                 |                                                                                                                           |                                |                     |                                                       |                    |                     |        |                                                         |
|                                                                                                                                                                     | b                                                     | Accounting fees (attach schedule)                                                                                                                                                                                                                           |                 |                                                                                                                           | 2,795                          |                     | 1,397                                                 |                    |                     |        | 1,398                                                   |
|                                                                                                                                                                     | c                                                     | Other professional fees (attach schedule)                                                                                                                                                                                                                   |                 |                                                                                                                           | 6,000                          |                     | 1,500                                                 |                    |                     |        | 4,500                                                   |
|                                                                                                                                                                     | 17                                                    | Interest                                                                                                                                                                                                                                                    |                 |                                                                                                                           |                                |                     |                                                       |                    |                     |        |                                                         |
|                                                                                                                                                                     | 18                                                    | Taxes (attach schedule) (see instructions)                                                                                                                                                                                                                  |                 |                                                                                                                           | 2,738                          |                     | 1,026                                                 |                    |                     |        | 1,025                                                   |
|                                                                                                                                                                     | 19                                                    | Depreciation (attach schedule) and depletion                                                                                                                                                                                                                |                 |                                                                                                                           |                                |                     |                                                       |                    |                     |        |                                                         |
|                                                                                                                                                                     | 20                                                    | Occupancy                                                                                                                                                                                                                                                   |                 |                                                                                                                           | 831                            |                     | 0                                                     |                    |                     |        | 831                                                     |
|                                                                                                                                                                     | 21                                                    | Travel, conferences, and meetings                                                                                                                                                                                                                           |                 |                                                                                                                           |                                |                     |                                                       |                    |                     |        |                                                         |
|                                                                                                                                                                     | 22                                                    | Printing and publications                                                                                                                                                                                                                                   |                 |                                                                                                                           |                                |                     |                                                       |                    |                     |        |                                                         |
|                                                                                                                                                                     | 23                                                    | Other expenses (attach schedule)                                                                                                                                                                                                                            |                 |                                                                                                                           | 631                            |                     | 0                                                     |                    |                     |        | 631                                                     |
|                                                                                                                                                                     | 24                                                    | Total operating and administrative expenses. Add lines 13 through 23                                                                                                                                                                                        |                 |                                                                                                                           | 36,457                         |                     | 15,654                                                |                    |                     |        | 20,116                                                  |
|                                                                                                                                                                     | 25                                                    | Contributions, gifts, grants paid                                                                                                                                                                                                                           |                 |                                                                                                                           | 78,012                         |                     |                                                       |                    |                     |        | 78,012                                                  |
| 26                                                                                                                                                                  | Total expenses and disbursements. Add lines 24 and 25 |                                                                                                                                                                                                                                                             |                 | 114,469                                                                                                                   |                                | 15,654              |                                                       |                    |                     | 98,128 |                                                         |
| 27                                                                                                                                                                  | Subtract line 26 from line 12                         |                                                                                                                                                                                                                                                             |                 |                                                                                                                           |                                |                     |                                                       |                    |                     |        |                                                         |
| a                                                                                                                                                                   | Excess of revenue over expenses and disbursements     |                                                                                                                                                                                                                                                             |                 | -90,272                                                                                                                   |                                |                     |                                                       |                    |                     |        |                                                         |
| b                                                                                                                                                                   | Net investment income (if negative, enter -0-)        |                                                                                                                                                                                                                                                             |                 |                                                                                                                           |                                | 893                 |                                                       |                    |                     |        |                                                         |
| c                                                                                                                                                                   | Adjusted net income(if negative, enter -0-)           |                                                                                                                                                                                                                                                             |                 |                                                                                                                           |                                |                     |                                                       |                    |                     |        |                                                         |
| For Paperwork Reduction Act Notice, see instructions.                                                                                                               |                                                       |                                                                                                                                                                                                                                                             |                 | Cat No 11289X                                                                                                             |                                |                     |                                                       | Form 990-PF (2017) |                     |        |                                                         |

