See a Social Security Number? Say Something!
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Form **990**

Department of the Treasury
Internal Revenue Service

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter Social Security numbers on this form as it may be made public.

▶ Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

A For the 2013 calendar year, or tax year beginning and ending

B Check if applicable: ☐ Address change ☐ Name change ☐ Initial return ☐ Terminated ☐ Amended return ☐ Application pending

C Name of organization
FOUNDATION FOR A HEALTHY KENTUCKY, INC.

Doing Business As

Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1640 LYNDON FARM CT #100

City or town, state or province, country, and ZIP or foreign postal code
LOUISVILLE, KY 40223

F Name and address of principal officer. SUSAN ZEPEDA
SAME AS C ABOVE

D Employer identification number
31-1784753

E Telephone number
502-326-2583

G Gross receipts $ 44,143,824.

H(a) Is this a group return for subordinates? ☐ Yes ☒ No

H(b) Are all subordinates included? ☐ Yes ☐ No
If "No," attach a list. (see instructions)

H(c) Group exemption number ▶

I Tax-exempt status: ☒ 501(c)(3) ☐ 501(c)( )◀ (insert no.) ☐ 4947(a)(1) or ☐ 527

J Website: ▶ WWW.HEALTHY-KY.ORG

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 2001 M State of legal domicile: KY

Part I Summary

1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION FOR A HEALTHY KENTUCKY IS A NON-PROFIT, PHILANTHROPIC ORGANIZATION WORKING TO

2 Check this box ▶ ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets

3	Number of voting members of the governing body (Part VI, line 1a)	3	15
4	Number of independent voting members of the governing body (Part VI, line 1b)	4	15
5	Total number of individuals employed in calendar year 2013 (Part V, line 2a)	5	11
6	Total number of volunteers (estimate if necessary)	6	46
7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b	Net unrelated business taxable income from Form 990-T, line 34	7b	0.

		Prior Year	Current Year
8	Contributions and grants (Part VIII, line 1h)	802,835.	599,995.
9	Program service revenue (Part VIII, line 2g)	0.	0.
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,174,481.	8,131,901.
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<26,167.>	28,032.
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	2,951,149.	8,759,928.
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	1,903,660.	2,355,838.
14	Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	782,415.	868,950.
16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	945,050.	740,557.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,631,125.	3,965,345.
19	Revenue less expenses. Subtract line 18 from line 12	<679,976.>	4,794,583.

		Beginning of Current Year	End of Year
20	Total assets (Part X, line 16)	52,824,888.	56,888,571.
21	Total liabilities (Part X, line 26)	476,033.	493,085.
22	Net assets or fund balances. Subtract line 21 from line 20	52,348,855.	56,395,486.

SCANNED JUL 23 2014

RECEIVED JUL 14 2014 OGDEN, UT

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here

▶ X Signature of officer — X Date

▶ SUSAN ZEPEDA
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name: JEFFREY K MCCAFFREY	Preparer's signature	Date: 7/9/14	Check ☐ if self-employed; PTIN: P00938853
Firm's name ▶ DEMING MALONE LIVESAY & OSTROFF PSC			Firm's EIN ▶ 61-1064249
Firm's address ▶ 9300 SHELBYVILLE RD STE 1100 LOUISVILLE, KY 40222-5187			Phone no. (502)426-9660

May the IRS discuss this return with the preparer shown above? (see instructions) ☒ Yes ☐ No

SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION

18 911

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission.

THE FOUNDATION FOR A HEALTHY KENTUCKY IS A NON-PROFIT, PHILANTHROPIC ORGANIZATION WORKING TO ADDRESS THE UNMET HEALTH CARE NEEDS OF KENTUCKIANS. THE FOUNDATION'S APPROACH CENTERS ON DEVELOPING AND INFLUENCING HEALTH POLICY, TO PROMOTE LASTING CHANGE IN THE SYSTEMS BY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [ ] Yes [X] No

If "Yes," describe these new services on Schedule O

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [ ] Yes [X] No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported

4a (Code _____) (Expenses $ 3,542,774. including grants of $ 2,355,838.) (Revenue $ _____)

THE FOUNDATION MADE GRANTS AND CONDUCTED PROGRAM ACTIVITIES IN 2013 UNDER THE FOLLOWING INITIATIVES AND PROGRAMS:

A. PROMOTING RESPONSIVE HEALTH POLICY. TO HELP MAKE PUBLIC POLICY MORE RESPONSIVE TO THE HEALTH AND HEALTH CARE NEEDS OF KENTUCKIANS, THE FOUNDATION HAS ENTERED INTO A MEMORANDUM OF UNDERSTANDING WITH THE KENTUCKY DEPARTMENT FOR PUBLIC HEALTH AND EPIDEMIOLOGISTS AT THE UNIVERSITY OF KENTUCKY, TO PROVIDE COUNTY-LEVEL HEALTH DATA ON THE WWW.KENTUCKHEALTHFACTS.ORG WEBSITE; JOINS WITH THE HEALTH FOUNDATION OF GREATER CINCINNATI TO FUND AND DISSEMINATE FINDINGS OF THE ANNUAL KENTUCKY HEALTH ISSUES POLL; AND EVERY THREE YEARS FUNDS THE PARENT SURVEY AND THE KENTUCKY HEALTH MARKET REPORT. THE FOUNDATION ALSO

4b (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4c (Code _____) (Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4d Other program services (Describe in Schedule O)

(Expenses $ _____ including grants of $ _____) (Revenue $ _____)

4e Total program service expenses ▶ 3,542,774.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? *If "Yes," complete Schedule A*	1	X	
2	Is the organization required to complete *Schedule B, Schedule of Contributors*?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? *If "Yes," complete Schedule C, Part I*	3		X
4	**Section 501(c)(3) organizations.** Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? *If "Yes," complete Schedule C, Part II*	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? *If "Yes," complete Schedule C, Part III*	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? *If "Yes," complete Schedule D, Part I*	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? *If "Yes," complete Schedule D, Part II*	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? *If "Yes," complete Schedule D, Part III*	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services? *If "Yes," complete Schedule D, Part IV*	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? *If "Yes," complete Schedule D, Part V*	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? *If "Yes," complete Schedule D, Part VI*	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VII*	11b	X	
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part VIII*	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? *If "Yes," complete Schedule D, Part IX*	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? *If "Yes," complete Schedule D, Part X*	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? *If "Yes," complete Schedule D, Part X*	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? *If "Yes," complete Schedule D, Parts XI and XII*	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? *If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional*	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? *If "Yes," complete Schedule E*	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than $10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at $100,000 or more? *If "Yes," complete Schedule F, Parts I and IV*	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than $5,000 of grants or other assistance to or for any foreign organization? *If "Yes," complete Schedule F, Parts II and IV*	15		X
16	Did the organization report on Part IX, column (A), line 3, more than $5,000 of aggregate grants or other assistance to or for foreign individuals? *If "Yes," complete Schedule F, Parts III and IV*	16		X
17	Did the organization report a total of more than $15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? *If "Yes," complete Schedule G, Part I*	17		X
18	Did the organization report more than $15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? *If "Yes," complete Schedule G, Part II*	18		X
19	Did the organization report more than $15,000 of gross income from gaming activities on Part VIII, line 9a? *If "Yes," complete Schedule G, Part III*	19		X
20a	Did the organization operate one or more hospital facilities? *If "Yes," complete Schedule H*	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Part IV Checklist of Required Schedules *(continued)*

