Form 5500	Annual Return/Report of Employee Benefit Plan	OMB Nos. 1210-0110 1210-0089
Department of the Treasury Internal Revenue Service	This form is required to be filed for employee benefit plans under sections 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and sections 6047(e), and 6058(a) of the Internal Revenue Code (the Code).	
Department of Labor Employee Benefits Security Administration Complete all entries in accordance with the instructions to the Form 5500.		2009
Pension Benefit Guaranty Corporation		This Form is Open to Public Inspection
Part I Annual Report Ider	tification Information	
For calendar plan year 2009 or fiscal	plan year beginning 01/01/2009 and ending 12/31/	2009
A This return/report is for:	a multiemployer plan; a multiple-employer plan; or	
	a single-employer plan;	
B This return/report is:	the first return/report; the final return/report;	
	an amended return/report; a short plan year return/report (less t	han 12 months).
C If the plan is a collectively-bargain	ed plan, check here.	·····•
D Check box if filing under:	Form 5558; automatic extension;	the DFVC program;
-	special extension (enter description)	—
Part II Basic Plan Inform	nation—enter all requested information	
1a Name of plan KENTUCKY COUNTRY DAY SCHOO		1b Three-digit plan number (PN) ▶ 001
		1c Effective date of plan 09/01/1951
2a Plan sponsor's name and addres (Address should include room or s	s (employer, if for a single-employer plan) suite no.)	2b Employer Identification Number (EIN)
KENTUCKY COUNTRY DAY SCHOO	DL, INC	61-0731998
		2c Sponsor's telephone number 502-423-0440
4100 SPRINGDALE ROAD LOUISVILLE, KY 40241	4100 SPRINGDALE ROAD LOUISVILLE, KY 40241	2d Business code (see instructions) 611000

Caution: A penalty for the late or incomplete filing of this return/report will be assessed unless reasonable cause is established.

Under penalties of perjury and other penalties set forth in the instructions, I declare that I have examined this return/report, including accompanying schedules, statements and attachments, as well as the electronic version of this return/report, and to the best of my knowledge and belief, it is true, correct, and complete.

SIGN HERE	Filed with authorized/valid electronic signature.	10/12/2010	ANNIE KARABA
	Signature of plan administrator	Date	Enter name of individual signing as plan administrator
SIGN HERE			
HERE	Signature of employer/plan sponsor	Date	Enter name of individual signing as employer or plan sponsor
SIGN HERE			
	Signature of DFE	Date	Enter name of individual signing as DFE

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500.

	Plan administrator's name and address (if same as plan sponsor, enter "Same")		ministrator's EIN	
KE	NTUCKY COUNTRY DAY SCHOOL, INC	61-0731998		
	00 SPRINGDALE ROAD UISVILLE, KY 40241	nu	ministrator's telephone mber 2-423-0440	
4	If the name and/or EIN of the plan sponsor has changed since the last return/report filed for this plan, enter the name, EIN the plan number from the last return/report:	l and	4b EIN	
а	Sponsor's name		4c pn	
5	Total number of participants at the beginning of the plan year	5	326	
6	Number of participants as of the end of the plan year (welfare plans complete only lines 6a, 6b, 6c, and 6d).		1	
а	Active participants	. 6a	298	
b	Retired or separated participants receiving benefits	. 6b	0	
С	Other retired or separated participants entitled to future benefits	. 6c	31	
d	Subtotal. Add lines 6a, 6b, and 6c	. 6d	329	
е	Deceased participants whose beneficiaries are receiving or are entitled to receive benefits	. 6e	0	
f	Total. Add lines 6d and 6e	. 6f	329	
g	Number of participants with account balances as of the end of the plan year (only defined contribution plans complete this item)	. 6g	305	
h	Number of participants that terminated employment during the plan year with accrued benefits that were less than 100% vested.	. 6h	0	
7	Enter the total number of employers obligated to contribute to the plan (only multiemployer plans complete this item)	· 7		

Page 2

Form 5500 (2009)

8a If the plan provides pension benefits, enter the applicable pension feature codes from the List of Plan Characteristic Codes in the instructions: 2F 2G 2J 2K 2L 2T 3D

b If the plan provides welfare benefits, enter the applicable welfare feature codes from the List of Plan Characteristic Codes in the instructions:

9a	9a Plan funding arrangement (check all that apply)			9b Plan benefit arrangement (check all that apply)			
	(1)	X	Insurance		(1)	Х	Insurance
	(2)		Code section 412(e)(3) insurance contracts		(2)		Code section 412(e)(3) insurance contracts
	(3)	X	Trust		(3)	Х	Trust
	(4)		General assets of the sponsor		(4)		General assets of the sponsor
10 Check all applicable boxes in 10a and 10b to indicate which schedules are attached, and, where indicated, enter the number attached. (See instructions)							
а	Pensio	n Scl	hedules	b	General	Scł	hedules
а	Pensio (1)	on Sci	hedules R (Retirement Plan Information)	b	General (1)	Scł	hedules H (Financial Information)
а		on Sci		b		Scł	
а	(1)	on Scl	 R (Retirement Plan Information) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan 	b	(1)	Scł X	H (Financial Information)
а	(1)	on Scl	R (Retirement Plan Information)MB (Multiemployer Defined Benefit Plan and Certain Money	b	(1) (2)	Scł X X	H (Financial Information)I (Financial Information – Small Plan)
а	(1)	n Scl	 R (Retirement Plan Information) MB (Multiemployer Defined Benefit Plan and Certain Money Purchase Plan Actuarial Information) - signed by the plan 	b	(1) (2) (3)	Scł X X X	 H (Financial Information) I (Financial Information – Small Plan) A (Insurance Information)

SCHEDULE (Form 5500 Department of the Treas Internal Revenue Serv Department of Labo Employee Benefits Security Ad	b bury ice	This schedule is required Employee Retirement Inc		on 104 of th 974 (ERISA		OM	IB No. 1210-0110
Pension Benefit Guaranty Co	rporation	 Insurance companies ar pursuant to El 	re required to provide t RISA section 103(a)(2)		ion	This For	m is Open to Public Inspection
For calendar plan year 20	09 or fiscal plan	year beginning 01/01/2009		and er	nding 12	2/31/2009	•
A Name of plan KENTUCKY COUNTRY [DAY SCHOOL 4	403B DC PLAN			e-digit number (P	N) 🕨	001
C Plan sponsor's name a KENTUCKY COUNTRY I	DAY SCHOOL,	INC		61-073	31998	cation Number (
		ing Insurance Contract C Individual contracts grouped as a					
1 Coverage Information:							
(a) Name of insurance ca TIAA-CREF	rrier	Γ	(e) Approximate nu	umbor of		Policy or c	ontract year
(b) EIN	(c) NAIC code	(d) Contract or identification number	persons covered a policy or contrac	it end of	(f)	From	(g) To
13-1624203	69345	69345	329 01/01,		01/01/20	2009 12/31/2009	
2 Insurance fee and com descending order of the		tion. Enter the total fees and tota	l commissions paid. L	ist in item 3	the agents	, brokers, and o	other persons in
(a) Total a	amount of comn	nissions paid		(b) To	otal amount	of fees paid	
		0					0
3 Persons receiving com	missions and fe	es. (Complete as many entries a	as needed to report all	persons).			
		nd address of the agent, broker, o	•	. ,	ions or fees	s were paid	
(b) Amount of sales ar		Fees	s and other commission	ns paid			-
commissions pai	id	(c) Amount		(d) Purpos	9		(e) Organization code
		nd address of the agent, broker, o		m commiss	ions or foor	s were paid	
		a address of the agent, bloker, t					

(b) Amount of sales and base	F		
commissions paid	(c) Amount	(d) Purpose	(e) Organization code
For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500. Schere			edule A (Form 5500) 2009 v.092308.1