| Part II Balance Sheets                                                                                                       |                                                                                                   | Attached schedules and amounts in the description column should be for end-of-year amounts only (See instructions)                                   |                                                     |         |         |
|------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|---------|---------|
|                                                                                                                              |                                                                                                   | Beginning of year<br>(a) Book Value                                                                                                                  | End of year<br>(b) Book Value (c) Fair Market Value |         |         |
| Assets                                                                                                                       | 1                                                                                                 | Cash—non-interest-bearing . . . . .                                                                                                                  | 22,433                                              | 4,276   | 4,276   |
|                                                                                                                              | 2                                                                                                 | Savings and temporary cash investments . . . . .                                                                                                     | 2,000                                               |         |         |
|                                                                                                                              | 3                                                                                                 | Accounts receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                                                          |                                                     |         |         |
|                                                                                                                              | 4                                                                                                 | Pledges receivable ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                                                           |                                                     |         |         |
|                                                                                                                              | 5                                                                                                 | Grants receivable . . . . .                                                                                                                          |                                                     |         |         |
|                                                                                                                              | 6                                                                                                 | Receivables due from officers, directors, trustees, and other disqualified persons (attach schedule) (see instructions) . . . . .                    |                                                     |         |         |
|                                                                                                                              | 7                                                                                                 | Other notes and loans receivable (attach schedule) ▶ _____<br>Less allowance for doubtful accounts ▶ _____                                           |                                                     |         |         |
|                                                                                                                              | 8                                                                                                 | Inventories for sale or use . . . . .                                                                                                                |                                                     |         |         |
|                                                                                                                              | 9                                                                                                 | Prepaid expenses and deferred charges . . . . .                                                                                                      |                                                     |         |         |
|                                                                                                                              | 10a                                                                                               | Investments—U S and state government obligations (attach schedule)                                                                                   |                                                     |         |         |
|                                                                                                                              | b                                                                                                 | Investments—corporate stock (attach schedule) . . . . .                                                                                              | 49,368                                              | 12,537  | 14,589  |
|                                                                                                                              | c                                                                                                 | Investments—corporate bonds (attach schedule) . . . . .                                                                                              | 46,425                                              | 12,402  | 12,356  |
|                                                                                                                              | 11                                                                                                | Investments—land, buildings, and equipment basis ▶ _____<br>Less accumulated depreciation (attach schedule) ▶ _____                                  |                                                     |         |         |
|                                                                                                                              | 12                                                                                                | Investments—mortgage loans . . . . .                                                                                                                 |                                                     |         |         |
|                                                                                                                              | 13                                                                                                | Investments—other (attach schedule) . . . . .                                                                                                        | 0                                                   | 925     | 1,967   |
|                                                                                                                              | 14                                                                                                | Land, buildings, and equipment basis ▶ 604,470<br>Less accumulated depreciation (attach schedule) ▶ _____                                            | 604,470                                             | 604,470 | 515,000 |
| 15                                                                                                                           | Other assets (describe ▶ _____)                                                                   |                                                                                                                                                      |                                                     |         |         |
| 16                                                                                                                           | <b>Total assets</b> (to be completed by all filers—see the instructions Also, see page 1, item I) | 724,696                                                                                                                                              | 634,610                                             | 548,188 |         |
| Liabilities                                                                                                                  | 17                                                                                                | Accounts payable and accrued expenses . . . . .                                                                                                      | 7,147                                               | 7,333   |         |
|                                                                                                                              | 18                                                                                                | Grants payable. . . . .                                                                                                                              |                                                     |         |         |
|                                                                                                                              | 19                                                                                                | Deferred revenue . . . . .                                                                                                                           |                                                     |         |         |
|                                                                                                                              | 20                                                                                                | Loans from officers, directors, trustees, and other disqualified persons                                                                             |                                                     |         |         |
|                                                                                                                              | 21                                                                                                | Mortgages and other notes payable (attach schedule). . . . .                                                                                         |                                                     |         |         |
|                                                                                                                              | 22                                                                                                | Other liabilities (describe ▶ _____)                                                                                                                 |                                                     |         |         |
|                                                                                                                              | 23                                                                                                | <b>Total liabilities</b> (add lines 17 through 22) . . . . .                                                                                         | 7,147                                               | 7,333   |         |
|                                                                                                                              | Net Assets or Fund Balances                                                                       | <b>Foundations that follow SFAS 117, check here</b> <input checked="" type="checkbox"/> <b>and complete lines 24 through 26 and lines 30 and 31.</b> |                                                     |         |         |
| 24                                                                                                                           |                                                                                                   | Unrestricted . . . . .                                                                                                                               | 717,549                                             | 627,277 |         |
| 25                                                                                                                           |                                                                                                   | Temporarily restricted . . . . .                                                                                                                     |                                                     |         |         |
| 26                                                                                                                           |                                                                                                   | Permanently restricted . . . . .                                                                                                                     |                                                     |         |         |
| <b>Foundations that do not follow SFAS 117, check here</b> <input type="checkbox"/> <b>and complete lines 27 through 31.</b> |                                                                                                   |                                                                                                                                                      |                                                     |         |         |
| 27                                                                                                                           |                                                                                                   | Capital stock, trust principal, or current funds . . . . .                                                                                           |                                                     |         |         |
| 28                                                                                                                           |                                                                                                   | Paid-in or capital surplus, or land, bldg, and equipment fund                                                                                        |                                                     |         |         |
| 29                                                                                                                           |                                                                                                   | Retained earnings, accumulated income, endowment, or other funds                                                                                     |                                                     |         |         |
| 30                                                                                                                           |                                                                                                   | <b>Total net assets or fund balances</b> (see instructions) . . . . .                                                                                | 717,549                                             | 627,277 |         |
| 31                                                                                                                           |                                                                                                   | <b>Total liabilities and net assets/fund balances</b> (see instructions) .                                                                           | 724,696                                             | 634,610 |         |