			Yes	No
21	Did the organization report more than $5,000 of grants or other assistance to any domestic organization or government on Part IX, column (A), line 1? *If "Yes," complete Schedule I, Parts I and II*	21	X	
22	Did the organization report more than $5,000 of grants or other assistance to individuals in the United States on Part IX, column (A), line 2? *If "Yes," complete Schedule I, Parts I and III*	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? *If "Yes," complete Schedule J*	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than $100,000 as of the last day of the year, that was issued after December 31, 2002? *If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a*	24a		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	**Section 501(c)(3) and 501(c)(4) organizations.** Did the organization engage in an excess benefit transaction with a disqualified person during the year? *If "Yes," complete Schedule L, Part I*	25a		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? *If "Yes," complete Schedule L, Part I*	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If so, complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? *If "Yes," complete Schedule L, Part III*	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)			
a	A current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28a		X
b	A family member of a current or former officer, director, trustee, or key employee? *If "Yes," complete Schedule L, Part IV*	28b		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? *If "Yes," complete Schedule L, Part IV*	28c		X
29	Did the organization receive more than $25,000 in non-cash contributions? *If "Yes," complete Schedule M*	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? *If "Yes," complete Schedule M*	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? *If "Yes," complete Schedule N, Part I*	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? *If "Yes," complete Schedule N, Part II*	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? *If "Yes," complete Schedule R, Part I*	33		X
34	Was the organization related to any tax-exempt or taxable entity? *If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1*	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? *If "Yes," complete Schedule R, Part V, line 2*	35b		
36	**Section 501(c)(3) organizations.** Did the organization make any transfers to an exempt non-charitable related organization? *If "Yes," complete Schedule R, Part V, line 2*	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? *If "Yes," complete Schedule R, Part VI*	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? **Note.** All Form 990 filers are required to complete Schedule O	38	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or note to any line in this Part V ☐

				Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable	1a	13		
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0		
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?		1c	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return	2a	11		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?		2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to *e-file* (see instructions)				
3a	Did the organization have unrelated business gross income of $1,000 or more during the year?		3a		X
b	If "Yes," has it filed a Form 990-T for this year? *If "No," to line 3b, provide an explanation in Schedule O*		3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		4a		X
b	If "Yes," enter the name of the foreign country: ▶ _____ See instructions for filing requirements for Form TD F 90-22 1, Report of Foreign Bank and Financial Accounts.				
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		5b		X
c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a	Does the organization have annual gross receipts that are normally greater than $100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		6b		
7	**Organizations that may receive deductible contributions under section 170(c).**				
a	Did the organization receive a payment in excess of $75 made partly as a contribution and partly for goods and services provided to the payor?		7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		7h		
8	**Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations** Did the supporting organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at any time during the year?		8		
9	**Sponsoring organizations maintaining donor advised funds.**				
a	Did the organization make any taxable distributions under section 4966?		9a		
b	Did the organization make a distribution to a donor, donor advisor, or related person?		9b		
10	**Section 501(c)(7) organizations.** Enter				
a	Initiation fees and capital contributions included on Part VIII, line 12	10a			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b			
11	**Section 501(c)(12) organizations.** Enter.				
a	Gross income from members or shareholders	11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b			
12a	**Section 4947(a)(1) non-exempt charitable trusts.** Is the organization filing Form 990 in lieu of Form 1041?		12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b			
13	**Section 501(c)(29) qualified nonprofit health insurance issuers.**				
a	Is the organization licensed to issue qualified health plans in more than one state?		13a		
	Note. See the instructions for additional information the organization must report on Schedule O				
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b			
c	Enter the amount of reserves on hand	13c			
14a	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
b	If "Yes," has it filed a Form 720 to report these payments? *If "No," provide an explanation in Schedule O*		14b		

Part VI Governance, Management, and Disclosure *For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O See instructions*

Check if Schedule O contains a response or note to any line in this Part VI [X]

Section A. Governing Body and Management

				Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.	1a	15		
b	Enter the number of voting members included in line 1a, above, who are independent	1b	15		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2			X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?	3			X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4			X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5			X
6	Did the organization have members or stockholders?	6			X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a			X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b			X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:				
a	The governing body?	8a		X	
b	Each committee with authority to act on behalf of the governing body?	8b		X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? *If "Yes," provide the names and addresses in Schedule O*	9			X

Section B. Policies *(This Section B requests information about policies not required by the Internal Revenue Code)*

			Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990			
12a	Did the organization have a written conflict of interest policy? *If "No," go to line 13*	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? *If "Yes," describe in Schedule O how this was done*	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	X	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
a	The organization's CEO, Executive Director, or top management official	15a	X	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b		

Section C. Disclosure

17 List the states with which a copy of this Form 990 is required to be filed ▶KY

18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection Indicate how you made these available Check all that apply.

[X] Own website [ ] Another's website [X] Upon request [ ] Other *(explain in Schedule O)*

19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization. ▶

FOUNDATION FOR A HEALTHY KENTUCKY, - 502-326-2583
1640 LYNDON CT#100, LOUISVILLE, KY 40223

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response or note to any line in this Part VII ☐

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than $100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than $100,000 of reportable compensation from the organization and any related organizations
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than $10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors, institutional trustees; officers, key employees, highest compensated employees, and former such persons

☐ Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROSALIE ALBRIGHT BOARD MEMBER	1.00	X						0.	0.	0.
(2) CHARLOTTE BEASON CHAIR	1.00	X		X				0.	0.	0.
(3) PROMOD BISHNOI TREASURER	1.00	X		X				0.	0.	0.
(4) DAVID BOLT VICE-CHAIR	1.00	X		X				0.	0.	0.
(5) DONALD CALITRI BOARD MEMBER	1.00	X						0.	0.	0.
(6) JAMES DINGUS BOARD MEMBER	1.00	X						0.	0.	0.
(7) BEVERLY HART BOARD MEMBER	1.00	X						0.	0.	0.
(8) ROBERT LONG BOARD MEMBER	1.00	X						0.	0.	0.
(9) PAULA MAIONCHI BOARD MEMBER	1.00	X						0.	0.	0.
(10) DONNA PENROSE BOARD MEMBER	1.00	X						0.	0.	0.
(11) CHARLES ROSS BOARD MEMBER	1.00	X						0.	0.	0.
(12) REGINA STOUT BOARD MEMBER	1.00	X						0.	0.	0.
(13) CHRISTOPHER ROSZMAN BOARD MEMBER	1.00	X						0.	0.	0.
(14) PHILLIP W. BALE SECRETARY	1.00	X		X				0.	0.	0.
(15) LEE GATLIFF DURHAM BOARD MEMBER	1.00	X						0.	0.	0.
(16) SUSAN ZEPEDA PRESIDENT / CEO	40.00				X			173,885.	0.	40,446.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees *(continued)*

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total								173,885.	0.	40,446.
c Total from continuation sheets to Part VII, Section A								0.	0.	0.
d Total (add lines 1b and 1c)								173,885.	0.	40,446.

