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Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

Department of the Treseury Internal Revenue Service

| 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.

Open to Public Inspection

B Cheek Contact Cont	ΑI	For the	2013 calendar year, or tax year beginning	and	ending		
Concept Control Cont	В	Check if applicable	C Name of organization			D Employer iden	itification number
Murribur and atrees (in P.D. box of mails so of delivered to street address) Roomfoute 1906 COLLEGE HEIGHTS BLVD Row of the subconditions of principal officers of principal officer		Address	COLLEGE HEIGHTS FOUNDA	TION, INC.			
1906 COLLEGE HEIGHTS BLVD. 41016 427-0745-4597 42101 F Name and address of principal officer-DONALD I. SMITH F Name and address of principal officer-DONALD I. SMITH F Name and address of principal officer-DONALD I. SMITH F Name and address of principal officer-DONALD I. SMITH F Name and address of principal officer-DONALD I. SMITH F Name and address of principal officer-DONALD I. SMITH F Name and address of principal officer-DONALD I. SMITH F Name and address of principal officer-DONALD I. SMITH F Name and address of principal officer-DONALD I. SMITH F Name and address of principal officer-DONALD I. SMITH F Name and address of principal officer-DONALD I. SMITH F Name and address of principal officer-DONALD I. SMITH F Name and address of principal officer-DONALD I. SMITH F Name and address of principal officer-DONALD II. SMITH F Name and address of principal officer-DONALD II. SMITH F Name and address of principal officer-DONALD II. SMITH F Name and address of principal officer-DONALD II. SMITH F Name and address of principal officer-DONALD II. SMITH F Name and address of principal officer-DONALD II. SMITH F Name and address of principal officer-DONALD II. SMITH F Name and address of principal officer-DONALD II. SMITH F Name and address of principal officer-DONALD II. SMITH F Name and address of principal officer-DONALD II. SMITH F Name and address of principal officer-DONALD II. SMITH F Name and address of principal officer-DONALD II. SMITH F Name and address of principal officer-DONALD II. SMITH F Name and address of principal officer-DONALD III. SMITH F Name and address of principal officer-DONALD III. SMITH F Name and address of principal officer-DONALD III. SMITH F Name and address of principal officer-DONALD III. SMITH F Name and address of principal officer-DONALD III. SMITH F Name and address of principal officer-DONALD III. SMITH F Name and address of principal officer-DONALD III. SMITH F Name and address of principal officer-DO		change	Doing Business As			61-	-0459494
City or town, state or provinces, country, and 2/P or foreign postal code Secretary February							
ROWLING GREEN, KY 42101	Ļ	iated			41016	270	
The second content of the process	Ļ	∟lreturn	City or town, state or province, country, and				
1966 COLLEGE HEIGHTS BLVD. BOWLING GREEN, Help have all subcontracted notations Vest No.	L	—ltion	DOWLING GREEN, RI 421				
Tax-exempt status:			F Name and address of principal officer: DUN	ATO TO SMILL	TEN		
Website: ► WWW. WKU. EDU / DAR/CHF. PHP							
Form of enganization X Corporation Trust Association Citier L Vear of formation 1923 M State of legal domicite KY					UI32		
Pert Summary					L Yea		
Briefly describe the organization's mession or most significant activities: TO PROVIDE ASSISTANCE AND ENCOURAGEMENT TO DESERVING STUDENTS ATTENDING WESTERN KENTUCKY Check this box The organization discontinued its operations or disposed of more than 25% of its net assets.							
ENCOURAGEMENT TO DESERVING STUDENTS ATTENDING WESTERN KENTUCKY 2 Check this box		4 0		significant activities: TO P.	ROVID	E ASSISTANC	CE AND
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Program service revenue (Part VIII, Ine 25)	5	8 0	Contributions and grants (Part VIII line 1h)		<u> </u>		
12 Total revenue (Par VIII, column (A), Ings. 13, oc. (Ca) (Ca) (Ca) (Ca) (Ca) (Ca) (Ca) (Ca)) U U U U	EULIVED	.		
12 Total revenue (Par VIII, column (A), Ings. 13, oc. (Ca) (Ca) (Ca) (Ca) (Ca) (Ca) (Ca) (Ca)	∓ 9	1	- 11	and 7d)	·	841,055	939,146.
12 Total revenue - add lines 8 through 11/(m/st equal Part VIII, column (A), lines 13 5,485,209 5,491,207 13 Grants and similar amounts paid (Part IX, column (A), lines 13 0 0 0 0 14 Benefits paid to or for members (Part IX, column (A), lines 13 0 0 0 0 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 383,252 376,427 16a Professional fundraising expenses (Part IX, column (A), line 11e) 0 0 0 17 Other expenses (Part IX, column (A), line 11e) 0 0 0 18 Total expenses (Part IX, column (A), line 11a-11d, 11f-24e) 602,909 517,576 18 Total expenses Add lines 13-17 (must equal Part IX, column (A), line 25) 6,471,370 6,385,210 19 Revenue less expenses. Subtract line 18 from line 12 8eginning of Current Year End of Year 20 Total assets (Part X, line 16) 42,256,983 50,083,132 21 Total liabilities (Part X, line 26) 6,046,039 6,349,824 22 Net assets or fund balances. Subtract line 21 from line 20 36,210,944 43,733,308 Part II Signature Block	`Œ	11 C	other revenue (Part VIII, column (A), lines 5, 60, 86	92, 10c,2Add11e	. [C	
The service of the compensation of the service of t	<u>ත</u>	12 T	otal revenue - add lines 8 through 11 (must equal	Part VIII, column (A) line 12)			
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18 Total expenses (Part X, column (A), line 113-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 20 Total assets (Part X, line 16) 21 Total liabilities (Part X, line 26) 22 Net assets or fund balances. Subtract line 21 from line 20 23 Revenue 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. Not assets or fund balances. Subtract line 21 from line 20 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. Signature of officer	Ϋ́	l .			<u> </u>	602 000	517 576
19 Revenue less expenses. Subtract line 18 from line 12 29,918. 900,735.	_		•		H		
Beginning of Current Year End of Year		1					
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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	ets (20 T	otal assets (Part X line 16)		-		50,083,132.
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	Ass 3 Ba	21 T	•				
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	誓	22 N		line 20			
true, correct, and complete Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign	Pε	ert II	Signature Block				
Sign Here DONALD L. SMITH, PRESIDENT Type or print name and title Print/Type preparer's name Preparer Use Only Print/Type preparer Firm's address Phone no	Unde	er penalti	ies of perjury, I declare that I have examined this return,	including accompanying schedule	s and state	ments, and to the best of	f my knowledge and belief, it is
Sign Signature of officer Date	true,	correct,	and complete Declaration of preparer (other than office	r) is based on all information of wh	ich prepari		
Here DONALD L. SMITH, PRESIDENT Type or print name and title Print/Type preparer's name Preparer Preparer Firm's name Firm's address Phone no			X Come Snoth				/2014
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		····,	0 4041000			Phone no	
	May	the IRS	3 discuss this return with the preparer shown abo	ve? (see instructions)			Yes No