Page **2-** 1

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base	Fees and other commissions paid			
commissions paid	(c) Amount	(d) Purpose	(e) Organization code	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid				

(b) Amount of sales and base		(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base		(e) Organization		
commissions paid	(c) Amount	(d) Purpose	code	
(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid				

(b) Amount of sales and base		(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code

(a) Name and address of the agent, broker, or other person to whom commissions or fees were paid

(b) Amount of sales and base		(e) Organization	
commissions paid	(c) Amount	(d) Purpose	code

Part	II Investment and Annuity Contract Information Where individual contracts are provided, the entire group of such indiv	vidual contracts with ea	ach carrier may be treated as a unit	for purposes of
	this report.			
	rent value of plan's interest under this contract in the general account at year			7764461
	rrent value of plan's interest under this contract in separate accounts at year e	end	5	9006645
	ntracts With Allocated Funds:			
а	State the basis of premium rates			
h	Dramiuma noid to corrier			
b C	Premiums paid to carrier Premiums due but unpaid at the end of the year			
d	If the carrier, service, or other organization incurred any specific costs in co		violition or	
ŭ	retention of the contract or policy, enter amount			
	Specify nature of costs			
е	Type of contract: (1) individual policies (2) group deferre	ed annuity		
	(3) other (specify)			
f	If contract purchased, in whole or in part, to distribute benefits from a termin	nating plan check here		
	ntracts With Unallocated Funds (Do not include portions of these contracts ma			
<i>i</i> a		ate participation guara	,	
ŭ		FIXED ANNUITY		
	(3) guaranteed investment (4) X other			
h			74	7004004
<u>b</u>	Balance at the end of the previous year		7b 336353	7234934
С	Additions: (1) Contributions deposited during the year	= (0)	330333	
	(2) Dividends and credits	= (0)	305492	
	(4) Transferred from separate account		159820	
	(5) Other (specify below)			
	(6)Total additions			801665
d	Total of balance and additions (add b and c(6)).			8036599
	Deductions:			
	(1) Disbursed from fund to pay benefits or purchase annuities during year	7e(1)	85493	
	(2) Administration charge made by carrier			
	(3) Transferred to separate account		186645	
	(4) Other (specify below)	7e(4)	0	
	•			
	(5) Total deductions			272138
f	Balance at the end of the current year (subtract e(5) from d)			7764461

Schedule A (Form 5500) 2009

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Part III		Welfare Benefit Contract Information					
		If more than one contract covers the same group of employees of the same employer(s) or members of the same employee organization(s), the information may be combined for reporting purposes if such contracts are experience-rated as a unit. Where contracts cover individual employees,					
		the entire group of such individual contracts					is cover individual employees,
8	Bene	efit and contract type (check all applicable boxes)					
	а	Health (other than dental or vision)	b Dental	С	Vision		d Life insurance
	e	Temporary disability (accident and sickness)	f Long-term disabili	ty g	Supplemental unem	ployment	h Prescription drug
	iΓ	Stop loss (large deductible)	i HMO contract	k	PPO contract	-	I Indemnity contract
	m	Other (specify)	, []]		
9	Expe	rience-rated contracts:					
	aF	Premiums: (1) Amount received		9a(1)			7
		(2) Increase (decrease) in amount due but unpaid	I	9a(2)			
		(3) Increase (decrease) in unearned premium res	erve	9a(3)			
		(4) Earned ((1) + (2) - (3))				9a(4)	
	b	Benefit charges (1) Claims paid		. 9b(1)			
		(2) Increase (decrease) in claim reserves		9b(2)			
		(3) Incurred claims (add (1) and (2))				9b(3)	
		(4) Claims charged				9b(4)	
	С	Remainder of premium: (1) Retention charges (o	n an accrual basis)				
		(A) Commissions		9c(1)(A)			7
		(B) Administrative service or other fees		9c(1)(B)			7
		(C) Other specific acquisition costs		9c(1)(C)			7
		(D) Other expenses		9c(1)(D)			7
		(E) Taxes		9c(1)(E)			7
		(F) Charges for risks or other contingencies.		9c(1)(F)			7
		(G) Other retention charges		9c(1)(G)			
		(H) Total retention				9c(1)(H)	
		(2) Dividends or retroactive rate refunds. (These	amounts were paid in	n cash, or	credited.)	9c(2)	
	d	Status of policyholder reserves at end of year: (1					
		(2) Claim reserves				9d(2)	
		(3) Other reserves				9d(3)	
	е	Dividends or retroactive rate refunds due. (Do no	ot include amount entered	d in c(2) .)		. 9e	
10	No	nexperience-rated contracts:				•	
	а	Total premiums or subscription charges paid to c	arrier			10a	
	-	If the carrier, service, or other organization incurr					
		retention of the contract or policy, other than repo				10b	

Specify nature of costs

Part IV	Provision of Information			
11 Did th	e insurance company fail to provide any information necessary to complete Schedule A?	Yes	× No	

12 If the answer to line 11 is "Yes," specify the information not provided.

SCHEDULE C	Service Provid	Service Provider Information			
(Form 5500)			2009		
Department of the Treasury Internal Revenue Service	This schedule is required to be filed Retirement Income Secur				
Department of Labor Employee Benefits Security Administration	- ► File as an attachr -	ment to Form 5500.	This Form is Open to Public Inspection.		
Pension Benefit Guaranty Corporation For calendar plan year 2009 or fiscal pl	lan year beginning 01/01/2009	and ending 12/3	11/2009		
A Name of plan	ian year beginning on on 2000		1/2000		
KENTUCKY COUNTRY DAY SCHOO	L 403B DC PLAN	B Three-digit plan number (PN)	• 001		
C Plan sponsor's name as shown on I	line 2a of Form 5500	D Employer Identifica	tion Number (EIN)		
KENTUCKY COUNTRY DAY SCHOO	DL, INC	61-0731998			
Part I Service Provider Infe	ormation (see instructions)				
or more in total compensation (i.e., r plan during the plan year. If a perso	ordance with the instructions, to report the money or anything else of monetary value) on received only eligible indirect compensa o include that person when completing the) in connection with services rendered t ation for which the plan received the rec	o the plan or the person's position with the		
indirect compensation for which theb If you answered line 1a "Yes," enter	ther you are excluding a person from the re plan received the required disclosures (see r the name and EIN or address of each per ensation. Complete as many entries as ne	e instructions for definitions and conditi rson providing the required disclosures	ions) Yes X No		
(b) Enter na	ame and EIN or address of person who pro	ovided you disclosures on eligible indire	ect compensation		
(b) Enter na	ame and EIN or address of person who pro	ovided you disclosure on eligible indired	ct compensation		
(b) Enter na	ame and EIN or address of person who pro	ovided you disclosures on eligible indire	ct compensation		
(b) Enter na	ame and EIN or address of person who pro	ovided you disclosures on eligible indire	ct compensation		
(b) Enter na	ame and EIN or address of person who pro	ovided you disclosures on eligible indire	ect compensation		

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

(b) Enter name and EIN or address of person who provided you disclosures on eligible indirect compensation

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2. Information on Other Service Providers Receiving Direct or Indirect Compensation. Except for those persons for whom you answered "yes" to line 1a above, complete as many entries as needed to list each person receiving, directly or indirectly, \$5,000 or more in total compensation (i.e., money or anything else of value) in connection with services rendered to the plan or their position with the plan during the plan year. (See instructions).