2 Total number of individuals (including but not limited to those listed above) who received more than $100,000 of reportable compensation from the organization ▶ 1

		Yes	No
3	Did the organization list any **former** officer, director, or trustee, key employee, or highest compensated employee on line 1a? *If "Yes," complete Schedule J for such individual*		X
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than $150,000? *If "Yes," complete Schedule J for such individual*	X	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? *If "Yes," complete Schedule J for such person*		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than $100,000 of compensation from the organization Report compensation for the calendar year ending with or within the organization's tax year

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than $100,000 of compensation from the organization ▶ 0

Part VIII Statement of Revenue

Check if Schedule O contains a response or note to any line in this Part VIII ☐

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a				
	b	Membership dues	1b				
	c	Fundraising events	1c				
	d	Related organizations	1d				
	e	Government grants (contributions)	1e	599,995.			
	f	All other contributions, gifts, grants, and similar amounts not included above	1f				
	g	Noncash contributions included in lines 1a-1f $					
	h	**Total.** Add lines 1a-1f	▶	599,995.			
Program Service Revenue			**Business Code**				
	2a						
	b						
	c						
	d						
	e						
	f	All other program service revenue					
	g	**Total.** Add lines 2a-2f	▶				
Other Revenue	3	Investment income (including dividends, interest, and other similar amounts)	▶	1,440,757.			1,440,757.
	4	Income from investment of tax-exempt bond proceeds	▶				
	5	Royalties	▶				
			(i) Real / (ii) Personal				
	6a	Gross rents	136,963.				
	b	Less: rental expenses	108,931.				
	c	Rental income or (loss)	28,032.				
	d	Net rental income or (loss)	▶	28,032.	28,032.		
			(i) Securities / (ii) Other				
	7a	Gross amount from sales of assets other than inventory	41,966,109.				
	b	Less cost or other basis and sales expenses	35,274,965.				
	c	Gain or (loss)	6,691,144.				
	d	Net gain or (loss)	▶	6,691,144.			6,691,144.
	8a	Gross income from fundraising events (not including $ _____ of contributions reported on line 1c) See Part IV, line 18	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from fundraising events	▶				
	9a	Gross income from gaming activities See Part IV, line 19	a				
	b	Less direct expenses	b				
	c	Net income or (loss) from gaming activities	▶				
	10a	Gross sales of inventory, less returns and allowances	a				
	b	Less. cost of goods sold	b				
	c	Net income or (loss) from sales of inventory	▶				
		Miscellaneous Revenue	**Business Code**				
	11a						
	b						
	c						
	d	All other revenue					
	e	**Total.** Add lines 11a-11d	▶				
	12	**Total revenue.** See instructions.	▶	8,759,928.	28,032.	0.	8,131,901.

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response or note to any line in this Part IX ☐

	Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	2,355,838.	2,355,838.		
2	Grants and other assistance to individuals in the United States See Part IV, line 22				
3	Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors, trustees, and key employees	214,331.	171,465.	42,866.	
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	503,594.	407,805.	95,789.	
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9	Other employee benefits	100,388.	74,503.	25,885.	
10	Payroll taxes	50,637.	40,359.	10,278.	
11	Fees for services (non-employees):				
a	Management				
b	Legal	5,551.	344.	5,207.	
c	Accounting	34,350.		34,350.	
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	107,393.		107,393.	
g	Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	97,417.	91,812.	5,605.	
12	Advertising and promotion	25,933.	22,150.	3,783.	
13	Office expenses	56,293.	32,893.	23,400.	
14	Information technology	30,478.	16,183.	14,295.	
15	Royalties				
16	Occupancy	20,955.	16,965.	3,990.	
17	Travel	86,284.	69,799.	16,485.	
18	Payments of travel or entertainment expenses for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	133,804.	120,315.	13,489.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	79,231.	79,231.		
23	Insurance				
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a	INDIRECT EXPENSE	26,765.	26,765.		
b	DUES AND SUBS	17,553.	14,171.	3,382.	
c	BAD DEBT EXPENSE	13,470.		13,470.	
d	MISCELLANEOUS	3,065.	338.	2,727.	
e	All other expenses	2,015.	1,838.	177.	
25	**Total functional expenses.** Add lines 1 through 24e	3,965,345.	3,542,774.	422,571.	0.
26	**Joint costs.** Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here ▶ ☐ if following SOP 98-2 (ASC 958-720)				

Part X Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X ☐

				(A) Beginning of year		(B) End of year
Assets	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		158,555.	2	63,097.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		168,466.	4	17,750.
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L			5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L			6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges		8,543.	9	16,112.
	10a	Land, buildings, and equipment: cost or other basis Complete Part VI of Schedule D	10a 2,935,144.			
	b	Less accumulated depreciation	10b 142,803.	2,310,065.	10c	2,792,341.
	11	Investments - publicly traded securities		46,539,315.	11	48,693,641.
	12	Investments - other securities. See Part IV, line 11		3,634,492.	12	5,302,288.
	13	Investments - program-related See Part IV, line 11			13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11		5,452.	15	3,342.
	16	**Total assets.** Add lines 1 through 15 (must equal line 34)		52,824,888.	16	56,888,571.
Liabilities	17	Accounts payable and accrued expenses		265,579.	17	48,104.
	18	Grants payable		202,600.	18	436,348.
	19	Deferred revenue		7,854.	19	8,633.
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D			21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties			23	
	24	Unsecured notes and loans payable to unrelated third parties			24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D			25	
	26	**Total liabilities.** Add lines 17 through 25		476,033.	26	493,085.
Net Assets or Fund Balances		**Organizations that follow SFAS 117 (ASC 958), check here ▶ ☒ and complete lines 27 through 29, and lines 33 and 34.**				
	27	Unrestricted net assets		52,348,855.	27	56,395,486.
	28	Temporarily restricted net assets			28	
	29	Permanently restricted net assets			29	
		Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34.				
	30	Capital stock or trust principal, or current funds			30	
	31	Paid-in or capital surplus, or land, building, or equipment fund			31	
	32	Retained earnings, endowment, accumulated income, or other funds			32	
	33	Total net assets or fund balances		52,348,855.	33	56,395,486.
	34	Total liabilities and net assets/fund balances		52,824,888.	34	56,888,571.