Form 990 (2013) COLLEGE HEIGHTS FOUNDATION, INC. 61-0459494 Page 3
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_		Х
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		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8	_	Х
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?			ĺ
	If "Yes," complete Schedule D, Part IV	9		Х
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	ı
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.			
а	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	
ь	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	116	[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	
е	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	
ь	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		1	
	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		<u> </u>
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		<u> </u>
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		<u>X</u>
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		<u> </u>
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"		- 1	
	complete Schedule G, Part III	19		<u> </u>
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		<u>X</u>
_ь	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20ь		
		Form '	990 (2	2013)

LFG	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		163	110
_,	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	1
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		İ	
	Schedule J	23	İ	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the		1	
	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		
	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,			ŀ
	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			i
	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	<u> </u>	X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	ŧ		
	instructions for applicable filing thresholds, conditions, and exceptions):	-		
а	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		Х
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	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			١
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			v
	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			v
	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	00		X
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	34		х
25.	Part V, line 1	35a		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	338		
U	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	555		
00	If "Yes," complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	55		
· ·	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	<u> </u>		
	Note. All Form 990 filers are required to complete Schedule O	38	Х	

Form **990** (2013)

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<u> </u>	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 9	[1.00	
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b 0			}
	Did the organization comply with backup withholding rules for reportable payments to vendors and re	eportable gaming	f '		ļ
	(gambling) winnings to prize winners?		1c		1
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	1			
	filed for the calendar year ending with or within the year covered by this return	2a 0			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax retuing		2ь		1
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions	•			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	-7	3a		X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule	0	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other			\vdash	
	financial account in a foreign country (such as a bank account, securities account, or other financial	•	4a]	X
ь	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?	100001110.	5a	1	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa	ection?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		<u> </u>
6a		e organization solicit	-		_
-	any contributions that were not tax deductible as charitable contributions?	ro organization conon	6a		Х
h	If "Yes," did the organization include with every solicitation an express statement that such contribut	ions or gifts			† <u>-</u> -
_	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 sei	rvices provided to the payor?	7a	X	1
b	The same of the sa		7b	Х	
c		as required			
_	to file Form 8282?		7c	l	X
d	tense a constant of the consta	7d			
e		ontract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti		7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Fo		7g		
h			7h		
8	Sponsoring organizations maintaining donor advised funds and section 509(a)(3) supporting organizations. D				
	organization, or a donor advised fund maintained by a sponsoring organization, have excess business holdings at		8		ļ
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the organization make any taxable distributions under section 4966?		9a		
b			9b		
10	Section 501(c)(7) organizations. Enter:				
а	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:			1	1
a	Gross income from members or shareholders	11a	Ī		1
b	Gross income from other sources (Do not net amounts due or paid to other sources against	}	[
	amounts due or received from them.)	11b		1	Ī
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	Í		Ī
13	Section 501(c)(29) qualified nonprofit health insurance issuers.				
а	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.				1
b	Enter the amount of reserves the organization is required to maintain by the states in which the	1 1			1
	organization is licensed to issue qualified health plans	13b	}		Ī
c	Enter the amount of reserves on hand	13c	ļ	ļ	!
i4a		•	14a	 	X
<u>b</u>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedul	le O	14b	<u> </u>	<u></u>
			Earn	പമമ	12042

COLLEGE HEIGHTS FOUNDATION, INC. 61-0459494 Form 990 (2013) 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 Section A. Governing Body and Management Yes No 12 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 11 b Enter the number of voting members included in line 1a, above, who are independent 1Ь 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other 2 X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 $\overline{\mathbf{X}}$ Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 X Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? 6 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X persons other than the governing body? 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, 10b and branches to ensure their operations are consistent with the organization's exempt purposes? X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a Did the organization have a written conflict of interest policy? If "No." go to line 13 12a Х 12b b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe Х 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 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 Other officers or key employees of the organization 15b 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 Х 16a taxable entity during the year? 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶KY 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 18 for public inspection. Indicate how you made these available. Check all that apply. Another's website X Upon request Other (explain in Schedule O) 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. State the name, physical address, and telephone number of the person who possesses the books and records of the organization: GENA GOODING - 270-745-4597

42101

1906 COLLEGE HEIGHTS BLVD. #41016,

BOWLING GREEN,

orm 990 (2013)	COLLEGE	HEIGHTS	FOUNDATION	INC.	61-0459494	Page 7

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

A.	
Check if Schedule O contains a response or note to an	v line in this Part VII
Check ii Ocheddie O colfiailis a fesbolise of flole to all	A IIUG III IIIIS LAIT AII

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.