(a) Enter name and EIN or address (see instructions)								
TIAA 730 THIRD AVE NEW YORK, NY 10017-3206								
13-1624203	3							
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?		
15	RECORD KEEPER	0	Yes 🕺 No 🗌	Yes 🕺 No 🗌	0	Yes 🗌 No 🗙		
	•	(a) Enter name and EIN or	address (see instructions)				
TIAA-CREF	FINVESTMENT MAN	AGEMENT LLC	730 THIR					
			NEW YO	RK, NY 10017-3206				
13-3586142	2							
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?		
15	RECORD KEEPER	0	Yes 🛛 No 🗌	Yes 🕺 No 🗌	0	Yes 🗌 No 🔀		
		(a) Enter name and EIN or	address (see instructions)				
(b) Service Code(s)	(c) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?		
			Yes 🗌 No 🗌	Yes 🗌 No 🗌		Yes 🗌 No 🗌		

(a) Enter name and EIN or address (see instructions)							
		(N		(4)		(1)	
(b) Service Code(s)	(C) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?	
			Yes No	Yes No		Yes 🗌 No 🗌	
		(a) Enter name and EIN or	address (see instructions)			
(b) Service Code(s)	(C) Relationship to employer, employee organization, or person known to be a party-in-interest	by the plan. If none,	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?	
			Yes 🗌 No 🗍	Yes 🗌 No 🗌		Yes 🗌 No 🗍	
		(a) Enter name and EIN or	address (see instructions)			
(b) Service Code(s)	(C) Relationship to employer, employee organization, or person known to be a party-in-interest	(d) Enter direct compensation paid by the plan. If none, enter -0	(e) Did service provider receive indirect compensation? (sources other than plan or plan sponsor)	(f) Did indirect compensation include eligible indirect compensation, for which the plan received the required disclosures?	(g) Enter total indirect compensation received by service provider excluding eligible indirect compensation for which you answered "Yes" to element (f). If none, enter -0	(h) Did the service provider give you a formula instead of an amount or estimated amount?	
			Yes No	Yes 🗌 No 🗍		Yes No	

Part I Service Provider Information (continued)

3 If you reported on line 2 receipt of indirect compensation, other than eligible indirect compensation, by a service provider, and the service provider is a fiduciary or provides contract administrator, consulting, custodial, investment advisory, investment management, broker, or recordkeeping services, answer the following questions for (a) each source from whom the service provider received \$1,000 or more in indirect compensation and (b) each source for whom the service provider gave you a formula used to determine the indirect compensation instead of an amount or estimated amount of the indirect compensation. Complete as many entries as needed to report the required information for each source.

	(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
ΤΙΑΑ		15	47857
	(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	L compensation, including any the service provider's eligibility the indirect compensation.
TIAA	730 THIRD AVE NEW YORK, NY 10017-3206	EXPENSE CHARGE RANGE AN ANNUAL BASIS OF THE	ED FROM 0.415% TO 1.01% ON DAILY NET ASSET VALUE
13-1624203			
	(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
ΤΙΑΑ		15	32262
	(d) Enter name and EIN (address) of source of indirect compensation	formula used to determine	L compensation, including any the service provider's eligibility the indirect compensation.
TIAA	730 THIRD AVE NEW YORK, NY 10017-3206	RECORDKEEPING AND DIS	TRIBUTION FEE
13-1624203			
	(a) Enter service provider name as it appears on line 2	(b) Service Codes (see instructions)	(C) Enter amount of indirect compensation
TIAA-CREF IN	IVESTMENT MANAGEMENT LLC	15	10191

	(d) Enter name and EIN (address) of source of indirect compensation	(e) Describe the indirect compensation, including any formula used to determine the service provider's eligibility for or the amount of the indirect compensation.
TIAA-CREF	730 THIRD AVE NEW YORK, NY 10017-3206	INVESTMENT FEE & EXPENSE NET OF RECORDKEEPING AND DISTRIBUTION FEE
13-3586142		

Page 6-	1
Page o-	1

Part II Service Providers Who Fail or Refuse to	Provide Inform	nation
4 Provide, to the extent possible, the following information for ea this Schedule.	ach service provide	r who failed or refused to provide the information necessary to complete
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide
(a) Enter name and EIN or address of service provider (see instructions)	(b) Nature of Service Code(s)	(C) Describe the information that the service provider failed or refused to provide

Page	7-	1
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Part III	Termination Information on Accountants and Enrolled (complete as many entries as needed)	d Actuaries (see instructions)
a Nam		b EIN:
C Posi	tion:	
d Add	ress:	e Telephone:
Explanat	ion:	
a Nam	¢.	b EIN:
C Posi		
d Add		e Telephone:
Explanat	ion:	
∟лріана		
a Nam	e:	b EIN:
C Posi	tion:	
d Add	ess:	e Telephone:
Explanat	ion:	
a Nam		b EIN;
C Posi		O Telephone:
d Addı	ess.	e Telephone:
Explanat	ion:	

а	Name:	b EIN;
С	Position:	
d	Address:	e Telephone:

Explanation:

SCHEDULE D (Form 5500)	DFE/P	Participating Plan Informat	ion	OMB No. 1210-0110		
Department of the Treasury Internal Revenue Service		s required to be filed under section 104 of the ement Income Security Act of 1974 (ERISA).		2009		
Department of Labor Employee Benefits Security Administration		File as an attachment to Form 5500.		This Form is Open to Public Inspection.		
For calendar plan year 2009 or fiscal	plan year beginning	01/01/2009 and	d ending 12/3	31/2009		
A Name of plan KENTUCKY COUNTRY DAY SCHOOL	L 403B DC PLAN		B Three-digit plan numb	oer (PN) 001		
C Plan or DFE sponsor's name as sh KENTUCKY COUNTRY DAY SCHOOL	D Employer lo 61-073199	dentification Number (EIN) 8				
		CTs, PSAs, and 103-12 IEs (to be con to report all interests in DFEs)	mpleted by pla	ans and DFEs)		
a Name of MTIA, CCT, PSA, or 103-		· · · · · · · · · · · · · · · · · · ·				
b Name of sponsor of entity listed in	(a): COLLEGE RE	TIREMENT EQUITIES FUND				
C EIN-PN 13-3586142-001	d Entity P	e Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instruction)	'	5074774		
a Name of MTIA, CCT, PSA, or 103-	12 IE: CREF SOCIAI	L CHOICE				
b Name of sponsor of entity listed in	(a): COLLEGE RE	TIREMENT EQUITIES FUND				
C EIN-PN 13-3586142-001	d Entity P code	e Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instruction		773762		
a Name of MTIA, CCT, PSA, or 103-	12 IE: CREF BOND	MARKET				
b Name of sponsor of entity listed in	(a):	TIREMENT EQUITIES FUND				
C EIN-PN 13-3586142-001	d Entity P code	e Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instructi		299763		
a Name of MTIA, CCT, PSA, or 103-	12 IE: CREF GLOBA	L EQUITIES				
b Name of sponsor of entity listed in	(a):	TIREMENT EQUITIES FUND				
C EIN-PN 13-3586142-001	d Entity P code	Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instruction)		888124		
a Name of MTIA, CCT, PSA, or 103-	12 IE: CREF GROW	ТН				
b Name of sponsor of entity listed in	(a): COLLEGE RE	TIREMENT EQUITIES FUND				
C EIN-PN 13-3586142-001	d Entity P code	e Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instruction		911853		
a Name of MTIA, CCT, PSA, or 103-	12 IE: CREF EQUITY	Y INDEX				
b Name of sponsor of entity listed in	(a): COLLEGE RE	TIREMENT EQUITIES FUND				
C EIN-PN ¹³⁻³⁵⁸⁶¹⁴²⁻⁰⁰¹	d Entity P code	e Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instruction		587992		
a Name of MTIA, CCT, PSA, or 103-	12 IE: CREF INFLAT	ION-LINKED BOND				
b Name of sponsor of entity listed in	(a):	TIREMENT EQUITIES FUND				
C EIN-PN 13-3586142-001	d Entity P code	e Dollar value of interest in MTIA, CCT, 103-12 IE at end of year (see instruction		190855		
For Paperwork Reduction Act Notice and	d OMB Control Numbers	s, see the instructions for Form 5500.		Schedule D (Form 5500) 2009 v.092308.1		