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response or note to any line in this Part XI ☐

1	Total revenue (must equal Part VIII, column (A), line 12)	1	8,759,928.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,965,345.
3	Revenue less expenses. Subtract line 2 from line 1	3	4,794,583.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	52,348,855.
5	Net unrealized gains (losses) on investments	5	<747,952.>
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	56,395,486.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response or note to any line in this Part XII ☐

			Yes	No
1	Accounting method used to prepare the Form 990: ☐ Cash ☒ Accrual ☐ Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?	2a	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
b	Were the organization's financial statements audited by an independent accountant?	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both ☒ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a	X	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits	3b	X	

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization	Employer identification number
FOUNDATION FOR A HEALTHY KENTUCKY, INC.	31-1784753

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions

The organization is not a private foundation because it is. (For lines 1 through 11, check only one box.)

1 ☐ A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**

2 ☐ A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E.)

3 ☐ A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**

4 ☐ A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state. _____

5 ☐ An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)

6 ☐ A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**

7 ☐ An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

8 ☐ A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)

9 ☐ An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)

10 ☐ An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**

11 ☒ An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3).** Check the box that describes the type of supporting organization and complete lines 11e through 11h.

a ☒ Type I b ☐ Type II c ☐ Type III - Functionally integrated d ☐ Type III - Non-functionally integrated

e ☐ By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).

f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box ☐

g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

		Yes	No
(i)	A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?		X
(ii)	A family member of a person described in (i) above?		X
(iii)	A 35% controlled entity of a person described in (i) or (ii) above?		X

h Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document? Yes	(iv) No	(v) Did you notify the organization in col. (i) of your support? Yes	(v) No	(vi) Is the organization in col. (i) organized in the U.S.? Yes	(vi) No	(vii) Amount of monetary support
VARIOUS		VARIOUS		X	X		X		2,355,838.
Total 1									2,355,838.

Part II **Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)**

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 **Total.** Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 **Public support.** Subtract line 5 from line 4						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7 Amounts from line 4						
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
11 **Total support.** Add lines 7 through 10						

12 Gross receipts from related activities, etc. (see instructions) 12

13 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

14 Public support percentage for 2013 (line 6, column (f) divided by line 11, column (f)) 14 %

15 Public support percentage from 2012 Schedule A, Part II, line 14 15 %

16a **33 1/3% support test - 2013.** If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support test - 2012.** If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

17a **10% -facts-and-circumstances test - 2013.** If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

b **10% -facts-and-circumstances test - 2012.** If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and **stop here.** Explain in Part IV how the organization meets the "facts-and-circumstances" test The organization qualifies as a publicly supported organization ▶ ☐

18 **Private foundation.** If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶ ☐

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 **Total.** Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of $5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 **Public support** (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income Do not include gain or loss from the sale of capital assets (Explain in Part IV.)						
13 **Total support.** (Add lines 9, 10c, 11, and 12.)						

14 **First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here** ▶ ☐

Section C. Computation of Public Support Percentage

15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2012 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for **2013** (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from **2012** Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2013.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

b **33 1/3% support tests - 2012.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶ ☐

20 **Private foundation.** If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions ▶ ☐

Part IV **Supplemental Information.** Provide the explanations required by Part II, line 10, Part II, line 17a or 17b, and Part III, line 12. Also complete this part for any additional information (See instructions)

SCHEDULE D (Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
▶ Attach to Form 990.
▶ Information about Schedule D (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization: FOUNDATION FOR A HEALTHY KENTUCKY, INC.

Employer identification number: 31-1784753

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate contributions to (during year)		
3 Aggregate grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? ☐ Yes ☐ No

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply)

☐ Preservation of land for public use (e g , recreation or education)
☐ Preservation of an historically important land area
☐ Protection of natural habitat
☐ Preservation of a certified historic structure
☐ Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year

		Held at the End of the Tax Year
a Total number of conservation easements	2a	
b Total acreage restricted by conservation easements	2b	
c Number of conservation easements on a certified historic structure included in (a)	2c	
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d	

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No

6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year ▶ $ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? ☐ Yes ☐ No

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

(ii) Assets included in Form 990, Part X ▶ $ _____

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenues included in Form 990, Part VIII, line 1 ▶ $ _____

b Assets included in Form 990, Part X ▶ $ _____

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets *(continued)*

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

a ☐ Public exhibition
b ☐ Scholarly research
c ☐ Preservation for future generations
d ☐ Loan or exchange programs
e ☐ Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? ☐ Yes ☐ No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII and complete the following table

		Amount
c Beginning balance	1c	
d Additions during the year	1d	
e Distributions during the year	1e	
f Ending balance	1f	

2a Did the organization include an amount on Form 990, Part X, line 21? ☐ Yes ☐ No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII ☐

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	50,173,807.	49,824,309.	54,766,326.		
b Contributions					
c Net investment earnings, gains, and losses	7,383,259.	6,190,608.	<671,780.>		
d Grants or scholarships					
e Other expenditures for facilities and programs	3,561,137.	5,841,110.	4,270,237.		
f Administrative expenses					
g End of year balance	53,995,929.	50,173,807.	49,824,309.		

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

a Board designated or quasi-endowment ▶ 100.00 %
b Permanent endowment ▶ _____ %
c Temporarily restricted endowment ▶ _____ %

The percentages in lines 2a, 2b, and 2c should equal 100%

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations (3a(i))		X
(ii) related organizations (3a(ii))		X
b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R? (3b)		

4 Describe in Part XIII the intended uses of the organization's endowment funds

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		2,840,375.	84,706.	2,755,669.
c Leasehold improvements				
d Equipment				
e Other		94,769.	58,097.	36,672.
Total. Add lines 1a through 1e *(Column (d) must equal Form 990, Part X, column (B), line 10(c).)* ▶				2,792,341.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11b. See Form 990, Part X, line 12

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) HEDGE FUND OF FUNDS	459,381.	END-OF-YEAR MARKET VALUE
(B) SCS OPPORTUNITY	1,242,886.	END-OF-YEAR MARKET VALUE
(C) WEATHERLOW	2,012,050.	END-OF-YEAR MARKET VALUE
(D) SKYBRIDGE	1,587,971.	END-OF-YEAR MARKET VALUE
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	5,302,288.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11c See Form 990, Part X, line 13

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11d See Form 990, Part X, line 15

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 15)* ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. *(Column (b) must equal Form 990, Part X, col (B) line 25)* ▶	

2. Liability for uncertain tax positions In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII [X]

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements			1	8,120,907.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
a	Net unrealized gains on investments	2a	<747,952.>		
b	Donated services and use of facilities	2b			
c	Recoveries of prior year grants	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	<747,952.>
3	Subtract line 2e from line 1			3	8,868,859.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII.)	4b	<108,931.>		
c	Add lines 4a and 4b			4c	<108,931.>
5	Total revenue. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 12.)*			5	8,759,928.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements			1	4,074,276.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				
a	Donated services and use of facilities	2a			
b	Prior year adjustments	2b			
c	Other losses	2c			
d	Other (Describe in Part XIII)	2d			
e	Add lines 2a through 2d			2e	0.
3	Subtract line 2e from line 1			3	4,074,276.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other (Describe in Part XIII)	4b	<108,931.>		
c	Add lines 4a and 4b			4c	<108,931.>
5	Total expenses. Add lines 3 and 4c. *(This must equal Form 990, Part I, line 18.)*			5	3,965,345.