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

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

(A) Name and Title	(B) Average			(C	C) ition	1		(D) Reportable	(E) Reportable	(F) Estimated
	hours per	box	(do not check more than one box, unless person is both an officer and a director/trustee)					compensation	compensation	amount of
	week (list any hours for related organizations below	stee or director	er and sustee	Officer		Highest compensated employee	Ĺ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
	line) 1.00	<u> </u>	₹	8	₹.	울통	죠			
(1) DAN CHERRY DIRECTOR	1.00	X	l ,		ŀ			0.	0.	0.
(2) TOM EMBERTON	1.00	1	-				-	-	-	
DIRECTOR		x						0.	0.	0.
(3) R. HARVEY JOHNSTON, III	1.00									
DIRECTOR		X						0.	0.	0.
(4) MARC LOVELL	1.00									
DIRECTOR		X						0.	0.	0.
(5) JERRY MARTIN	1.00									•
DIRECTOR	1 00	X				<u> </u>	<u> </u>	0.	0.	0.
(6) JOE NATCHER	1.00	.,							•	0
DIRECTOR	1.00	Х	\vdash			_		0.	0.	0.
(7) GARY RANSDELL DIRECTOR	1.00	X						0.	0.	0.
(8) WANDA SCOTT	1.00	A	Н		_		-		0.	
DIRECTOR		X						0.	0.	0.
(9) PREDDIE TRAVIS	1.00									
DIRECTOR		Х						0.	0.	0.
(10) CAROL WEDGE	1.00									
DIRECTOR		X						0.	0.	0.
(11) H. ALEXANDER DOWNING	5.00									_
DIRECTOR		Х						0.	0.	0.
(12) MICHAEL SIMPSON	5.00			Ţ				0.	0.	^
CHAIRMAN	16.00			Х					<u> </u>	0.
(13) MARY SAMPLE SECRETARY	10.00			X				17,315.	0.	0.
(14) GENA L. GOODING	40.00	-		^		-		17,515.		
TREASURER	10000			x				55,090.	0.	0.
(15) DONALD L. SMITH	40.00									
PRESIDENT					l	X		120,429.	0.	0.
				ļ						

<u> </u>	1 VIII Section A. Officers, Directors, Trus		plo	/ees			ighe	st C		es (continued)			
	. (A)	(B)				C)			(D)	(E)		(F)	
	 Name and title 	Average	(dc	not c	Pos heck		Դ ethan	one	Reportable	Reportable	- 1	stimat	
		hours per week	box	k, unie	ess pe	erson	is bot	th an	1 '.	compensation	a	mount	
		(list any					T	T T	from the	from related		othe	
		hours for	director		ĺ	[-	ĺ	organization	organizations (W-2/1099-MISC)		npens from th	
		related	8	25 25 26		l	nsate:		(W-2/1099-MISC)	(** 22 1099-111100)		ganiza	
		organizations	Individual trustee or	Institutional trustae	l	88	Į į	l	(,			id rela	
		below	₽ E	E	l as	Кву еттрюуее	lestc	喜			org	anızat	ions
		line)	텰	ist.	Officer	Key	Highest compensated employee	Former					
			1										
		1									1		-
						l			<u> </u>			_	
		i								· ·		_	
]										
											T		
										_			
•													-
1 b	Sub-total .								192,834.	0			0.
c	Total from continuation sheets to Part VI	I, Section A							0.	0			0.
<u>d</u>	Total (add lines 1b and 1c)							<u> </u>	192,834.	0	<u>. </u>		0.
2	Total number of individuals (including but n	ot limited to th	ose	liste	d at	oove	e) wh	o re	eceived more than \$100	,000 of reportable			
	compensation from the organization												1
												Yes	No
3	Did the organization list any former officer,	director, or tru	ste	e, ke	y en	nplo	yee,	or I	highest compensated ei	nployee on			
	line 1a? If "Yes," complete Schedule J for s	uch ındividual									3		X
4	For any individual listed on line 1a, is the su	m of reportabl	e cc	mpe	ensa	tion	and	oth	ner compensation from t	he organization			,,,,
	and related organizations greater than \$150	0,000? If "Yes,	" co.	mple	ete S	che	dule	Jf	or such individual		4		X
5	Did any person listed on line 1a receive or a	ccrue comper	nsatı	on f	rom	any	unre	elate	ed organization or indivi	dual for services			
	rendered to the organization? If "Yes," com	plete Schedule	∋ <i>J f</i>	or su	ich j	<u>oers</u>	on			<u> </u>	5		<u> </u>
Sec	tion B. Independent Contractors								··				
1	Complete this table for your five highest co	•								•	sation 1	irom	
	the organization. Report compensation for	the calendar ye	ear e	endii	ng w	nth o	or w	thin	the organization's tax y	ear.			
	, (A)				_			-	(B)		_ ((
	Name and business	address	NC	ONE	<u> </u>			4	Description of s	ervices	Compe	nsatio	<u>n</u>
								4					
								- 1					
								-+					
								-+					
				<u> </u>			-						
2	Total number of independent contractors (in	_	ot lir	nited	d to	_		ted	above) who received m	ore than			
	\$100,000 of compensation from the organiz	ation -				0							2042