Schedule D (Form 5500)	2009		Page 2- 1	
a Name of MTIA, CCT, PSA, or 103-	12 IE: TIAA REAL E	STAT	E	
b Name of sponsor of entity listed in	TIAA (a):			
C EIN-PN 13-1624203-001	d Entity P code	е	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	279522
a Name of MTIA, CCT, PSA, or 103-	-12 IE:			
b Name of sponsor of entity listed in	(a):			
C EIN-PN	d Entity code	е	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-	-12 IE:			
b Name of sponsor of entity listed in	(a):			
C EIN-PN	d Entity code	е	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-	12 IE:			
b Name of sponsor of entity listed in	(a):			
C EIN-PN	d Entity code	е	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-	·12 IE:			
b Name of sponsor of entity listed in	(a):			
C EIN-PN	d Entity code	е	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-	-12 IE:			
b Name of sponsor of entity listed in	(a):			
C EIN-PN	d Entity code	е	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-	-12 IE:			
b Name of sponsor of entity listed in	(a):			
C EIN-PN	d Entity code	е	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-	-12 IE:			
b Name of sponsor of entity listed in	(a):			
C EIN-PN	d Entity code	е	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-	·12 IE:			
b Name of sponsor of entity listed in	(a):			
C EIN-PN	d Entity code	е	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	
a Name of MTIA, CCT, PSA, or 103-	-12 IE:			
b Name of sponsor of entity listed in	(a):			
C EIN-PN	d Entity code	е	Dollar value of interest in MTIA, CCT, PSA, or 103-12 IE at end of year (see instructions)	

Page **3-**1

F	Part II	Information on Participating Plans (to be completed by DFEs) (Complete as many entries as needed to report all participating plans)		
а	Plan na			
b	Name o plan spo		С	EIN-PN
а	Plan na	ne		
b	Name o plan spo		С	EIN-PN
а	Plan na	ne		
b	Name o plan spo		С	EIN-PN
а	Plan na	ne		
b	Name o plan spo		С	EIN-PN
а	Plan na	ne		
b	Name o plan spo		C	EIN-PN
	Plan na			
b	Name o plan spo		C	EIN-PN
а	Plan na	ne		
b	Name o plan spo		С	EIN-PN
	Plan na			
b	Name o plan spo		C	EIN-PN
	Plan na			
b	Name o plan spo		C	EIN-PN
	Plan na			
b	Name o plan spo		C	EIN-PN
	Plan na			
b	Name o plan spo		C	EIN-PN
	Plan na			
b	Name o plan spo		С	EIN-PN

SCHEDULE H	formatio		-	OMB No. 1210-0110				
(Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration Pension Benefit Guaranty Corporation	This schedule is required to be filed un Retirement Income Security Act of 1974 Internal Revenue Co File as an attachm		2009 This Form is Open to Public Inspection					
For calendar plan year 2009 or fiscal pla	an year beginning 01/01/2009		and	ending	12/31/	2009		
A Name of plan KENTUCKY COUNTRY DAY SCHOOL	403B DC PLAN				Three-dig plan num		•	001
C Plan sponsor's name as shown on lin KENTUCKY COUNTRY DAY SCHOOL,	INC				Employer I 1-073199		tion Numbe	ır (EIN)
the value of the plan's interest in a c lines 1c(9) through 1c(14). Do not er benefit at a future date. Round off a and 1i. CCTs, PSAs, and 103-12 IEs	bilities at the beginning and end of the plan ommingled fund containing the assets of m nter the value of that portion of an insuranc amounts to the nearest dollar. MTIAs, Co is also do not complete lines 1d and 1e. See	nore than one e contract wh CTs, PSAs, ai	plan on a ich guarar	line-by itees, c	r-line basis during this	s unless t plan yea	the value is ar, to pay a	s reportable on specific dollar
	sets		(a) B	eginnir	ng of Year		(b) E	nd of Year
a Total noninterest-bearing cash		1a						
b Receivables (less allowance for dou	btful accounts):							
(1) Employer contributions		1b(1)						3
(2) Participant contributions		1b(2)						3
(3) Other		1b(3)						
	money market accounts & certificates	1c(1)			26	8050		234655
(2) U.S. Government securities		1c(2)						
(3) Corporate debt instruments (ot	her than employer securities):							
(A) Preferred		1c(3)(A)						
(B) All other		1c(3)(B)						
(4) Corporate stocks (other than en	mployer securities):							
(A) Preferred		1c(4)(A)						
(B) Common		1c(4)(B)						
(5) Partnership/joint venture interes	sts	1c(5)						
(6) Real estate (other than employ	er real property)	1c(6)						
(7) Loans (other than to participant	(s)	1c(7)						
(8) Participant loans		1c(8)						
(9) Value of interest in common/co	llective trusts	1c(9)						
(10) Value of interest in pooled sepa	arate accounts	1c(10)			657	0125		9006645
(11) Value of interest in master trust	investment accounts	1c(11)						
(12) Value of interest in 103-12 inve	stment entities	1c(12)						
(13) Value of interest in registered in		1c(13)						
	e company general account (unallocated	1c(14)			723	4934		7764461
(15) Other		1c(15)						

For Paperwork Reduction Act Notice and OMB Control Numbers, see the instructions for Form 5500

Schedule H (Form 5	5000	2009
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1d	Employer-related investments:		(a) Beginning of Year	(b) End of Year
	(1) Employer securities	1d(1)		
	(2) Employer real property	1d(2)		
е	Buildings and other property used in plan operation	1e		
f	Total assets (add all amounts in lines 1a through 1e)	1f	14073109	17005767
	Liabilities			
g	Benefit claims payable	1g		
h	Operating payables	1h		
i	Acquisition indebtedness	1i		
j	Other liabilities	1j		
k	Total liabilities (add all amounts in lines 1g through1j)	1k		
	Net Assets			
I	Net assets (subtract line 1k from line 1f)	11	14073109	17005767

Part II Income and Expense Statement

2 Plan income, expenses, and changes in net assets for the year. Include all income and expenses of the plan, including any trust(s) or separately maintained fund(s) and any payments/receipts to/from insurance carriers. Round off amounts to the nearest dollar. MTIAs, CCTs, PSAs, and 103-12 IEs do not complete lines 2a, 2b(1)(E), 2e, 2f, and 2g.

	Income		(a) Amount	(b) Total
а	Contributions:			
	(1) Received or receivable in cash from: (A) Employers	2a(1)(A)	466017	
	(B) Participants	2a(1)(B)	716009	
	(C) Others (including rollovers)	2a(1)(C)		
	(2) Noncash contributions	2a(2)		
	(3) Total contributions. Add lines 2a(1)(A), (B), (C), and line 2a(2)	2a(3)		1182026
b	Earnings on investments:			
	(1) Interest:			
	(A) Interest-bearing cash (including money market accounts and certificates of deposit)	2b(1)(A)	248	
	(B) U.S. Government securities	2b(1)(B)		
	(C) Corporate debt instruments	2b(1)(C)		
	(D) Loans (other than to participants)	2b(1)(D)		
	(E) Participant loans	2b(1)(E)		
	(F) Other	2b(1)(F)	305492	
	(G) Total interest. Add lines 2b(1)(A) through (F)	2b(1)(G)		305740
	(2) Dividends: (A) Preferred stock	2b(2)(A)		
	(B) Common stock	2b(2)(B)		
	(C) Registered investment company shares (e.g. mutual funds)	2b(2)(C)		
	(D) Total dividends. Add lines 2b(2)(A), (B), and (C)	2b(2)(D)		
	(3) Rents	2b(3)		
	(4) Net gain (loss) on sale of assets: (A) Aggregate proceeds	2b(4)(A)		
	(B) Aggregate carrying amount (see instructions)	2b(4)(B)		
	(C) Subtract line 2b(4)(B) from line 2b(4)(A) and enter result	2b(4)(C)		