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, Part IV, lines 1b and 2b, Part V, line 4, Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART V, LINE 4:

EXPLANATION: AS OF DECEMBER 31, 2013, THE BOARD OF DIRECTORS HAD DESIGNATED $45,000,000 OF UNRESTRICTED NET ASSETS AS A GENERAL ENDOWMENT FUND TO SUPPORT THE MISSION OF THE FOUNDATION.

PART X, LINE 2:

EXPLANATION: THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3). ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS REQUIRED. THE FOUNDATION'S INCOME TAX RETURNS FOR THE YEARS ENDED DECEMBER 31, 2010 THROUGH 2012 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE. GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PRESCRIBE A

Part XIII Supplemental Information *(continued)*

COMPREHENSIVE MODEL FOR HOW AN ENTITY SHOULD MEASURE, RECOGNIZE, PRESENT AND DISCLOSE IN ITS FINANCIAL STATEMENTS UNCERTAIN TAX POSITIONS THAT AN ENTITY HAS TAKEN OR EXPECTS TO TAKE ON A TAX RETURN. THERE WAS NO IMPACT ON THE FOUNDATION'S FINANCIAL STATEMENTS AS A RESULT OF THE IMPLEMENTATION OF THESE ACCOUNTING PRINCIPLES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

BUILDING EXPENSES	-108,931.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

BUILDING EXPENSES	-108,931.

SCHEDULE I (Form 990)

Department of the Treasury
Internal Revenue Service

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

▶ **Attach to Form 990.**

▶ **Information about Schedule I (Form 990) and its instructions is at *www.irs.gov/form990.***

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

FOUNDATION FOR A HEALTHY KENTUCKY, INC.

Employer identification number

31-1784753

Part I **General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? [X] Yes [ ] No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

Part II **Grants and Other Assistance to Governments and Organizations in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than $5,000. Part II can be duplicated if additional space is needed

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENTUCKIANA HEALTH COLLABORATIVE 1930 BISHOP LANE, SUITE 1023 LOUISVILLE, KY 40218	45-0700087	501C(3)	1,000.	0.			COMMUNITY HEALTHCARE FORUM
TODD COUNTY HEALTH DEPARTMENT 205 E. MCREUNOLDS DRIVE ELKTON, KY 42220	61-1160159		1,000.	0.			WESTERN KENTUCKY PUBLIC HEALTH FORUM
NORTON HEALTHCARE FOUNDATION 234 E. GRAY STREET, SUITE 450 LOUISVILLE, KY 40202	31-0914919	501C(3)	500.	0.			HEALTH EQUITY SUMMIT III: EQUIPPING OURSELVES FOR ACTION
KENTUCKY EQUAL JUSTICE CENTER 201 WEST SHORT STREET, SUITE 310 LEXINGTON, KY 40507	61-0909545	501C(3)	45,000.	0.			HEALTH LAW FELLOW
GROUP HEALTH COOPERATIVE 170 MINOR AVENUE, SUITE 1600 SEATTLE, WA 98101	91-0511770	501C(3)	112,498.	0.			EVALUATION OF FOUNDATION INITIATIVES
FITNESS FOR LIFE AROUND GRANT COUNTY (FFLAG) - PO BOX 518 - WILLIAMSTOWN, KY 41097	61-1008505		21,643.	0.			INVESTING IN KENTUCKY'S FUTURE PLANNING GRANT

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 42.

3 Enter total number of other organizations listed in the line 1 table ▶ 5.

LHA **For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule I (Form 990) (2013)**

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

332101
10-29-13

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENTUCKY HEART FOUNDATION 2201 LEXINGTON AVENUE ASHLAND, KY 41101	26-0791997	501C(3)	19,245.	0.			INVESTING IN KENTUCKY'S FUTURE PLANNING GRANT
LOUISVILLE METRO DEPARTMENT OF PUBLIC HEALTH AND WELLNESS - 334 EAST BROADWAY - LOUISVILLE, KY 40204	61-0444680	501C(3)	34,160.	0.			INVESTING IN KENTUCKY'S FUTURE PLANNING GRANT
ST. ELIZABETH MEDICAL CENTER 210 THOMAS MOORE PARKWAY CRESTVIEW HILLS, KY 41017	61-0445850	501C(3)	100,000.	0.			ACCESS TO MENTAL HEALTH SERVICES THROUGH EMERGENCY DEPARTMENT TELEPSYCHIATRY
KENTUCKY YOUTH ADVOCATES 11001 BLUEGRASS PARKWAY, SUITE 1100 LOUISVILLE, KY 40299	61-0929390	501C(3)	2,000.	0.			KENTUCKY OBESITY ROUNDTABLE
UNIVERSITY OF CINCINNATI P.O. BOX 210222 CINCINNATI, OH 45221-0222	31-6000989	501C(3)	52,500.	0.			2013 KENTUCKY HEALTH ISSUES POLL
MEADE ACTIVITY CENTER 493 LAWRENCE STREET BRANDENBURG, KY 40108	27-0218506	501C(3)	364,500.	0.			MEADE ACTIVITY CENTER PROJECT - PHYSICAL ACTIVITY AND NUTRITION
CLINTON COUNTY SCHOOL DISTRICT 2353 NORTH HIGHWAY 127 ALBANY, KY 42602	61-6001236		27,755.	0.			INVESTING IN KENTUCKY'S FUTURE PLANNING GRANT
FOUNDATION FOR APPALACHIAN KENTUCKY - PO BOX 310 - CHAVIES, KY 41727	61-1329396	501C(3)	32,558.	0.			INVESTING IN KENTUCKY'S FUTURE PLANNING GRANT
KENTUCKY VOICES FOR HEALTH 120 SEARS AVENUE, SUITE 212 LOUISVILLE, KY 40207	27-4557052	501C(3)	125,000.	0.			PROMOTING RESPONSIVE HEALTH POLICY