			Check if Schedule O con	tains a response	or note to anv l	ne 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
ats at	1	а	Federated campaigns	1a					
F P			Membership dues	1b		1			1
S. E			Fundraising events	1c					1
# la		d		1d					
S,E			Government grants (contribu			1			
<u>S</u> is			All other contributions, gifts, gran			1			1
F E		•	similar amounts not included abo		376,653.				Į.
ĒΣ		_	Noncash contributions included in line		75,168.	1			
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f	S 18-11 D		6,376,653.			1
<u>•</u>		<u></u>	TOTAL AGG III) GS TA TI	:	Business Code				·
•	2	a				1			1
. <u>Ş</u> ~	-	ь					-		
Program Service Revenue		c							
E S		d							
<u>×</u> ~		_	-						
ď		f	All other program service reve	enue			-		
	ł		Total. Add lines 2a-2f	J.1.00	•			······································	
	3	-	Investment income (including	dıvidends, ınter	est, and				
	Ī		other similar amounts)	, -,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	>	939,146.			939,146.
	4		Income from investment of ta	x-exempt bond	oroceeds -		-		
	5		Royalties .	, oxompt 201,2	>				
	•		, io, amou	(i) Real	(ii) Personal				
	6	a	Gross rents	(7.100.	(1) 1 01001102				
	•	b	Less: rental expenses		· · · · -				1
			Rental income or (loss)			1			1
			Net rental income or (loss)		•	1			
	7		Gross amount from sales of	(i) Securities	(ii) Other				
	•	_	assets other than inventory	() 0000,0	(4) 5 41.5	1			
		h	Less: cost or other basis	.,					
		_	and sales expenses						1
		c	Gain or (loss)			1			
			Net gain or (loss)	1		[1
ø.	8		Gross income from fundraisin	a events (not					
nue			including \$	of					
Other Reven			contributions reported on line	1c). See					
Æ			Part IV, line 18	, a					
흁		b	Less: direct expenses	b	,				'
0	1		Net income or (loss) from fund	draising events	•				
	ı		Gross income from gaming ad						
			Part IV, line 19	а					
		b	Less: direct expenses	b					1
		С	Net income or (loss) from gan	ning activities					
	ı		Gross sales of inventory, less						
			and allowances	а					
		ь	Less: cost of goods sold	b					1
	l .		Net income or (loss) from sale	s of inventory	. ▶		l I]
			Miscellaneous Revenu		Business Code				
	11	а	MISC. LOSS FROM		611310		> <29,854.	>	
		b							
		c							
		_	All other revenue						
			Total. Add lines 11a-11d	-		<29,854.	>		
	12		Total revenue. See instructions			7,285,945.	<29,854.	> 0.	939,146.
33200 10-29	9 -13								Form 990 (2013)

Part IX Statement of Functional Expenses

Sec	tion 501(c)(3) and 501(c)(4) organizations must com			ompiete column (A).	
	Check if Schedule O contains a respor	441		(C)	<u></u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	Management and general expenses	(D) Fundralsing expenses
1	Grants and other assistance to governments and				
	organizations in the United States See Part IV, line 21				
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22	5,491,207.	5,491,207.		
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,	100 004		100 004	
	trustees, and key employees	192,834.		192,834.	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)	102 502		100 500	
7	Other salaries and wages	183,593.		183,593.	
8	Pension plan accruals and contributions (include				
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a					
ь	· •	16,450.		16,450.	
C	<u> </u>	10,430.		10,450.	
d					
e f	Investment management fees	155,377.	·····	155,377.	
9				133/3//	
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	9,039.	·	9,039.	
14	Information technology				
15	Royalties .				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials		j		
19	Conferences, conventions, and meetings				
20	Interest .	11,777.		11,777.	
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
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 0) OTHER PROGRAM SERVICE E	230,839.	230,839.		
a b	OTHER MANAGEMENT & GENE	94,094.	230/033.	94,094.	
C	THE THE TENTE OF T	21,0210		21,031	
d					• -
	All other expenses	-			
25	Total functional expenses. Add lines 1 through 24e	6,385,210.	5,722,046.	663,164.	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			İ	
	Check here if following SOP 98-2 (ASC 958-720)				

		Balance Sheet	<u> </u>		
		Check if Schedule O contains a response or note to any line in this Part X	<u> </u>	<u> </u>	
			(A) Beginning of year		(B) End of year
_	1	Cash - non-interest-bearing	668,181.	1_	1,409,160
	2	Savings and temporary cash investments		2	
1	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	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			
2		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net	-	7	
ĕ	8	Inventories for sale or use	4,051.	8	4,051.
}	9	Prepaid expenses and deferred charges	•	9	
	10a	Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a 1,190,964.			
	ь	Less: accumulated depreciation 10b	1,240,964.	10c	1,190,964.
- 1	11	Investments - publicly traded securities	38,065,608.	11	1,190,964. 44,829,931.
	12	Investments · other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
]	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	2,278,179.	15	2,649,026.
}	16	Total assets. Add lines 1 through 15 (must equal line 34)	42,256,983.	16	50,083,132.
	17	Accounts payable and accrued expenses	145,000.	17	91,413.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities	-	20	
]	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
ç,	22	Loans and other payables to current and former officers, directors, trustees,			
ij		key employees, highest compensated employees, and disqualified persons.			
Liabilities		Complete Part II of Schedule L		22	
ĩ	23	Secured mortgages and notes payable to unrelated third parties	361,471.	23	273,939.
j	24	Unsecured notes and loans payable to unrelated third parties		24	·
ľ	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	5,539,568.	25	5,984,472.
	26	Total liabilities. Add lines 17 through 25	6,046,039.	26	5,984,472. 6,349,824.
\neg		Organizations that follow SFAS 117 (ASC 958), check here ▶ X and			
ဖွ		complete lines 27 through 29, and lines 33 and 34.		- 1	
Net Assets or Fund Balances	27	Unrestricted net assets	<4,108,316.	>27	215,114.
aga	28	Temporarily restricted net assets	2,174,921.	28	1,627,548.
9	29	Permanently restricted net assets	38,144,339.		41,890,646.
ا جَ		Organizations that do not follow SFAS 117 (ASC 958), check here ▶□	······································	····	,
<u> </u>		and complete lines 30 through 34.		1	
į į	30	Capital stock or trust principal, or current funds		30	
SSe	31	Paid in or capital surplus, or land, building, or equipment fund		31	
Ž	32	Retained earnings, endowment, accumulated income, or other funds		32	
eD)		Total net assets or fund balances	36,210,944.	33	43,733,308.
ž	33				

Fom	990 (2013) COLLEGE HEIGHTS FOUNDATION, INC.	61-	<u>-045</u> 9	9494	Pa	age 12
Pa	rt XI Reconciliation of Net Assets		-			
	Check if Schedule O contains a response or note to any line in this Part XI					X
1	Total revenue (must equal Part VIII, column (A), line 12)	1		7 , 28		
2	Total expenses (must equal Part IX, column (A), line 25)	2		6,38		
3	Revenue less expenses. Subtract line 2 from line 1	3		90	0,7	735.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	36	5,21	0,9	144.
5	Net unrealized gains (losses) on investments	5		5,58	9,2	46.
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		3	2,3	83.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	43	3,73	3,3	08.
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII				<u>. </u>	
					Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
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	<u></u>
	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:					
	X 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 Sche	dule O	1.			
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Au	dit			
	Act and OMB Circular A-133?			3a		X
þ	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required	red aud	th:			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		<u> </u>	3b		<u> </u>
				Form	990 ((2013)

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 usuw.irs.gov/form990.