		(a) Amount	(b) Total
2b (5) Unrealized appreciation (depreciation) of assets: (A) Real estate	2b(5)(A)		
(B) Other	2b(5)(B)		
 (C) Total unrealized appreciation of assets. Add lines 2b(5)(A) and (B) 	_ 2b(5)(C)		
(6) Net investment gain (loss) from common/collective trusts	. 2b(6)		
(7) Net investment gain (loss) from pooled separate accounts	_ 2b(7)		1873149
(8) Net investment gain (loss) from master trust investment accounts	_ 2b(8)		
(9) Net investment gain (loss) from 103-12 investment entities	_ 2b(9)		
(10) Net investment gain (loss) from registered investment companies (e.g., mutual funds)	2b(10)		
C Other income	. 2c		
d Total income. Add all income amounts in column (b) and enter total	. 2d		3360915
Expenses			
e Benefit payment and payments to provide benefits:			
(1) Directly to participants or beneficiaries, including direct rollovers	2e(1)	428257	
(2) To insurance carriers for the provision of benefits	2e(2)		
(3) Other	2e(3)		
(4) Total benefit payments. Add lines 2e(1) through (3)	2e(4)		428257
f Corrective distributions (see instructions)			
g Certain deemed distributions of participant loans (see instructions)		-	
h Interest expense		ŕ	
i Administrative expenses: (1) Professional fees	0:(4)		
(2) Contract administrator fees	0:(0)		
(3) Investment advisory and management fees	0:(2)		
(4) Other			
(5) Total administrative expenses. Add lines 2i(1) through (4)			
j Total expenses. Add all expense amounts in column (b) and enter total			428257
Net Income and Reconciliation	•		
k Net income (loss). Subtract line 2j from line 2d	2k		2932658
I Transfers of assets:		-	
(1) To this plan	21(1)		
(2) From this plan	21(2)	-	
Part III Accountant's Opinion			
3 Complete lines 3a through 3c if the opinion of an independent qualified public attached.	accountant is attac	hed to this Form 5500. Comp	blete line 3d if an opinion is not
a The attached opinion of an independent qualified public accountant for this pla	an is (see instruction	าร):	
(1) Unqualified (2) Qualified (3) \times Disclaimer (4)	Adverse		
${\bm b}$ Did the accountant perform a limited scope audit pursuant to 29 CFR 2520.10	3-8 and/or 103-12(d)?	X Yes No
C Enter the name and EIN of the accountant (or accounting firm) below:			
(1) Name: BUETOW LEMASTUS & DICK PLLC	(2	2) EIN: 61-1315679	
d The opinion of an independent qualified public accountant is not attached bea (1) This form is filed for a CCT, PSA, or MTIA. (2) It will be attached		rm 5500 pursuant to 29 CFR	2520.104-50.

Page **4-** 1

Pa	t IV Compliance Questions				
4	CCTs and PSAs do not complete Part IV. MTIAs, 103-12 IEs, and GIAs do not complete 4a, 4e, 4103-12 IEs also do not complete 4j and 4l. MTIAs also do not complete 4l.	4f, 4g,	4h, 4k, 4	m, 4n, or 5.	
	During the plan year:		Yes	No	Amount
а	Was there a failure to transmit to the plan any participant contributions within the time period described in 29 CFR 2510.3-102? Continue to answer "Yes" for any prior year failures until fully corrected. (See instructions and DOL's Voluntary Fiduciary Correction Program.)	4a	X		508
b	Were any loans by the plan or fixed income obligations due the plan in default as of the close of the plan year or classified during the year as uncollectible? Disregard participant loans secured by participant's account balance. (Attach Schedule G (Form 5500) Part I if "Yes" is checked.)	4b		x	
С	Were any leases to which the plan was a party in default or classified during the year as uncollectible? (Attach Schedule G (Form 5500) Part II if "Yes" is checked.)	4c		X	
d	Were there any nonexempt transactions with any party-in-interest? (Do not include transactions reported on line 4a. Attach Schedule G (Form 5500) Part III if "Yes" is checked.)	4d		x	
е	Was this plan covered by a fidelity bond?	4e	Х		500000
f	Did the plan have a loss, whether or not reimbursed by the plan's fidelity bond, that was caused by fraud or dishonesty?	4f		X	
g	Did the plan hold any assets whose current value was neither readily determinable on an established market nor set by an independent third party appraiser?	4g		X	
h	Did the plan receive any noncash contributions whose value was neither readily determinable on an established market nor set by an independent third party appraiser?	4h		X	
i	Did the plan have assets held for investment? (Attach schedule(s) of assets if "Yes" is checked, and see instructions for format requirements.)	4i		X	
j	Were any plan transactions or series of transactions in excess of 5% of the current value of plan assets? (Attach schedule of transactions if "Yes" is checked, and see instructions for format requirements.)	4j		X	
k	Were all the plan assets either distributed to participants or beneficiaries, transferred to another plan, or brought under the control of the PBGC?	4k		x	
Т	Has the plan failed to provide any benefit when due under the plan?	41		×	
m	If this is an individual account plan, was there a blackout period? (See instructions and 29 CFR 2520.101-3.)	4m		X	
n	If 4m was answered "Yes," check the "Yes" box if you either provided the required notice or one of the exceptions to providing the notice applied under 29 CFR 2520.101-3.	4n		X	
5a	Has a resolution to terminate the plan been adopted during the plan year or any prior plan year? If yes, enter the amount of any plan assets that reverted to the employer this year	Yes	XNo	Amount:	
5b	If, during this plan year, any assets or liabilities were transferred from this plan to another plan(s) transferred. (See instructions.)	, identi	fy the pla	an(s) to which as	ssets or liabilities were
		1			

SCHEDULE R Retirement Plan Information								OMB No. 1210-0110									
	(Form 5500) Department of the Treasury Internal Revenue Service Department of Labor Employee Benefits Security Administration This schedule is required to be filed under section 104 and 4065 of the Employee Retirement Income Security Act of 1974 (ERISA) and section 6058(a) of the Internal Revenue Code (the Code). File as an attachment to Form 5500.										2009						
E											pen to	Publi	с				
- For		t Guaranty Corporation an year 2009 or fiscal pl		01/01/2009		and endi	na 1	2/31/20	200	moper							
	lame of plar		nan year beginning	01/01/2003		and endi	iig	e-digit	500								
	•	JNTRY DAY SCHOOL	403B DC PLAN					numbe	er ▶	00	1						
		's name as shown on lin JNTRY DAY SCHOOL,)		D	·	oyer Ide 073199		ion Num	ber (Ell	N)					
		stributions															
All		to distributions relate					г		1								
1		e of distributions paid in						1									
2	Enter the E	EIN(s) of payor(s) who p	paid benefits on beh	nalf of the plan to p	articipants or beneficia	aries durina t	L the vear	(if mor	e than t	wo. ente	r EINs (of the	two				
		p paid the greatest dolla						(,							
	EIN(s):	<u> </u>															
	Profit-sha	ring plans, ESOPs, an	nd stock bonus pla	ans, skip line 3.			F		1								
3		participants (living or d	,		•	0 1		3									
Pa	art II F	Funding Information RISA section 302, skip	i on (If the plan is n o this Part)	ot subject to the m	inimum funding requir	ements of se	ection of	412 of	the Inte	rnal Rev	venue C	ode c	r				
4	Is the plan	administrator making an	election under Code	e section 412(d)(2) o	r ERISA section 302(d)	(2)?			Yes	X	No		N/A				
	If the plan	is a defined benefit p	olan, go to line 8.														
5		of the minimum funding see instructions and en				e: Month _		Da	ıy		Year _						
	-	pleted line 5, complet			-			this sc	hedule								
6	a Enter t	he minimum required co	ontribution for this p	olan year				6a									
		he amount contributed I			•		······	6b									
		ct the amount in line 6b a minus sign to the left o						6c									
	lf you con	pleted line 6c, skip lir	nes 8 and 9.														
7	Will the mi	nimum funding amount	reported on line 6c	be met by the fund	ding deadline?				Yes		No		N/A				
8		e in actuarial cost metho approval for the change						_		_		_					
		ange?							Yes	×	No		N/A				
Pa	art III 🛛 🖌	Amendments															
9	year that ir	defined benefit pension acreased or decreased t	the value of benefit	s? If yes, check the	e appropriate		. г	Decre	250	Пво	th	Π,	No				
Ра	box(es). If rt IV	no, check the "No" box. ESOPs (see instru			under Section 409(a)	or 4975(e)(7		_									
10	More	skip this Part.	vition or proceeds for	om the opto of west		d to *o==			2	1	Yes		No				
<u>10</u> 11		the ESOP hold any pre	-				-	-		···· [Yes	<u>L</u>	No				
11	_	the ESOP hold any pre ESOP has an outstand								···· [г							
		instructions for definition	o 1							[Yes		No				
12		SOP hold any stock the	-							[Yes		No				
For	Paperwork	Reduction Act Notice	e and OMB Contro	o Numbers, see th	e instructions for Fo	orm 5500.			Scl	hedule F	۲ (Form)) 2009 2308.1				

Page **2-**1

Pa	rt V	1	Additional Information for Multiemployer Defined Benefit Pension Plans							
13			ollowing information for each employer that contributed more than 5% of total contributions to the plan during the plan year (measured in							
·	aoi a	Ilars). See instructions. Complete as many entries as needed to report all applicable employers. Name of contributing employer								
	b	EIN C Dollar amount contributed by employer								
	d		collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box							
	ŭ	and s	ee instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year							
	е	Contribution rate information (<i>If more than one rate applies, check this box</i> and see <i>instructions regarding required attachment. Otherwise,</i> <i>complete items 13e(1) and 13e(2).)</i> (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):								
		()								
	а		e of contributing employer							
	b	EIN	C Dollar amount contributed by employer							
	d		collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box							
	e	<i>comp</i> (1)	ibution rate information (<i>If more than one rate applies, check this box</i> and see instructions regarding required attachment. Otherwise, <i>lete items 13e(1) and 13e(2).)</i> Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):							
	а	Name	e of contributing employer							
	b	EIN	C Dollar amount contributed by employer							
	d		collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box							
	e	Contribution rate information (<i>If more than one rate applies, check this box</i> and see <i>instructions regarding required attachment.</i> Otherwise, <i>complete items</i> 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure: Hourly Weekly Unit of production Other (specify):								
	а	Name	e of contributing employer							
	b	EIN	C Dollar amount contributed by employer							
	d		collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box							
	e	Contri comp (1)	ibution rate information (<i>If more than one rate applies, check this box</i> and see instructions regarding required attachment. Otherwise, <i>Idete items 13e(1) and 13e(2).</i> Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):							
	а	Name	e of contributing employer							
	b	EIN	C Dollar amount contributed by employer							
	d		collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box							
	e	and see instructions regarding required attachment. Otherwise, enter the applicable date.) Month Day Year Contribution rate information (If more than one rate applies, check this box] and see instructions regarding required attachment. Otherwise, complete items 13e(1) and 13e(2).) (1) Contribution rate (in dollars and cents) (2) Base unit measure:] Hourly Weekly Unit of production								
	а	Name	e of contributing employer							
	b	EIN	C Dollar amount contributed by employer							
	d	Date	collective bargaining agreement expires (If employer contributes under more than one collective bargaining agreement, check box							
	e	Contri comp (1)	ibution rate information (<i>If more than one rate applies, check this box</i> and see instructions regarding required attachment. Otherwise, <i>Idete items 13e(1) and 13e(2).</i>) Contribution rate (in dollars and cents) Base unit measure: Hourly Weekly Unit of production Other (specify):							

14	Enter the number of participants on whose behalf no contributions wer	re made by an employer as an employer of the
----	---	--

	participant for:						
	a The current year	. 14a					
	b The plan year immediately preceding the current plan year	. 14b					
	C The second preceding plan year	14c					
15	Enter the ratio of the number of participants under the plan on whose behalf no employer had an obligation to me employer contribution during the current plan year to:	ake an					
	a The corresponding number for the plan year immediately preceding the current plan year	. 15a					
	b The corresponding number for the second preceding plan year	15b					
16	Information with respect to any employers who withdrew from the plan during the preceding plan year:						
	a Enter the number of employers who withdrew during the preceding plan year	16a					
	b If item 16a is greater than 0, enter the aggregate amount of withdrawal liability assessed or estimated to be assessed against such withdrawn employers	16b					
17	If assets and liabilities from another plan have been transferred to or merged with this plan during the plan year, o supplemental information to be included as an attachment.						
Ρ	art VI Additional Information for Single-Employer and Multiemployer Defined Bener	iit Pens	ion Plans				
18	If any liabilities to participants or their beneficiaries under the plan as of the end of the plan year consist (in whole and beneficiaries under two or more pension plans as of immediately before such plan year, check box and see i information to be included as an attachment	nstruction	s regarding supplemental				
19	If the total number of participants is 1,000 or more, complete items (a) through (c)						
	 a Enter the percentage of plan assets held as: Stock:% Investment-Grade Debt:% High-Yield Debt:% Real Estate:% Other:% b Provide the average duration of the combined investment-grade and high-yield debt: 0-3 years 3-6 years 6-9 years 9-12 years 12-15 years 15-18 years 18-21 years 21 years or more 						
	C What duration measure was used to calculate item 19(b)?						

KENTUCKY COUNTRY DAY SCHOOL

403(b) DC PLAN

Financial Statements and Supplemental Schedules

December 31, 2009

Index

	Page
Independent Auditors' Report	1
Financial Statements	
Statements of Net Assets Available for Plan Benefits	2
Statement of Changes in Net Assets Available for Plan Benefits	3
Notes to Financial Statements	4
Supplemental Schedules	
Schedule H, Line 4a – Schedule of Delinquent Participant Contributions	11
Schedule H, Line 4i – Schedule of Assets (Held at End of Year)	12

Buetow, LeMastus & Dick

Independent Auditors' Report

The Plan Administrator 403(b) DC Plan Kentucky Country Day School, Inc. Louisville, KY

We were engaged to audit the financial statements of Kentucky Country Day School 403(b) DC Plan as of December 31, 2009, and for the year then ended, and the supplemental schedules as of and for the year ended December 31, 2009 as listed in the accompanying index. These financial statements and supplemental schedules are the responsibility of the Plan's management.

As permitted by 29 CFR 2520.103-8 of the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974, the plan administrator instructed us not to perform, and we did not perform, any auditing procedures with respect to the information summarized in Note 3, which was certified by Teachers Insurance and Annuity Association – College Retirement Equities Fund (TIAA-CREF), acting as an agent for JPMorgan Chase Bank, the custodian of the Plan, except for comparing the information with the related information included in the financial statements and supplemental schedules. We have been informed by the plan administrator that the custodian holds the Plan's investment assets and executes investment transactions. The plan administrator has obtained a certification from TIAA-CREF, acting as an agent for the custodian as of and for the year ended December 31, 2009, that the information provided to the plan administrator by the custodian is complete and accurate.

Because of the significance of the information that we did not audit, we are unable to, and do not, express an opinion on the accompanying financial statements and supplemental schedules taken as a whole. The form and content of the information included in the financial statements and supplemental schedules, other than that derived from the information certified by the custodian, have been audited by us in accordance with auditing standards generally accepted in the United States of America and, in our opinion, are presented in compliance with the Department of Labor's Rules and Regulations for Reporting and Disclosure under the Employee Retirement Income Security Act of 1974.

We have compiled the accompanying statement of net assets available for benefits of Kentucky Country Day School 403(b) Plan as of December 31, 2008, in accordance with the Statements of Standards for Accounting and Review Services issued by the American Institute of Certified Public Accountants.

A compilation is limited to presenting in the form of financial statements information that is the representation of the plan administrator. We have not audited or reviewed the accompanying statement of net assets available for benefits and, accordingly, do not express an opinion or any other form of assurance on it.

Bueton, Lo master & Wich PLLC

Louisville, Kentucky September 29, 2010

Statements of Net Assets Available for Plan Benefits

December 31, 2009 and 2008

	<u>2009</u>	(unaudited) <u>2008</u>
Assets		
Investments at fair value		
Money market	\$ 234,655	\$ 268,050
Annuity	7,764,461	7,234,934
Pooled separate accounts	9,006,645	6,570,125
Total investments	17,005,761	14,073,109
Receivables		
Participant contributions	3	-
Employer contributions	3	
Total receivables	6	
Net assets available for plan benefits	\$ 17,005,767	\$ 14,073,109

Statement of Changes in Net Assets Available for Plan Benefits For the Year Ended December 31, 2009

Additions to net assets attributed to Investment income Net appreciation in fair value of investments \$ 1,873,149 Interest 305,740 Total investment income 2,178,889 Contributions Participant 716,009 Employer 466,017 Total contributions 1,182,026 Total additions 3,360,915 Deductions from net assets attributed to Benefits paid to participants 428,257 2,932,658 Net increase Net assets available for plan benefits Beginning of year 14,073,109

\$ 17,005,767

See accompanying notes to financial statements.

End of year

Notes to Financial Statements

December 31, 2009

(1) <u>Description of Plan</u>

The following description of the Kentucky Country Day School ("Employer" or "Plan Administrator") 403(b) DC Plan ("Plan") provides only general information. Participants should refer to the Plan Agreement for a more complete description of the Plan's provisions.

- (a) <u>General</u> The Plan is a 403(b) plan for code section 501(c)(3) tax-exempt organizations sponsored by the Employer. The Plan is subject to the provisions of the Employee Retirement Income Security Act of 1974 (ERISA).
- (b) <u>Eligibility</u> An employee is eligible to join the Plan upon employment. The Plan allows entry to the plan at any time.
- (c) <u>Contributions and Funding</u> Each year, participants may contribute up to 100 percent of pretax annual compensation, subject to Internal Revenue Code limitations. Participants who have attained age 50 before the end of the year are eligible to make catch-up contributions. Participants who have 15 years of service before year end are eligible to make Section 403(b) catch-up contributions. Participants may make indirect rollover and/or direct rollover contributions to the Plan. Participants direct the investment of their contributions into various investment options offered by the Plan. The Employer, in its discretion, will determine its matching contributions as a uniform percentage of each participant's total contributions. For the year ended 2009, the Employer matched an amount equal to the participants contribution based on the following scale:

<u>Years of Service</u>	Matching Percentage
Less than or equal to 3	2.5%
Greater than 3, but less than 8	5%
Greater than 8, but less than 12	6%
12 or more	7.5%

- (d) <u>Participant Accounts</u> Each participant's account is credited with the participant's contribution and allocation of (a) the Employer's contribution and (b) Plan earnings. Allocations are based on participant earnings or account balances, as defined. The benefit to which a participant is entitled is the benefit that can be provided from the participant's vested account.
- (e) <u>Vesting</u> Participants are immediately vested in their voluntary contributions plus actual earnings thereon, matching contributions plus actual earnings thereon and rollover contributions.

Notes to Financial Statements

December 31, 2009

(1) <u>Description of Plan (Continued)</u>

- (f) <u>Investment Options</u> The Plan permits participants to direct their investments under the Plan. A PIN number is provided upon enrollment to allow participants to access account balances and direct their investments at any time. Pooled separate accounts and the annuity account are the primary investment options of the Plan. The Plan permits participants to change the rate of contribution once a pay period.
- (g) <u>Payment of Benefits</u> After termination of employment, if a vested account balance does not exceed \$1,000, the distribution will be made in a lump sum. If the vested account balance exceeds \$1,000, the employee must elect to receive benefits.

Prior to participants' retirement, death, disability, separation from service or attainment of age 59-1/2, participants may withdraw amounts from their salary deferral accounts, provided that such withdrawal is due to a hardship (necessary in light of immediate and heavy financial needs).

- (2) <u>Summary of Significant Accounting Policies</u>
 - (a) <u>Basis of Accounting</u> The financial statements of the Plan are prepared using the accrual method of accounting.
 - (b) <u>Valuation of Investments and Income Recognition</u> Cash and cash equivalents are recorded at cost, which approximates fair value. Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. See Note 4 for discussion of fair value measurements. Purchases and sales of securities are recorded on a trade-date basis. Dividends are recorded on the ex-dividend date. The net appreciation (depreciation) in the fair value of investments consists of the realized gains or losses on the sale of investments and the unrealized appreciation (depreciation) of investments.
 - (c) <u>Benefit Payments</u> Benefits are recorded when paid.
 - (d) <u>Use of Estimates</u> The preparation of financial statements in conformity with generally accepted accounting principles requires management to make estimates and assumptions that affect reported amounts of assets and liabilities and changes therein, and disclosure of contingent assets and liabilities. Actual results may differ from those estimates.

Notes to Financial Statements

December 31, 2009

(2) <u>Summary of Significant Accounting Policies (Continued)</u>

(e) <u>Plan Expenses</u> – TIAA-CREF, the recordkeeper as defined by the Plan, deducts an expense charge for investment and recordkeeping fees from investment income in the calculation of a participant's account balance. This expense charge ranged from 0.415% to 1.01% from January 1, 2009 through December 31, 2009 on an annual basis of the daily net asset value of each participant's account balance. All other expenses incurred in administering the Plan, and other expenses with respect to the Plan, are currently paid by the Plan Administrator (in addition to its contributions under the Plan).

(f) Accounting Standards Codification

In June 2009, the Financial Accounting Standards Board ("FASB") issued Statement of Financial Accounting Standards ("SFAS") No. 168, "*The FASB Accounting Standards Codification (ASC) and the Hierarchy of Generally Accepted Accounting Principles (GAAP)*". The Codification reorganized existing U.S. accounting and reporting standards issued by the FASB and other related private sector standard setters into a single source of authoritative accounting principles arranged by topic. The Codification supersedes all existing U.S. accounting standards; all other accounting literature not included in the Codification (other than Securities and Exchange Commission guidance for publicly-traded companies) is considered non-authoritative. The Codification was effective on a prospective basis for interim and annual reporting periods ending after September 15, 2009. The adoption of the Codification changed the Plan's references to U.S. GAAP accounting standards but did not impact the Plan's financial statements.

(g) <u>Date of Management's Review</u>

Management has evaluated subsequent events through September 29, 2010, the date which the financial statements were available to be issued, and determined there are no items to disclose.

(3) <u>Investments</u>

The following summarizes the information included in the Plan's financial statements and supplemental schedules as of and for the year ended December 31, 2009 that were prepared by TIAA-CREF acting as an agent for JPMorgan Chase, the custodian of the Plan, and furnished to the Plan Administrator. The Plan Administrator has obtained certification that such information is complete and accurate.

Notes to Financial Statements

December 31, 2009

(3) <u>Investments (Continued)</u>

Fair Value of Investments Held by Custodian at December 31, 2009:

Money Market -	
CREF Money Market	\$ 234,655
·	
Annuity Account -	
TIAA Traditional	\$ <u>7,764,461</u> (A)
Investments in Pooled Separate Accounts:	
CREF Inflation-Linked Bond	\$ 190,855
TIAA Real Estate	279,522
CREF Bond Market	299,763
CREF Equity Index	587,992
CREF Social Choice	773,762
CREF Global Equities	888,124 (A)
CREF Growth	911,853 (A)
CREF Stock	<u>5,074,774</u> (A)
	\$ <u>9,006,645</u>

(A) Represents 5% or more of the plan assets available at year-end.

During 2009, the Plan's investments in pooled separate accounts (including gains and losses on investments bought and sold, as well as held during the year) appreciated in value by \$1,873,149.

Notes to Financial Statements

December 31, 2009

(4) Fair Value Measurements

The Plan adopted ASC 820 "*Fair Value Measurements and Disclosures*" (ASC 820), as of January 1, 2008. ASC 820 established a three-tier fair value hierarchy, which prioritizes the inputs used in measuring fair value as follows:

Level 1 – Quoted prices for identical instruments in active markets.

Level 2 – Quoted prices for similar instruments in active markets; quoted prices for identical or similar instruments in markets that are not active; inputs other than quoted market prices that are observable for the investments; and inputs that are derived principally from or corroborated by observable market data by correlation or other means.

Level 3 – Valuations derived from valuation techniques in which one or more significant inputs or significant value drivers are unobservable.

The fair value hierarchy gives the highest priority to quoted prices in active markets for identical investments (level 1) and the lowest priority to unobservable inputs (level 3). As required by ASC 820, assets are classified in their entirety based on the lowest level of input that is significant to the fair value measurement.

The following table sets forth by level within the fair value hierarchy the Plan's investments that were accounted for at fair value on a recurring basis as of December 31, 2009.

		Level 1		Level 2	Level 3		<u>Total</u>
Money market	\$	234,655	\$	—	\$ -	\$	234,655
Annuity account		_		_	7,764,461		7,764,461
Pooled separate accounts:							
Real estate		_		279,522	_		279,522
Stock		_		5,074,774	_		5,074,774
Social choice		_		773,762	_		773,762
Bond market		_		299,763	_		299,763
Global equities		_		888,124	_		888,124
Growth		_		911,853	_		911,853
Equity index		_		587,992	_		587,992
Inflation-linked bond	_			190,855		_	190,855
Total	\$ _	234,655	\$ _	9,006,645	\$ <u>7,764,461</u>	\$	17,005,761

Notes to Financial Statements

December 31, 2009

(4) Fair Value Measurements (Continued)

The table below sets forth a summary of changes in the fair value of the Plan's level 3 investments for the year ended December 31, 2009:

		Annuity
		Account
Beginning balance	\$	7,234,934
Realized gains		80,780
Unrealized gains		224,712
Purchases, issuances, settlements		224,035
Ending balance	\$ _	7,764,461

The following is a description of the valuation methodologies used for the investments measured at fair value.

Money market:

The money market fund is valued at quoted market prices in exchange and active markets and is classified as level 1 investment.

Annuity account:

A fixed annuity contract that is fully and unconditionally guaranteed by TIAA. The annuity is not available for sale or transfer on any securities exchange and therefore classified as level 3.

Pooled separate accounts:

The accounts invest principally in equity securities, fixed-income instruments, short-term investments and real-estate related investments. Account investments are primarily valued using market quotations or prices obtained from independent pricing sources, and are therefore level 2 investments.

(5) <u>Tax Status</u>

403(b) plans currently are not required to submit plans to the Internal Revenue Service for determination. However, the plan administrator believes that the Plan was designed and is being operated in compliance with the applicable requirements of the Internal Revenue Code.

(6) <u>Plan Termination</u>

Although it has not expressed any intent to do so, the Plan Administrator has the right under the Plan to discontinue its contributions at any time and to terminate the Plan subject to the provisions of ERISA.

Notes to Financial Statements

December 31, 2009

(7) <u>Related Party Transactions</u>

Certain Plan investments are shares of funds managed by TIAA-CREF, the recordkeeper as defined by the Plan and, therefore, these transactions qualify as party-in-interest transactions. Fees paid by the Plan for investment and recordkeeping fees amounted to \$90,310 for the year ended December 31, 2009.

(8) <u>Risks and Uncertainties</u>

The Plan invests in various investment securities. Investment securities are exposed to various risks such as interest rate, market, and credit risks. Due to the level of risk associated with certain investment securities, it is at least reasonably possible that changes in the values of investment securities will occur in the near term and that such changes could materially affect participants' account balances and the amounts reported in the statement of net assets available for plan benefits.

(9) <u>Non-Exempt Transactions</u>

The Employer withheld but unintentionally failed to remit certain contributions during the 2009 plan year on a timely basis. As a result, in February and March 2009, the Employer paid the Plan \$1,016 to credit participant accounts for lost participant contributions (\$508) and lost employer contributions (\$508). In September 2010, the Employer paid the Plan \$6 for related participant earnings.

Supplemental Schedule H – Financial Information

(Form 5500 – Item 4)

EIN: 61-0731998, Plan: 001

Schedule H, Line 4a – Schedule of Delinquent Participant Contributions For the Year Ended December 31, 2009

Participant Contributions Transferred <u>Late to Plan</u>		l that Constitute None Prohibited Transactic	•	Total Fully Corrected Under VFCP and PTE 2002-51
\$508				\$0
		Contributions	Contributions	
	Contributions	Corrected	Pending Correction	
	Not Corrected	Outside VCPF	In VFCP	
	\$0	\$508	\$0	

The Employer withheld but unintentionally failed to remit certain contributions during the 2009 plan year on a timely basis. As a result, in February and March 2009, the Employer paid the Plan \$1,016 to credit participant accounts for lost participant contributions (\$508) and lost employer contributions (\$508). In September 2010, the Employer paid the Plan \$6 for related participant earnings.

See accompanying independent auditors' report.

KENTUCKY COUNTRY DAY SCHOOL 403(b) DC PLAN EIN: 61-0731998, Plan: 001 Schedule H, Line 4i - Schedule of Assets (Held at End of Year)

December 31, 2009

(unaudited)

(a)	(b)	(c)		(e)
	Identity of issue,			
	borrower, lessor	Description of investment (including maturity date,	Number of	
	<u>or similar party</u>	rate of interest, collateral, par or maturity value)**	Shares/Units	Current Value
*	CREF	Money Market	9,190	\$ 234,655
		Total money market		234,655
*	TIAA	TIAA Traditional	7,764,461	7,764,461
		Total annuity account		7,764,461
*	CREF	CREF Inflation-Linked Bond	3,438	190,855
*	TIAA	TIAA Real Estate	1,444	279,522
*	CREF	CREF Bond Market	3,283	299,763
*	CREF	CREF Equity Index	7,380	587,992
*	CREF	CREF Social Choice	6,276	773,762
*	CREF	CREF Global Equities	10,405	888,124
*	CREF	CREF Growth	14,660	911,853
*	CREF	CREF Stock	24,368	5,074,774
		Total pooled separate accounts		9,006,645
	Total Investments			\$ 17,005,761

* Denotes party-in-interest transaction.

** The money market account has a variable interest rate. As of December 31, 2009 the rate was 0.01%. For the remaining securities maturity date, rate of interest, collacteral and par or maturity value are not applicable.

See accompanying independent auditors' report.