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENTUCKY TEEN INSTITUTE PO BOX 4285 FRANKFORT, KY 40604	61-0444841	501C(3)	2,000.	0.			2013 KENTUCKY TEEN INSTITUTE
OLDHAM COUNTY HEALTH DEPARTMENT 1786 COMMERCE PARKWAY LAGRANGE, KY 40031	61-1035072		157,304.	0.			HOPE HEALTH CLINIC
KENTUCKY RIVER COMMUNITY CARE, INC. - 3838 HIGHWAY 15 SOUTH - JACKSON, KY 41314	31-0965230	501C(3)	34,156.	0.			INVESTING IN KENTUCKY'S FUTURE PLANNING GRANT
THE FRIEDELL COMMITTEE FOR HEALTH SYSTEM TRANSFORMATION, INC. - C/O RICHARD T. HEINE 324 STONEYBROOK DRIVE - LEXINGTON, KY 40517	42-6674534	501C(3)	1,000.	0.			THE FRIEDELL COMMITTEE FALL MEETING
HEALTH WATCH USA 3396 WOODHAVEN DRIVE SOMERSET, KY 42503	20-3404564	501C(3)	650.	0.			2013 HEALTH WATCH USA CONFERENCE
PREVENT CHILD ABUSE KENTUCKY 300 EAST MAIN STREET, SUITE 110 LEXINGTON, KY 40507	61-1111813	501C(3)	600.	0.			2013 PREVENT CHILD ABUSE KENTUCKY KIDS ARE WORTH IT! CONFERENCE
SOUTHEASTERN COUNCIL OF FOUNDATIONS, INC. - 50 HURT PLAZA SUITE 350 - ATLANTA, GA 30303	56-0995114	501C(3)	1,500.	0.			GRANTMAKERS OF KENTUCKY (GOKY) ANNUAL MEETING
SOUTHEASTERN COUNCIL OF FOUNDATIONS, INC. - 50 HURT PLAZA SUITE 350 - ATLANTA, GA 30303	56-0995114	501C(3)	5,000.	0.			HEALTH LEGACY CEO ASSEMBLY
GREEN RIVER AREA DEVELOPMENT DISTRICT - 3860 US HIGHWAY 60 WEST - OWENSBORO, KY 42301	61-0706096		30,483.	0.			INVESTING IN KENTUCKY'S FUTURE PLANNING GRANT MCLEAN COUNTY

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTON HEALTHCARE FOUNDATION 234 E. GRAY STREET, SUITE 450 LOUISVILLE, KY 40202	31-0914919	501C(3)	100,000.	0.			GET HEALTHY ACCESS PROJECT
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 109 KINKEAD HALL - LEXINGTON, KY 40506-0057	61-6033693	501C(3)	60,000.	0.			COUNTY-LEVEL ANALYSIS OF BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM DATA
COMMUNITY CATALYST 30 WINTER STREET, 10TH FLOOR BOSTON, MA 02108	04-3355127	501C(3)	2,400.	0.			SOUTHERN HEALTH PARTNERS CONVENING
CHILD ADVOCACY TODAY 800 ROSE STREET, MN 118 LEXINGTON, KY 40536	61-6033693	501C(3)	30,000.	0.			MATCHING SUPPORT FOR HRSA HEALTHY TOMORROWS GRANT
KET 600 COOPER DRIVE LEXINGTON, KY 40502	61-1285473	501C(3)	100,000.	0.			SUPPORT FOR TARGETED HEALTH PROGRAMMING 2013-2014
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 109 KINKEAD HALL - LEXINGTON, KY 40506-0057	61-6033693		600.	0.			DIFFERENT FACES OF SUBSTANCE ABUSE CONFERENCE
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 122 GREHAN JOURNALISM BUILDING - LEXINGTON, KY 40506	61-6033693		20,000.	0.			DEVELOPING HEALTH JOURNALISM LEADERSHIP ACROSS THE COMMONWEALTH
ALLIANCE FOR JUSTICE 11 DUPONT CIRCLE NW WASHINGTON, DC 20036	52-1009973	501C(3)	500.	0.			HEALTH FOR A CHANGE WEBINAR
KENTUCKY PUBLIC HEALTH ASSOCIATION PO BOX 1091 FRANKFORT, KY 40602	61-0721147	501C(3)	800.	0.			65TH ANNUAL KENTUCKY PUBLIC HEALTH ASSOCIATION CONFERENCE: PROMOTING HEALTH EQUITY FOR ALL

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENTUCKY PHILANTHROPY INITIATIVE 370 S. BROADWAY LEXINGTON, KY 40508	80-0359973	501C(3)	500.	0.			KENTUCKY PHILANTHROPY INITIATIVE SUMMIT ON PHILANTHROPY
GROUP HEALTH COOPERATIVE 170 MINOR AVENUE, SUITE 1600 SEATTLE, WA 98101	91-0511770	501C(3)	157,876.	0.			EVALUATION OF THE KENTUCKY HEALTHY FUTURES INITIATIVE
COMMUNITY FARM ALLIANCE 119 1/2 WEST MAIN STREET FRANKFORT, KY 40601	61-1092056	501C(3)	25,000.	0.			BUILDING A GRASSROOTS-DRIVEN FOOD COLLABORATIVE IN KENTUCKY
LOUISVILLE METRO BOARD OF HEALTH 400 EAST GRAY STREET LOUISVILLE, KY 40202	20-2569445		10,000.	0.			RAPID RESPONSE REQUEST - LOCAL ACA IMPLEMENTATION
PREVENTION INSTITUTE 221 OAK STREET OAKLAND, CA 94607	94-3282858	501C(3)	4,000.	0.			TED-STYLE TALK AND WORKSHOP DURING ANNUAL BOST FORUM
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 760 ROSE STREET - LEXINGTON, KY 40536	61-6033693		50,000.	0.			PROMOTING RESPONSIVE SMOKE AND TOBACCO FREE POLCY ADOPTION AND IMPLEMENTATION
KENTUCKY YOUTH ADVOCATES 11001 BLUEGRASS PARKWAY, SUITE 100 LOUISVILLE, KY 40299	61-0929390	501C(3)	50,000.	0.			PROMOTING RESPONSIVE CHILDREN'S HEALTH POLICIES
KENTUCKY EQUAL JUSTICE CENTER 201 WEST SHORT STREET, SUITE 310 LEXINGTON, KY 40507	61-0909545	501C(3)	32,000.	0.			"BOOTS ON THE GROUND" HEALTH INSURANCE OUTREACH, EDUCATION, ENROLLMENT
COMMUNITY FOUNDATION OF LOUISVILLE 325 W. MAIN STREET, SUITE 1110 LOUISVILLE, KY 40202	31-0997017	501C(3)	5,000.	0.			GREATER LOUISVILLE PROJECT - SPECIAL REPORT ON HEALTH