OMB No 1545-0047

Inspection

Schedule A (Form 990 or 990-EZ) 2013

Name of	the organizat	tion							Employe	ridentification	number
		COLLEGI	E HEIGHTS FOU	UNDAT	[ON,]	INC.			6	1-045949	94
Part I	Reason	for Public Cha	rity Status (All organi	zations mu	st comple	te this pa	rt.) See ins	structions			
The organ	nization is not	a private foundation	because it is: (For lines	1 through	11, check	only one	box.)	_			
1 🖂	A church, co	onvention of churche	es, or association of chu	rches desc	cribed in s	ection 17	0(b)(1)(A)(i).			
2 🔲	A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.)										
з 🔲			ortal service organization			170(b)(1))(A)(iii).				
4	A medical re	search organization	operated in conjunction	with a hos	spital desc	ribed in s	ection 17	D(b)(1)(A)((iii). Enter	the hospital's r	name,
	city, and sta		•		•					•	
5 X	X 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, sta	ate, or local governn	nent or governmental un	rt describe	d in sectio	on 170(b)(1)(A)(v).				
7 🗀			ceives a substantial part					or from th	e general	public describe	ed in
	-	(b)(1)(A)(vi). (Comple				-			•	•	
8 🗔			section 170(b)(1)(A)(vi).	(Complete	Part II.)						
9 🗀			ceives: (1) more than 33			from contr	ibutions, r	nembersh	nip fees, a	nd gross receip	ots from
	activities rela	ated to its exempt fu	nctions · subject to cert	aın except	ons, and (2) no more	e than 33	1/3% of it	s support	from gross inv	estment
	income and	unrelated business t	taxable income (less sec	tion 511 ta	x) from bu	sinesses	acquired b	y the org	anization	after June 30,	1975.
	See section	509(a)(2). (Complet	e Part III.)								
10 🔲	An organizat	ion organized and o	perated exclusively to te	est for publ	ic safety.	See sect io	on 509(a)(4).			
11 🔲	An organizat	ion organized and o	perated exclusively for the	he benefit	of, to perf	orm the fu	nctions of	, or to car	ry out the	purposes of or	ne or
	more publicly	y supported organiz	ations described in secti	ion 509(a)(1) or section	on 509(a)(2). See se	ction 509	(a)(3). Ch	eck the box tha	at
	describes the	e type of supporting	organization and compl	lete lines 1	1e througl	n 11h.					
	a L Type	ı ь∟т	ype II c T	ype III - Fu	nctionally	Integrated	i e	d L Tyl	pe III - No	n-functionally in	tegrated
e	By checking	this box, I certify the	at the organization is not	t controlled	directly o	r indirectly	y by one o	r more dis	squalified	persons other t	:han
	foundation m	nanagers and other t	than one or more publicl	y supporte	ed organiza	ations des	cribed in s	section 50	9(a)(1) or	section 509(a)(2).
f	If the organiz	ration received a wri	tten determination from	the IRS th	at it is a Ty	pe I, Type	il, or Typ	e III			
		rganization, check t					•		•		
9			organization accepted a								
			directly controls, either a	lone or tog	ether with	persons o	described	ın (ii) and	(iii) below		s No
	-	•	upported organization?	_	•				•	11g(i)	
	•	•	n described in (i) above?		•	٠	•	-	••	11g(ii)	+-
	• •	•	a person described in (i)	• •						11g(iii)	
h	Provide the f	ollowing information	about the supported or	ganization	(S).						
			T	(ba) to the		(m) Did up		(vi) 1	e the		
	of supported	(il) EIN	(iii) Type of organization (described on lines 1-9	in col (i) lis	organization sted in vour			lorganizati	ion in col	(vii) Amount of r	
urga	anization		above or IRC section	governing document? (i) of your suppo			(i) organi U.S	zeo in tne S ?	support		
			(see instructions))	Yes	No	Yes	No	Yes	No		
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Form 990 or 990-EZ.

LHA For Paperwork Reduction Act Notice, see the Instructions for

Schedule A (Form 990 or 990-EZ) 2013 COLLEGE HEIGHTS FOUNDATION, INC.

Part II Support Schedule for Organizations Described in Sections 170(h)(1)(4) 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.)

Se	ction A. Public Support					,	
Cale	ndar 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.")	5,322,960.	4,098,551.	4,628,281.	5,660,233.	6,736,653.	26,446,678.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to				İ		
	the organization without charge						
4	Total. Add lines 1 through 3	5,322,960.	4,098,551.	4,628,281.	5,660,233.	6,736,653.	26,446,678.
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)			· · · · · · · · · · · · · · · · · · ·	'411114'-'		746,865.
6	Public support. Subtract line 5 from line 4					<u></u>	25,699,813.
Sec	ction B. Total Support				· · · · · · · · · · · · · · · · · · ·		· · · · · · · · · · · · · · · · · · ·
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	5,322,960.	4,098,551.	4,628,281.	5,660,233.	6,736,653.	26,446,678.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	623,704.	495,103.	530,456.	841,055.	939,146.	3,429,464.
9	Net income from unrelated business	ŀ					
	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		:				29,876,142.
12	Gross receipts from related activities,	,	-			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	d, fourth, or fifth ta	ıx year as a sectioi	n 501(c)(3)	
	organization, check this box and stor	here		<u> </u>	 		<u>▶</u>
Sec	ction C. Computation of Publ	ic Support Per	rcentage				06.00
14	Public support percentage for 2013 (ine 6, column (f) dr	vided by line 11, c	olumn (f))		14	86.02 %
	Public support percentage from 2012					15	87.50 <u>%</u>
16a	33 1/3% support test - 2013. If the c			ine 13, and line 1	14 is 33 1/3% or m	nore, check this bo	x and
	stop here. The organization qualifies		-				► X
b	33 1/3% support test - 2012. If the				line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac					t IV how the organi	ization
	meets the "facts-and-circumstances"					<u>.</u> <u>.</u> .	▶∟.
b	10% -facts-and-circumstances tes						U% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ						
18	Private foundation. If the organization	n did not check a b	box on line 13, 16a	1, 16b, 17a, or 17b		·-	
					Sche	dule A (Form 990	or 990-EZ) 2013