| Part III Analysis of Changes in Net Assets or Fund Balances |                                                                                                                                                          |   |         |
|-------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------|---|---------|
| 1                                                           | Total net assets or fund balances at beginning of year—Part II, column (a), line 30 (must agree with end-of-year figure reported on prior year's return) | 1 | 717,549 |
| 2                                                           | Enter amount from Part I, line 27a . . . . .                                                                                                             | 2 | -90,272 |
| 3                                                           | Other increases not included in line 2 (itemize) ▶ _____                                                                                                 | 3 | 0       |
| 4                                                           | Add lines 1, 2, and 3 . . . . .                                                                                                                          | 4 | 627,277 |
| 5                                                           | Decreases not included in line 2 (itemize) ▶ _____                                                                                                       | 5 | 0       |
| 6                                                           | Total net assets or fund balances at end of year (line 4 minus line 5)—Part II, column (b), line 30 .                                                    | 6 | 627,277 |

**Part VII-A Statements Regarding Activities** (continued)

|           |                                                                                                                                                                                          |           |            |           |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>11</b> | 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). | <b>11</b> |            | <b>No</b> |
| <b>12</b> | 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) | <b>12</b> |            | <b>No</b> |
| <b>13</b> | Did the foundation comply with the public inspection requirements for its annual returns and exemption application?<br>Website address <b>WWW.BLUEGRASSBOYSRANCH.ORG</b>                 | <b>13</b> | <b>Yes</b> |           |
| <b>14</b> | The books are in care of <b>ROBERT GUINN</b> Telephone no <b>(859) 299-9619</b>                                                                                                          |           |            |           |

Located at **2326 ROYSTER ROAD LEXINGTON KY** ZIP+4 **40516**

|           |                                                                                                                                                                                                                                                                                                                                                                                          |           |            |           |
|-----------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------|------------|-----------|
| <b>15</b> | Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of <b>Form 1041</b> —Check here . . . . . <input type="checkbox"/><br>and enter the amount of tax-exempt interest received or accrued during the year . . . . . <b>15</b>                                                                                                                                      |           |            |           |
| <b>16</b> | At any time during calendar year 2017, did the foundation have an interest in or a signature or other authority over a bank, securities, or other financial account in a foreign country?<br>See instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). If "Yes," enter the name of the foreign country <b>▶</b> | <b>16</b> | <b>Yes</b> | <b>No</b> |