Part II **Continuation of Grants and Other Assistance to Governments and Organizations in the United States** (Schedule I (Form 990), Part II)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPERATION UNITE 2292 SOUTH HIGHWAY 27 SOMERSET, KY 42501	56-2338443	501C(3)	3,000.	0.			KENTUCKY UNBRIDLED HEALTH: A PLAN FOR COORDINATED DISEASE PREVENTION AND HEALTH
PREVENTION INSTITUTE 221 OAK STREET OAKLAND, CA 94607	94-3282858	501C(3)	3,500.	0.			INVESTING IN KENTUCKY'S FUTURE APPLICANT CONVENING
MOUNTAIN ASSOCIATION FOR COMMUNITY ECONOMIC DEVELOPMENT, INC. - 433 CHESTNUT STREE - BEREA, KY 40403	31-0900246	501C(3)	1,620.	0.			INVESTING IN KENTUCKY'S FUTURE APPLICANT CONVENING
URBAN INSTITUTE 2100 M STREET, NW WASHINGTON, DC 20037-1207	52-0880375	501C(3)	221,000.	0.			STUDY OF STATEWIDE MEDICAID MANAGED CARE IMPLEMENTATION
THE PRAXIS PROJECT 1750 COLUMBIA ROAD, NW, SECONF FLOO WASHINGTON, DC 20009	30-0044814	501C(3)	4,250.	0.			TED-STYLE TALK AND WORKSHOP DURING ANNUAL BOST FORUM

Part III **Grants and Other Assistance to Individuals in the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV **Supplemental Information.** Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: KENTUCKY PUBLIC HEALTH ASSOCIATION

(H) PURPOSE OF GRANT OR ASSISTANCE: 65TH ANNUAL KENTUCKY PUBLIC HEALTH ASSOCIATION CONFERENCE: PROMOTING HEALTH EQUITY FOR ALL KENTUCKIANS

NAME OF ORGANIZATION OR GOVERNMENT: OPERATION UNITE

(H) PURPOSE OF GRANT OR ASSISTANCE: KENTUCKY UNBRIDLED HEALTH: A PLAN FOR COORDINATED DISEASE PREVENTION AND HEALTH PROMOTION (2012-2016)

SCHEDULE J (Form 990)

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

▶ Information about Schedule J (Form 990) and its instructions is at *www.irs.gov/form990.*

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

FOUNDATION FOR A HEALTHY KENTUCKY, INC.

Employer identification number

31-1784753

Part I Questions Regarding Compensation

			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	☐ First-class or charter travel	☐ Housing allowance or residence for personal use		
	☐ Travel for companions	☐ Payments for business use of personal residence		
	☐ Tax indemnification and gross-up payments	☐ Health or social club dues or initiation fees		
	☐ Discretionary spending account	☐ Personal services (e g , maid, chauffeur, chef)		
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III			
	☒ Compensation committee	☒ Written employment contract		
	☐ Independent compensation consultant	☒ Compensation survey or study		
	☐ Form 990 of other organizations	☒ Approval by the board or compensation committee		
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III			
	Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of			
a	The organization?	5a		X
b	Any related organization?	5b		X
	If "Yes" to line 5a or 5b, describe in Part III.			
6	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of			
a	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" to line 6a or 6b, describe in Part III			
7	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7		X
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53 4958-6(c)?	9		

Part II **Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees.** Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SUSAN ZEPEDA	(i)	173,885.	0.	0.	33,825.	6,621.	214,331.	0.
PRESIDENT / CEO	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2013

Open to Public Inspection

Name of the organization

FOUNDATION FOR A HEALTHY KENTUCKY, INC.

Employer identification number

31-1784753

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADDRESS THE UNMET HEALTH CARE NEEDS OF KENTUCKIANS. THE FOUNDATION'S APPROACH CENTERS ON DEVELOPING AND INFLUENCING HEALTH POLICY, TO PROMOTE LASTING CHANGE IN THE SYSTEMS BY WHICH HEALTH CARE IS PROVIDED AND GOOD HEALTH SUSTAINED, TO: IMPROVE ACCESS TO CARE, REDUCE HEALTH RISKS AND DISPARITIES AND PROMOTE HEALTH EQUITY. THE FOUNDATION MAKES GRANTS, SUPPORTS RESEARCH, HOLDS EDUCATIONAL FORUMS AND CONVENES COMMUNITIES TO ENGAGE AND DEVELOP THE CAPACITY OF THE COMMONWEALTH TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF ALL KENTUCKIANS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WHICH HEALTH CARE IS PROVIDED AND GOOD HEALTH SUSTAINED, TO: IMPROVE ACCESS TO CARE, REDUCE HEALTH RISKS AND DISPARITIES AND PROMOTE HEALTH EQUITY. THE FOUNDATION MAKES GRANTS, SUPPORTS RESEARCH, HOLDS EDUCATIONAL FORUMS AND CONVENES COMMUNITIES TO ENGAGE AND DEVELOP THE CAPACITY OF THE COMMONWEALTH TO IMPROVE THE HEALTH AND QUALITY OF LIFE OF ALL KENTUCKIANS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

SUPPORTS TARGETED RESEARCH, CONFERENCES (INCLUDING AN ANNUAL HEALTH POLICY FORUM), TRAINING AND TECHNICAL ASSISTANCE FOR INFORMED HEALTH POLICY DECISION-MAKING AND MAKES GRANTS TO ORGANIZATIONS WORKING ON HEALTH POLICY IN KENTUCKY. ISSUE BRIEFS, AVAILABLE AT WWW.HEALTHY-KY.ORG, HELP DISSEMINATE WHAT WE HAVE LEARNED FROM OUR RESEARCH AND DEMONSTRATION PROJECTS TO A BROADER AUDIENCE.

Name of the organization: FOUNDATION FOR A HEALTHY KENTUCKY, INC.

Employer identification number: 31-1784753

B. INVESTING IN KENTUCKY'S FUTURE. TO IMPROVE THE HEALTH OF KENTUCKY'S CHILDREN BY INVESTING IN COMMUNITY STRATEGIES TO REDUCE THE RISK THAT THIS GENERATION OF SCHOOL-AGE CHILDREN WILL DEVELOP CHRONIC DISEASES AS THEY GROW INTO ADULTHOOD. THIS NEW INITIATIVE WILL INVOLVE TRAINING, TECHNICAL ASSISTANCE AND DIRECT GRANTS TO SEVEN COMMUNITIES.

C. STRENGTHENING COMMUNITIES. TO FUND HEALTH INNOVATION AND LEVERAGE PARTNERSHIP OPPORTUNITIES TO BRING NEW SOURCES OF FUNDING TO KENTUCKY COMMUNITIES. THIS WORK INCLUDES THE KENTUCKY HEALTHY FUTURES INITIATIVE, CO-FUNDED BY THE FEDERAL SOCIAL INNOVATION FUND, SUPPORTING INNOVATIVE PILOT PROJECTS IMPACTING MORE THAN 33 KENTUCKY COMMUNITIES, AS WELL AS CHALLENGE GRANTS WITH COMMUNITY FOUNDATIONS AND MATCHING GRANTS THAT ASSIST LOCAL NONPROFITS TO ATTRACT COMPETITIVELY AWARDED RESOURCES FROM REGIONAL AND NATIONAL FUNDERS. THE FOUNDATION'S HEALTH FOR A CHANGE TRAINING SERIES HELPS STRENGTHEN LOCAL NONPROFITS THROUGH WEBINARS AND WORKSHOPS ON SUCH TOPICS AS GRANT WRITING AND PROGRAM SUSTAINABILITY. THE RESOURCE DIRECTORY OF LOCAL HEALTH COALITIONS ON OUR WWW.HEALTHY-KY.ORG WEBSITE HELPS INTERESTED CITIZENS LEARN ABOUT AND ENGAGE IN COLLABORATIVE HEALTH POLICY WORK IN THEIR LOCAL COMMUNITY.