Schedule A (Form 990 or 990-EZ) 2013 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.)

Calendar year (or fiscal year beginning in) 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)) 16 Public support percentage from 2012 Schedule A, Part III, line 15 Section D. Computation of Investment Income Percentage	<u>Se</u>	ction A. Public Support		<u> </u>	,			
membership fees received. (De not include any runusual grants?) 2 Gross receipts from activities agree formed, or facilities trumbled in any activity that a 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 lever for the organization state section 513 5 The value of services or facilities from activities that are not an unrelated trade or business under section 513 6 Total. Add lines 1 through 5 7 The value of services or facilities furnished by a governmental unit to the organization without charge 6 6 Total. Add lines 1 through 5 7 a Amounts included on lines 1, 2, and 3 received from disqualified persons by accounts included on lines 1, 2, and 3 received from disqualified persons by accounts included on lines 1, 2, and 3 received from disqualified persons by accounts included on lines 1, 2, and 3 received from disqualified persons by accounts included on lines 1, 2, and 3 received from disqualified persons by accounts included on lines 1, 2, and 3 received from disqualified persons be ensured the greater of \$0,000 into the ensured that the second of the sec	Cale	indar year (or fiscal year beginning in) ►	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
include any 'unusual grafts.') 2 Gross receipts from admissions, merchandise acid or services per formed, or facilities furnished in any activity that is related to the organization's transverse purpose. 3 Gross receipts from activities that are not an unrelated trade or burniers under section 513 4 Tax revenues levied for the organization's benefit and either paid to ore expended on this behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from dequalified persons burniers and services in the 2 and 3 services into 3 and	1	Gifts, grants, contributions, and				1		
2. Gross receipts from admissions, merchandles sold or services performed, or facilities furnished to the organization's tax-exempt purpose 3. Gross receipts from admission that are not an unrelated trade or business under section 513. 4. Tax revenues levied for the organization's first, second, third, fourth, or fifth tax year as a section 501 (b) organization without charge the performance of the performa		membership fees received. (Do not						
merchandise sold or services performed, or facilities furnished in any activity that is related to the organization is tax-exempt purpose of services or secretary purpose of the organization is tax-exempt purpose of the organization is tax-exempt purpose of the organization is tax-exempt purpose of the organization is tax-exempt purpose of the organization is benefit and either paid to or expended on the organization without charge of Total. Add lines 1 through 5 The value of services or facilities furnished by a governmental unit to the organization without charge of Total. Add lines 1 through 5 A mounts included on lines 1, 2, and 3 received from disqualified persons be accessed the general of section of the sect		ınclude any "unusual grants.")						
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SCHEDULE D

(Form 990)

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.

OMB No 1545-0047

Department of the Treasury • Internal Revenue Service Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990 **Employer identification number** Name of the organization COLLEGE HEIGHTS FOUNDATION, INC. 61-0459494 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 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? 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? Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7. 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 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 2a a Total number of conservation easements 2b Total acreage restricted by conservation easements 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 2d listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax vear -Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Yes No violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) Yes and section 170(h)(4)(B)(ii)? 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. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III 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

Sche		HEIGHTS F					59494	
Par	t III Organizations Maintaining C	collections of A	rt, Historical To	reasures, or Ot	her Si	milar Asse	ts(continue	ed)
3	Using the organization's acquisition, accessi	on, and other record	is, check any of the	following that are a	signific	cant use of its	collection it	ems
	(check all that apply):							
а	Public exhibition	d	Loan or exc	change programs				
b	Scholarly research	е	Other					
c	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they further	the organization's ex	kempt p	ourpose in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	asures, or other simi	lar asse	ets		
	to be sold to raise funds rather than to be ma	aintained as part of t	the organization's c	ollection?			Yes	No_
Par	TIV Escrow and Custodial Arran	gements. Comple	ete if the organization	on answered "Yes" f	o Form	990, Part IV,	line 9, or	
	reported an amount on Form 990, Par					·		
1a	is the organization an agent, trustee, custodi	an or other intermed	diary for contribution	ns or other assets n	ot inclu	ded	-	
	on Form 990, Part X?			•		L	Yes	No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:		_	1		
					L		Amount	
C	Beginning balance				Ľ	1c		·
d	Additions during the year				<u> </u>	1d		
е	Distributions during the year	•				1e		
f	Ending balance			÷	L	1f		
2a	Did the organization include an amount on Fe			•		L	Yes	No
	If "Yes," explain the arrangement in Part XIII.					<u> </u>		<u> </u>
Par	t V Endowment Funds. Complete			1				
		(a) Current year	(b) Prior year	(c) Two years back		ree years back		-
1a	Beginning of year balance	36,210,944.	32,677,753	34,352,283		31,300,400.		52,408.
b	Contributions .	6,376,653.	5,660,233	4,628,281		4,098,551.		22,960.
C	Net investment earnings, gains, and losses	7,530,921.	4,344,328,			4,305,574.		35,610.
d	Grants or scholarships	5,491,207.	5,485,209	4,852,009	+	4,259,249.	4,0:	34,810.
e	Other expenditures for facilities					600 00F	١	
	and programs	230,839.	458,653		<u> </u>	620,225.		6,600.
f	Administrative expenses	663,164.	527,508.			472,768.	1	79,168.
g	End of year balance	43,733,308.	36,210,944.		<u>• -</u>	34,352,283.	31,30	0,400.
2	Provide the estimated percentage of the curr			a)) neid as:				
a	Board designated or quasi-endowment	.50	%					
b	Permanent endowment ► 95.80	3.70 %						
С								
_	The percentages in lines 2a, 2b, and 2c should be a second at the second		ation that are hold s	and administered for	the or	nonization		
За	Are there endowment funds not in the posse	ssion of the organiza	ation that are neid a	and administered to	tile Oit	garnzation	Ye	s No
	by:						3a(i)	X
	(i) unrelated organizations			•			3a(ii)	X
	(ii) related organizations If "Yes" to 3a(ii), are the related organizations	. lietad oo raquirad o	n Sahadula P2				3b	 -
_	Describe in Part XIII the intended uses of the						<u> </u>	
<u>4</u>	t VI Land, Buildings, and Equipm		witterit turios.					
rai	Complete if the organization answere		Part IV line 11a. S	See Form 990. Part)	(. line 1	0.		
	Description of property	(a) Cost or o			Accum		(d) Book v	alue
	pescription of property	basis (investr	****		eprecia		,-,	
12	Land .	1,190,		· · · · · · · · · · · · · · · · · · ·			1,190,	964.
b	Buildings	= , == , ,					<u>-</u>	
	Leasehold improvements				_			
d	Equipment					1		
-	Other							
	Add lines to through te (Column (d) must e	gual Form 990 Part	X column (B) line	10(c).)		>	1,190,	964.

Schedule D (Form 990) 2013

Investments ·	

Complete if the organization answered "Yes" (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) 20011 11110	(1,7,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1	
(2) Closely-held equity interests			
(3) Other		-	
			· <u> </u>
(A)			
(B) (C)			
(D)			
<u>(E)</u> .			
<u>(F)</u>			
(G)	<u> </u>		
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12)	<u></u>	<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>	** **
Part VIII Investments - Program Related.	4- Faura 000 Bart IV Iva	11- Can Form 000 Port V line 13	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-	of-vear market value
	(b) Dook value	(c) Method of Validation. Cost of Chid	or your market value
(1)			
(2)			
(3)			
(4)			
(5)		-	
(6)	<u> </u>		
(8)			
(9)			······································
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13)		<u> </u>	
Part IX Other Assets.		44 LO E 000 Ded V hands	i
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.	(b) Book value
	Description		37,419.
(1) INTEREST & DIVIDENDS RECE	IANDIE		2,520,961.
(2) ASSETS HELD FOR OTHERS	 		90,646.
(3) DONATED FURNITURE			90,040.
(4)			
(5)			
(6)			
(7)			
(8)			
(9)			2 640 026
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)	<u> </u>	2,649,026.
Part X Other Liabilities.			
Complete if the organization answered "Yes"			
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2) REFUNDABLE ADVANCES & GIF	T ANNUITY	2.462.511	
(3) LIABILITIES		3,463,511.	
(4) LIABILITY FOR ASSETS HELD	FOR	0.500.061	
(5) OTHERS		2,520,961.	
(6)			
(7)			

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 Schedule D (Form 990) 2013

(8) (9)

5,984,472.

Schedule D (Form 990) 2013

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Schedule D (Form 990) 2013 COLLEGE HEIGHTS FOUNDATION, INC.	61-0459494 Page 5
Schedule D (Form 990) 2013 COLLEGE HEIGHTS FOUNDATION, INC. Part XIII Supplemental Information (continued)	
CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	32,383.
·	
<u> </u>	
·	
	

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.

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Employer identification number 61-0459494		stion X Yes No	t IV, line 21, for any	(h) Purpose of grant or assistance				A A	Schedule I (Form 990) (2013)
į		istance, and the selec	es" to Form 990, Par	(g) Description of non-cash assistance					
		for the grants or assi	inization answered "Y	(f) Method of valuation (book, EMV, appraisal, other)			,		
		grantees' eligibility d States.	Somplete if the orgaded.	(e) Amount of non-cash assistance					
INC.		or assistance, the funds in the Unite	United States. Conal space is need	(d) Amount of cash grant				isted in the line 1 table	
		amount of the grants	Organizations in the be duplicated if additi	(c) IRC section if applicable		; ;		lons	ons for Form 990.
EIGHTS FO	nd Assistance	o substantiate the tance?	Sovernments and 5,000. Part II can	(p) EIN				nd government or listed in the line	see the instructi
Ĕŀ	Part i General Information on Grants and Assistance	 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? Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. 	Part if 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				 Enter total number of section 501(c)(3) and government organizations Enter total number of other organizations listed in the line 1 table 	LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2013) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) RETURNING STUDENT QUALIFIES FOR SCHOLARSHIP RENEWAL AND IN ORDER TO RECEIVE EXPLANATION: THE ORGANIZATION DISBURSES SCHOLARSHIPS EACH SEMESTER DIRECTLY Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. SUBMITTED BY APRIL 15TH. THE SCHOLARSHIP COMMITTEE WILL ALSO REVIEW THE RECIPIENTS OF EACH SCHOLARSHIP BASED ON THE GUIDELINES AGREED UPON WHEN THE UNIVERSITY SCHOLARSHIP COMMITTEE SELECTS THE FULL CONSIDERATION, A SCHOLARSHIP APPLICATION MUST BE COMPLETED AND STUDENTS' TRANSCRIPTS TO ENSURE THEY ARE IN GOOD STANDING WITH THE EACH YEAR, IN DETERMINING WHETHER (d) Amount of non-cash assistance ٥. 5,491,207 (c) Amount of cash grant 3500 (b) Number of recipients EACH SCHOLARSHIP WAS CREATED. SCHOLARSHIPS FOR STUDENTS ATTENDING WESTERN (a) Type of grant or assistance TO THE UNIVERSITY. LINE 2 KENTUCKY UNIVERSITY PART I, Part IV

332102 10-29-13

Page 2

61-0459494

Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.

INC

COLLEGE HEIGHTS FOUNDATION,

Schedule I (Form 990) (2013)

Part

Part III can be duplicated if additional space is needed.

Schedule I (Form 990)	COLLEGE	HEIGHTS	FOUNDATION,	INC.	61-0459494	Page 2
Schedule I (Form 990) Part IV Supplemental In	formation					
UNIVERSITY ACADEM	CALLY.					
						
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			<u> </u>			
						
						
		· 				
	<u> </u>					

SCHEDULE J (Form 990)

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 purpoirs gov/form990.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

Department of the Treasury

Internal Revenue Service

COLLEGE HEIGHTS FOUNDATION, INC. Part I Questions Regarding Compensation

Employer identification number 61-0459494

	kt t Questions negation Oompensation			
			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,	ł		ļ
	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	ļ		ŧ
	Tax indemnification and gross-up payments Health or social club dues or initiation fees	[ŀ
	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	١		
_	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			
0	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.	l .		
	Form 990 of other organizations X 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:			
а	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
С	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:			
а	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:			•
а	The organization?	6a		X
b	Any related organization?	6ь		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		

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Schedule J (Form 990) 2013

COLLEGE HEIGHTS FOUNDATION, INC.

61-0459494

Schedule J (Form 990) 2013

Page 2

Part # 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.

	(B) Break	down of V	/-2 and/or 1099-M	(B) Breakdown of W-2 and/or 1099-MISC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title	(f) Base compensation	sation	(ii) Bonus & Incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(Q)-())(B)	reported as deferred in prior Form 990
	•	-						
	(6)							
	(6)							
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Schedule J (Form 990) 2013

SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2013

Department of the Treasury Internal Revenue Service Attach to Form 990.

Open to Public

Name of the organization

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

Employer identification number

COLLEGE HEIGHTS FOUNDATION, 61-0459494 INC. Part I Types of Property (d) (c) (P) (a) Check if Number of Noncash contribution Method of determining contributions or amounts reported on applicable noncash contribution amounts tems contributed Form 990, Part VIII, line 1g Art - Works of art 2 Art · Historical treasures 3 Art - Fractional interests 4 Books and publications 5 Clothing and household goods 6 Cars and other vehicles 7 Boats and planes 8 Intellectual property 75,168. VALUE PER STOCK EXCH a X 9 Securities - Publicly traded 10 Securities - Closely held stock 11 Securities · Partnership, LLC, or trust interests 12 Securities - Miscellaneous 13 Qualified conservation contribution -Historic structures Qualified conservation contribution · Other 14 Real estate - Residential 15 16 Real estate - Commercial Real estate - Other 17 Collectibles 18 19 Food inventory 20 Drugs and medical supplies 21 Taxidermy 22 Historical artifacts 23 Scientific specimens 24 Archeological artifacts 25 Other 26 Other 27 Other 28 Other _ Number of Forms 8283 received by the organization during the tax year for contributions 29 0 for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Ye<u>s</u> No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 - 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for 30a Х the entire holding period? **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? Х 31 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash 32a X contributions? b If "Yes," describe in Part II. If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, 33

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2013)

describe in Part II.

Schedule M (Form 990) (2013) COLLEGE HEIGHTS FOUNDATION, INC. 01-0459494 Page 2
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.
SCHEDULE M, LINE 32B:
EXPLANATION: UPON RECEIPT OF GIFTS OF REAL ESTATE, THE ORGANIZATION
WILL USUALLY HIRE A QUALIFIED REAL ESTATE PROFESSIONAL TO ASSIST WITH
THE SALE OF EACH PROPERTY. ALSO, OCCASIONALLY AN ENVIRONMENTAL FIRM
WILL BE USED TO PERFORM EVALUATIONS OF POTENTIAL GIFTS OF REAL ESTATE
TO ENSURE THERE ARE NO ENVIRONMENTAL PROBLEMS WITH THE PROPERTY. UPON
RECEIPT OF PUBLICLY TRADED SECURITIES, THE SECURITIES ARE PLACED IN THE
ORGANIZATION'S EQUITY INVESTMENT ACCOUNT AND SOLD PROMPTLY BY THE
ORGANIZATION'S FINANCIAL ADVISORS.

SCHEDULE 0 (Form 990 or 990-EZ)

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.

OMB No 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Information about Schedule O (Form 990 or 990-FZ) and its instructions is seture its gov/form990

Employer identification number

COLLEGE HEIGHTS FOUNDATION, INC.	61-0459494
FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MIS	
UNIVERSITY THROUGH THE ADMINISTRATION OF SCHOLARSHIP ENDO	WMENTS.
FORM 990, PART VI, SECTION B, LINE 11:	
EXPLANATION: THE 990 IS MADE AVAILABLE FOR REVIEW BY THE	GOVERNING BODY AT
THE FIRST QUARTERLY BOARD MEETING FOLLOWING THE FILING OF	THE RETURN.
FORM 990, PART VI, SECTION B, LINE 12C:	
EXPLANATION: CONFLICT OF INTEREST STATEMENTS ARE COMPLETE	D ON A REGULAR
BASIS BY ALL DIRECTORS AND ARE REVIEWED ANNUALLY.	
FORM 990, PART VI, SECTION B, LINE 15:	
EXPLANATION: ALL SALARY DETERMINATIONS ARE MADE BY AN ANN	UAL REVIEW OF
INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS.	
FORM 990, PART VI, SECTION C, LINE 19:	
EXPLANATION: THE ORGANIZATION MAKES GOVERNING DOCUMENTS,	POLICIES, AND
FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION AT T	HEIR OFFICE DURING
NORMAL BUSINESS HOURS.	
FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:	
NET CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS	32,383.