**Part 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.**

|           |                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                               |  |            |           |
|-----------|-------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|------------|-----------|
| <b>1a</b> | During the year did the foundation (either directly or indirectly)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |  | <b>Yes</b> | <b>No</b> |
|           | (1) Engage in the sale or exchange, or leasing of property with a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                    |  |            |           |
|           | (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                            |  |            |           |
|           | (3) Furnish goods, services, or facilities to (or accept them from) a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                |  |            |           |
|           | (4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                                                      |  |            |           |
|           | (5) Transfer any income or assets to a disqualified person (or make any of either available for the benefit or use of a disqualified person)? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                             |  |            |           |
|           | (6) Agree to pay money or property to a government official? ( <b>Exception.</b> Check "No" if the foundation agreed to make a grant to or to employ the official for a period after termination of government service, if terminating within 90 days). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                   |  |            |           |
| <b>b</b>  | If any answer is "Yes" to 1a(1)–(6), did <b>any</b> 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)? <input type="checkbox"/> <b>1b</b>                                                                                                                                                                                                                                                                                                                |  |            |           |
| <b>c</b>  | 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 2017? <input type="checkbox"/> <b>1c</b>                                                                                                                                                                                                                                                                                                                                                    |  |            | <b>No</b> |
| <b>2</b>  | 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))                                                                                                                                                                                                                                                                                                                                                                                                 |  |            |           |
| <b>a</b>  | At the end of tax year 2017, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning before 2017? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No<br>If "Yes," list the years <b>▶ 20____, 20____, 20____, 20____</b>                                                                                                                                                                                                                                                                                     |  |            |           |
| <b>b</b>  | Are there any years listed in 2a for which the foundation is <b>not</b> applying the provisions of section 4942(a)(2) (relating to incorrect valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to <b>all</b> years listed, answer "No" and attach statement—see instructions). <input type="checkbox"/> <b>2b</b>                                                                                                                                                                                                                      |  |            |           |
| <b>c</b>  | If the provisions of section 4942(a)(2) are being applied to <b>any</b> of the years listed in 2a, list the years here <b>▶ 20____, 20____, 20____, 20____</b>                                                                                                                                                                                                                                                                                                                                                                                                                |  |            |           |
| <b>3a</b> | Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time during the year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No                                                                                                                                                                                                                                                                                                                                                                                |  |            |           |
| <b>b</b>  | If "Yes," did it have excess business holdings in 2017 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 2017). <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>3b</b> |  |            |           |
| <b>4a</b> | Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? <b>4a</b>                                                                                                                                                                                                                                                                                                                                                                                                                                                     |  |            | <b>No</b> |
| <b>b</b>  | Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that had not been removed from jeopardy before the first day of the tax year beginning in 2017? <b>4b</b>                                                                                                                                                                                                                                                                                                                                   |  |            | <b>No</b> |

**Part VII-B** Statements Regarding Activities for Which Form 4720 May Be Required (Continued)

|           |                                                                                                                                                                                                                                |                                                                     |           |           |  |
|-----------|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|---------------------------------------------------------------------|-----------|-----------|--|
| <b>5a</b> | During the year did the foundation pay or incur any amount to                                                                                                                                                                  |                                                                     |           |           |  |
|           | <b>(1)</b> Carry on propaganda, or otherwise attempt to influence legislation (section 4945(e))?                                                                                                                               | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |           |  |
|           | <b>(2)</b> Influence the outcome of any specific public election (see section 4955), or to carry on, directly or indirectly, any voter registration drive?                                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |           |  |
|           | <b>(3)</b> Provide a grant to an individual for travel, study, or other similar purposes?                                                                                                                                      | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |           |  |
|           | <b>(4)</b> Provide a grant to an organization other than a charitable, etc., organization described in section 4945(d)(4)(A)? (see instructions).                                                                              | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |           |  |
|           | <b>(5)</b> Provide for any purpose other than religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals?                                                   | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |           |  |
| <b>b</b>  | If any answer is "Yes" to 5a(1)–(5), did <b>any</b> of the transactions fail to qualify under the exceptions described in Regulations section 53.4945 or in a current notice regarding disaster assistance (see instructions)? |                                                                     | <b>5b</b> |           |  |
|           | Organizations relying on a current notice regarding disaster assistance check here.                                                                                                                                            | <input type="checkbox"/>                                            |           |           |  |
| <b>c</b>  | If the answer is "Yes" to question 5a(4), does the foundation claim exemption from the tax because it maintained expenditure responsibility for the grant?                                                                     | <input type="checkbox"/> Yes <input type="checkbox"/> No            |           |           |  |
|           | <i>If "Yes," attach the statement required by Regulations section 53.4945–5(d)</i>                                                                                                                                             |                                                                     |           |           |  |
| <b>6a</b> | Did the foundation, during the year, receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?                                                                                                | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |           |  |
| <b>b</b>  | Did the foundation, during the year, pay premiums, directly or indirectly, on a personal benefit contract?                                                                                                                     | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>6b</b> | <b>No</b> |  |
|           | <i>If "Yes" to 6b, file Form 8870</i>                                                                                                                                                                                          |                                                                     |           |           |  |
| <b>7a</b> | At any time during the tax year, was the foundation a party to a prohibited tax shelter transaction?                                                                                                                           | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No |           |           |  |
| <b>b</b>  | If yes, did the foundation receive any proceeds or have any net income attributable to the transaction?                                                                                                                        | <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No | <b>7b</b> |           |  |

**b** Check box to indicate whether the organization is a private operating foundation described in section ☐ 4942(j)(3) or ☐ 4942(j)(5)

**1 Information Regarding Foundation Managers:**

**a** List any managers of the foundation who have contributed more than 2% of the total contributions received by the foundation before the close of any tax year (but only if they have contributed more than \$5,000) (See section 507(d)(2) )

**b** List any managers of the foundation who own 10% or more of the stock of a corporation (or an equally large portion of the ownership of a partnership or other entity) of which the foundation has a 10% or greater interest

Check here ☒ if the foundation only makes contributions to preselected charitable organizations and does not accept unsolicited requests for funds. If the foundation makes gifts, grants, etc. (see instructions) to individuals or organizations under other conditions, complete items 2a, b, c, and d.

- a. The name, address, and telephone number or email address of the person to whom applications should be addressed

- b. The form in which applications should be submitted and information and materials they should include**

- c Any submission deadlines

- Form
- 990-PF**
- (2017)

**Part XV** **Supplementary Information** (continued)**3 Grants and Contributions Paid During the Year or Approved for Future Payment**

| Recipient<br>Name and address (home or business)                                                          | If recipient is an individual,<br>show any relationship to<br>any foundation manager<br>or substantial contributor | Foundation<br>status of<br>recipient | Purpose of grant or<br>contribution                                  | Amount |
|-----------------------------------------------------------------------------------------------------------|--------------------------------------------------------------------------------------------------------------------|--------------------------------------|----------------------------------------------------------------------|--------|
| <b>a</b> <i>Paid during the year</i><br>THE LEXINGTON SCHOOL<br>1050 LANE ALLEN RD<br>LEXINGTON, KY 40504 |                                                                                                                    | PC                                   | SCHOLARSHIPS                                                         | 75,000 |
| SCHOLAR FAMILIES CO THE LEXINGTON S<br>1050 LANE ALLEN RD<br>LEXINGTON, KY 40504                          | N/A                                                                                                                | I                                    | BOOKS, CLOTHING AND<br>SCHOOL SUPPLIES FOR<br>SCHOLARSHIP RECIPIENTS | 3,012  |
|                                                                                                           |                                                                                                                    |                                      |                                                                      |        |
| <b>Total</b> . . . . .                                                                                    |                                                                                                                    |                                      | <b>3a</b>                                                            | 78,012 |
| <b>b</b> <i>Approved for future payment</i>                                                               |                                                                                                                    |                                      |                                                                      |        |
| <b>Total</b> . . . . .                                                                                    |                                                                                                                    |                                      | <b>3b</b>                                                            | 0      |

| Form 990PF Part VIII Line 1 - List all officers, directors, trustees, foundation managers and their compensation |                                                           |                                           |                                                                       |                                       |
|------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------------|-------------------------------------------|-----------------------------------------------------------------------|---------------------------------------|
| (a) Name and address                                                                                             | Title, and average hours per week (b) devoted to position | (c) Compensation (If not paid, enter -0-) | (d) Contributions to employee benefit plans and deferred compensation | Expense account, (e) other allowances |
| ANITA MADDEN                                                                                                     | CHAIRMAN OF THE BOARD<br>0 30                             | 0                                         | 0                                                                     | 0                                     |
| PO BOX 54632<br>LEXINGTON, KY 40555                                                                              |                                                           |                                           |                                                                       |                                       |
| ROBERT J GUINN                                                                                                   | MANAGER/TREASURER<br>40 00                                | 0                                         | 0                                                                     | 0                                     |
| PO BOX 54632<br>LEXINGTON, KY 40555                                                                              |                                                           |                                           |                                                                       |                                       |
| PATRICK W MADDEN                                                                                                 | PRESIDENT<br>0 50                                         | 0                                         | 0                                                                     | 0                                     |
| PO BOX 54632<br>LEXINGTON, KY 40555                                                                              |                                                           |                                           |                                                                       |                                       |
| JUDY KINCAID                                                                                                     | VICE PRESIDENT/SECRETARY<br>0 30                          | 0                                         | 0                                                                     | 0                                     |
| PO BOX 54632<br>LEXINGTON, KY 40555                                                                              |                                                           |                                           |                                                                       |                                       |
| PATRICIA FEATHERSTON                                                                                             | DIRECTOR<br>0 50                                          | 0                                         | 0                                                                     | 0                                     |
| PO BOX 54632<br>LEXINGTON, KY 40555                                                                              |                                                           |                                           |                                                                       |                                       |
| MASTEN CHILDERS II                                                                                               | DIRECTOR<br>0 30                                          | 0                                         | 0                                                                     | 0                                     |
| PO BOX 54632<br>LEXINGTON, KY 40555                                                                              |                                                           |                                           |                                                                       |                                       |
| CHARLES D BALDECCHI                                                                                              | DIRECTOR<br>0 30                                          | 0                                         | 0                                                                     | 0                                     |
| PO BOX 54632<br>LEXINGTON, KY 40555                                                                              |                                                           |                                           |                                                                       |                                       |
| CRAIG TURNER                                                                                                     | DIRECTOR<br>0 30                                          | 0                                         | 0                                                                     | 0                                     |
| PO BOX 54632<br>LEXINGTON, KY 40555                                                                              |                                                           |                                           |                                                                       |                                       |

**TY 2017 Accounting Fees Schedule****Name:** BLUEGRASS BOYS' RANCH**EIN:** 61-0602374**Accounting Fees Schedule**

| <b>Category</b> | <b>Amount</b> | <b>Net Investment<br/>Income</b> | <b>Adjusted Net<br/>Income</b> | <b>Disbursements<br/>for Charitable<br/>Purposes</b> |
|-----------------|---------------|----------------------------------|--------------------------------|------------------------------------------------------|
| ACCOUNTING FEE  | 2,795         | 1,397                            |                                | 1,398                                                |

# TY 2017 Investments Corporate Bonds Schedule

**Name:** BLUEGRASS BOYS' RANCH

**EIN:** 61-0602374

## Investments Corporate Bonds Schedule

| Name of Bond | End of Year Book Value | End of Year Fair Market Value |
|--------------|------------------------|-------------------------------|
| FIXED INCOME | 12,402                 | 12,356                        |

## TY 2017 Investments Corporate Stock Schedule

**Name:** BLUEGRASS BOYS' RANCH

**EIN:** 61-0602374

| Name of Stock | End of Year Book Value | End of Year Fair Market Value |
|---------------|------------------------|-------------------------------|
| EQUITIES      | 12,537                 | 14,589                        |

## TY 2017 Investments - Other Schedule

**Name:** BLUEGRASS BOYS' RANCH

**EIN:** 61-0602374

### Investments Other Schedule 2

| Category/ Item | Listed at Cost or FMV | Book Value | End of Year Fair Market Value |
|----------------|-----------------------|------------|-------------------------------|
| ALTERNATIVES   | AT COST               | 925        | 1,967                         |

**TY 2017 Other Expenses Schedule****Name:** BLUEGRASS BOYS' RANCH**EIN:** 61-0602374**Other Expenses Schedule**

| Description            | Revenue and<br>Expenses per<br>Books | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements for<br>Charitable<br>Purposes |
|------------------------|--------------------------------------|--------------------------|------------------------|---------------------------------------------|
| OFFICE EXPENSE         | 507                                  | 0                        |                        | 507                                         |
| MISCELLANEOUS EXPENSES | 124                                  | 0                        |                        | 124                                         |

# **TY 2017 Other Income Schedule**

**Name:** BLUEGRASS BOYS' RANCH

**EIN:** 61-0602374

## **Other Income Schedule**

| Description | Revenue And<br>Expenses Per Books | Net Investment<br>Income | Adjusted Net Income |
|-------------|-----------------------------------|--------------------------|---------------------|
| ROYALTIES   | 1,293                             | 1,293                    | 1,293               |

**TY 2017 Other Professional Fees Schedule****Name:** BLUEGRASS BOYS' RANCH**EIN:** 61-0602374

| Category       | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|----------------|--------|--------------------------|------------------------|---------------------------------------------|
| MANAGEMENT FEE | 4,500  | 0                        |                        | 4,500                                       |
| INVESTMENT FEE | 1,500  | 1,500                    |                        | 0                                           |

**TY 2017 Taxes Schedule****Name:** BLUEGRASS BOYS' RANCH**EIN:** 61-0602374

| Category      | Amount | Net Investment<br>Income | Adjusted Net<br>Income | Disbursements<br>for Charitable<br>Purposes |
|---------------|--------|--------------------------|------------------------|---------------------------------------------|
| PAYROLL TAXES | 2,051  | 1,026                    |                        | 1,025                                       |
| TAXES         | 687    | 0                        |                        | 0                                           |