D. REPORTS ON EVALUATION OF COMPLETED FOUNDATION INITIATIVES ARE AVAILABLE AT THE WWW.HEALTHY-KY.ORG WEBSITE. A FEW PROJECTS FROM THE 2007-2011 ADVOCACY FOR BETTER HEALTH INITIATIVE WERE STILL FUNDED IN 2013; THEIR WORK IS MONITORED BY THE HEALTH POLICY OFFICER WHO HAS PRIMARY RESPONSIBILITY FOR THE NEW PROMOTING RESPONSIVE HEALTH POLICY INITIATIVE.

Name of the organization: FOUNDATION FOR A HEALTHY KENTUCKY, INC.

Employer identification number: 31-1784753

FORM 990, PART VI, SECTION B, LINE 11:

EXPLANATION: THE FOUNDATION'S 990 IS REVIEWED PRIOR TO SUBMITTAL BY THE FINANCE AND INVESTMENT COMMITTEE; COPIES ARE PROVIDED TO EACH BOARD MEMBER.

FORM 990, PART VI, SECTION B, LINE 12C:

EXPLANATION: EACH MEMBER OF THE FOUNDATION, BOARD, COMMUNITY ADVISORY COMMITTEE AND PROFESSIONAL STAFF IS REQUIRED TO COMPLETE AN UPDATED CONFLICT OF INTEREST FORM ANNUALLY. THESE FORMS ARE DISTRIBUTED IN ADVANCE OF THE FEBRUARY JOINT MEETING OF THE BOARD AND COMMUNITY ADVISORY COMMITTEE. THE FOUNDATION'S COO TRACKS RECEIPT OF THE COMPLETED FORMS AND FILES THEM FOR FUTURE REFERENCE.

FORM 990, PART VI, SECTION B, LINE 15:

EXPLANATION: EVERY THREE TO FIVE YEARS, THE FOUNDATION UNDERTAKES AN EXTERNAL SALARY STUDY OF KEY POSITIONS IN THE FOUNDATION. MINUTES OF THE AUGUST 2010 EXECUTIVE COMMITTEE REFLECT RECEIPT AND ADOPTION OF THE MOST RECENT SALARY STUDY.

FORM 990, PART VI, SECTION C, LINE 19:

EXPLANATION: THE FOUNDATION'S ARTICLES OF INCORPORATION AND BYLAWS ARE ON THE FOUNDATION'S WEBSITE. A STATEMENT OF THE FOUNDATION'S CONFLICT OF INTEREST POLICY IS CONTAINED IN THE FOUNDATION'S POLICY AND PROCEDURES MANUAL AND THE POLICY IS AVAILABLE TO THE PUBLIC UPON REQUEST. THE FOUNDATION PUBLISHES AN ANNUAL REPORT CONTAINING FINANCIAL STATEMENTS FOR THAT YEAR. THE ANNUAL REPORT IS POSTED ON THE FOUNDATION'S WEBSITE AND IS DISSEMINATED TO KEY STAKEHOLDERS. THE FOUNDATION'S FINANCIAL RECORDS HAVE BEEN AUDITED BY THE INDEPENDENT AUDIT FIRM STROTHMAN & COMPANY. PER THE FOUNDATION'S BYLAWS, THE FOUNDATION CHOOSES TO CONFORM TO THE KENTUCKY OPEN

Name of the organization: FOUNDATION FOR A HEALTHY KENTUCKY, INC.

Employer identification number: 31-1784753

RECORDS ACT, KRS 61.870 TO 61.884 AND THE KENTUCKY OPEN MEETINGS ACT, KRS 61.805 TO 61.850.

FORM 990, SCHEDULE A, LINE 11H, SUPPORTED ORGANIZATION INFORMATION:

EXPLANATION: FOUNDATION FOR A HEALTHY KENTUCKY SUPPORTS VARIOUS ORGANIZATIONS IN KENTUCKY WHOSE MISSION IS TO IMPROVE THE ACCESS TO HEALTHCARE OF THOSE IN NEED IN KENTUCKY. THE ORGANIZATIONS SUPPORTED CHANGE ANNUALLY AND ARE NOT LISTED IN THE GOVERNING DOCUMENTS OF FOUNDATION FOR A HEALTHY KENTUCKY.

Form **8868**
(Rev January 2014)

Department of the Treasury
Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

▶ File a separate application for each return.
▶ Information about Form 8868 and its instructions is at *www.irs.gov/form8868*.

OMB No 1545-1709

- If you are filing for an **Automatic 3-Month Extension, complete only Part I** and check this box . . . . . ▶ [X]
- If you are filing for an **Additional (Not Automatic) 3-Month Extension, complete only Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868

Electronic filing *(e-file)*. You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions) For more details on the electronic filing of this form, visit *www.irs.gov/efile* and click on *e-file for Charities & Nonprofits*

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only . . . . . ▶ [ ]

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns

Type or print File by the due date for filing your return See instructions	Name of exempt organization or other filer, see instructions	Enter filer's identifying number Employer identification number (EIN) or
	FOUNDATION FOR A HEALTHY KENTUCKY, INC.	31-1784753
	Number, street, and room or suite no If a P.O. box, see instructions. 1640 LYNDON FARM CT, NO. #100	Social security number (SSN)
	City, town or post office, state, and ZIP code For a foreign address, see instructions LOUISVILLE, KY 40223	

Enter the Return code for the return that this application is for (file a separate application for each return) [0 1]

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

- The books are in the care of ▶ FOUNDATION FOR A HEALTHY KENTUCKY, 1640 LYNDON CT#100 - LOUISVILLE, KY 40223
  Telephone No. ▶ 502-326-2583 Fax No ▶
- If the organization does not have an office or place of business in the United States, check this box . . . . ▶ [ ]
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box ▶ [ ] If it is for part of the group, check this box ▶ [ ] and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until AUGUST 15, 2014, to file the exempt organization return for the organization named above. The extension is for the organization's return for
▶ [X] calendar year 2013 or
▶ [ ] tax year beginning _____, and ending _____

MAILED
MAY 13 2014
DMLO

2 If the tax year entered in line 1 is for less than 12 months, check reason [ ] Initial return [ ] Final return [ ] Change in accounting period

3a	If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions	3a	$ 0.
b	If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made Include any prior year overpayment allowed as a credit	3b	$ 0.
c	**Balance due.** Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System) See instructions	3c	$ 0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions