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Return of Organization Exempt From Income Tax

OMB No 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Ā	For the	2013 cale	endar year, or tax year beginning	January 1	2013, and e	nding	Decen	iber 31	, 20 13	
B		applicable:	C Name of organization Kentucky L	aw Enforcement Memorial F	oundation			D Employ	er identification n	umber
$\bar{\Box}$	Address	• • •	Doing Business As						61-1356926	
Η			Number and street (or P.O box if ma	il is not delivered to street addres	s) Roo	m/suite		E Telepho	ne number	
\vdash	Name ch	•	_ `			ındorbi	urk 209	•	859-622-5928	
片	Initial ret		521 Lancaster Avenue Crty or town, state or province, coun	try and 7IP or foreign postal code		unuer Di	UI K 203		033-022-3320	
片	Terminat			ay, and all or loreign poster cook	•			G Gross re	ecountr &	470 501
닏	Amende		Richmond, KY 40475-3102			***				178,501
Ш	Applicati	on pending			Director				subordinates? Yes	
_			521 Lancaster Avenue, Richmon						s included? Ves	
<u>L</u>	Tax-exer	npt status	√ 501(c)(3) □ 501(c) () ◀ (insert no) ☐ 4947(a)	(1) or	27	l	•	a list. (see instruction	ons)
J	Website		w.klemf.org		T		H(c) Group			
K		organization:	Corporation Trust Associa	tion	L Year of f	ormation	: 1999	M State	of legal domicile.	<u>KY</u>
P	art I	Sumn			······································				· · · · · · · · · · · · · · · · · · ·	
	1		escribe the organization's miss							
8	ļ	Provides	monetary grants to survivors of	Kentucky peace officers kill	led in the li	ne of d	uty. Provid	les schol	arships, medic	al and
Activities & Governance			cy relief grants to officers and fa							
<u> </u>	2	Check th	nis box ▶ ☐ if the organization	discontinued its operations	s or dispos	sed of a	more than	25% of	its net assets.	
é	3	Number	of voting members of the gove	rning body (Part VI, line 1a	ι)			3		19
⊸ ĕ	4		of independent voting member			1b) .		4		- 0 -
ee	5		mber of individuals employed in					5		- 0 -
₹	6		mber of volunteers (estimate if					6		35
ुइ	7a		related business revenue from		2			7a		- 0 -
_	Ь.		elated business taxable income					7b		- 0 -
_	+ -	140t dillio	nated basiness taxasis inserins				Prior Ye		Current Y	
į	8	Contribu	tions and grants (Part VIII, line	1b)				125,459		129,988
9	9		service revenue (Part VIII, line			·		- 0 -		- 0 -
Revenue	1 -	_	ent income (Part VIII, column (A			` ├─		51,940		38,501
Ê	10		venue (Part VIII, column (A), line						<u>-</u>	
3	11		venue (Part VIII, Column (A), line enue—add lines 8 th <u>rough 11 (n</u>					13,049		10,012
: —	12				1 (/-), 11110-11	-		190,448		178,501
)	13		ind similar amounts paid (Parti			. ⊢		55,750		50,500
	14		paid to or for members (Part D			∴		-0-		-0-
8	15	Salaries,	other compensation employee	benefits (Part IX, column (A)	, lines 5–10	"		-0-		-0-
Expenses	16a	Professi	onal fundraising fees Part MA	Jer aniugax una		·		<u> </u>		<u>-0-</u>
Š	b		ndraising expenses (Par <u>t IX, col</u>		25,73	<u> </u>				
ш	17		penses (Part IX, column 🔼 🕍			·		70,091		67,223
	18		penses. Add lines 1 <u>8–17 (must</u>		line 25)	•		125,841		117,723
	19	Revenue	e less expenses. Subtract line 1	8 from line 12		•		64,607		60,778
ets or	8					Beg	ginning of Cu	rrent Year	End of Y	98r
86	20	Total as	sets (Part X, line 16)					864,936		925,725
Asse			bilities (Part X, line 26)			· L		218		229
氢	22	Net asse	ets or fund balances. Subtract I	ine 21 from line 20	· · · · · · · · · · · · · · · · · · ·	<u> </u>		864,718		925,496
	art II		ture Block							
U	nder pena	ities of perj	ury, I declare that I have examined this	return including accompanying so	chedules and	stateme	nts, and to t	he best of i	my knowledge an	d belief, it is
tr	ue, correc	t, and comp	olete Declaration of preparer (other than	officer) is based on all information	n of which pr	eparer ha	as any knowl	edge.		
			X 18/1/1/2					05/0	4/20H	
Si	gn	8/gi	nature of officer	,			Da	te /	• •	
H	ere	KK	enneth D. Schwendeman	, Secretary Treas	urer					
			e or print name and title	, , , , , , , , , , , , , , , , , , , ,						
D,	aid	Print/T	ype preparer's name	Preparer's signature		Date		Check	T IF PTIN	-
	repare							self-em		
	se On		name ▶			•	Fim	ı's EIN ▶		
U	se Un	ייין עי	address ▶				1	ne no.		
M	ay the IF		ss this return with the preparer	shown above? (see instruc	tions) .			• • •	<u> </u> Ye	s 🗌 No
_			uction Act Notice, see the separa			Cat. No	11282Y			990 (2013)

Part	
1	Check if Schedule O contains a response or note to any line in this Part III
•	Provides death benefit grants to nearest surviving family member of KY peace officers killed in the line of duty. Provides scholarships
	medical, and emergency relief grants to serving officers and their families, and to the families of officers killed in the line of duty.
	Owns and maintains the statewide law enforcement memorial monument at which it holds an annual memorial service.
2	Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ?
	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?
4	If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by
4	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 \$ 79,191 including grants of \$ 50,500) (Revenue \$)
-14	Provide limited educational assistance to family members of slain officers and to serving officers and their families. Provide limited
	immediate financial assistance to serving officers and the famil members of slain officers (medical, emergency relief and death
	monetary grants).
	······
4b	(Code:) (Expenses \$ 28,691 including grants of \$) (Revenue \$)
40	(Code:) (Expenses \$ 28,691 including grants of \$) (Revenue \$) Provide appropriate recognition for slain Kentucky law enforcement officers through the erection and maintenance of a Memorial
	Monument and public ceremonies - potentially tens of thousands are involved.
4c	(Code:) (Expenses \$including grants of \$) (Revenue \$)
4d	Other program services (Describe in Schedule O.)
4-	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses 79 191

Part	Checklist of Required Schedules			1
			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	/	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2	<u> </u>	1
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		1
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		1
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		1
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		1
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		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
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		1
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		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	1	
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		1
С	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		1
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		1
e f	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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.	11e		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
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		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a		14a	T	1
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	4.41		1
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	14b		<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.	15	 	1
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 (see instructions)	17	1	
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	 	1
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		1
20 a	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H.</i>	20a	1	∀
-	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

Form 99				Page 4
Part	V 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	163	1
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	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 Schedule J	23		1
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		1
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 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	24d 25a		1
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		1
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		1
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		1
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 b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	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		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified	29		√
31	conservation contributions? If "Yes," complete Schedule M	30		1
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		1
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		1
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		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		1
36	controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2. Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable	35b	-	1
37	related organization? If "Yes," complete Schedule R, Part V, line 2	36	<u> </u>	_
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		1
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	1	

Form **990** (2013)

Part	Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V			П
	Officer if Concedure a respense of flote to dry line in the fact v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1		
С	Did the organization comply with backup withholding rules for reportable payments to vendors and	1		
	reportable gaming (gambling) winnings to prize winners?	1c		
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 -0-			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b		
	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		1
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		/
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.			L
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		1
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c	ļ	
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		/
b		6ь		
7	gifts were not tax deductible?	OD		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods			ŀ
-	and services provided to the payor?	7a		-
ь	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			\vdash
_	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	1		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f		
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			l <u>.</u>
	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		ļ
b	Did the organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12	4		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b]	4		
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders			ł
a b	Gross income from other sources (Do not net amounts due or paid to other sources	-		
_	against amounts due or received from them.)			
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	1.20		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		1
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			1
	the organization is licensed to issue qualified health plans			1
C	Enter the amount of reserves on hand			L
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
Ь	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule O	14b		

Part	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	struct	ions.
0	Check if Schedule O contains a response or note to any line in this Part VI		•	<u>. LJ</u>
Section	on A. Governing Body and Management		Yes	No
10	Enter the number of voting members of the governing body at the end of the tax year 1a 19		100	
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.			
b	Enter the number of voting members included in line 1a, above, who are independent . 1b -0-	.]		
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		Ĭ
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		1
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets? .	5		√
6 7a	Did the organization have members or stockholders?	6		√
ь	one or more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members,	7a		✓
_	stockholders, or persons other than the governing body?	7b		1
8	the year by the following:			
a	The governing body?	8a 8b	√	├
9	Each committee with authority to act on behalf of the governing body?	OD	_	
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	ue C	Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		1
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		1
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			广
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	_	1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		1
14 15	Did the organization have a written document retention and destruction policy?	14		✓
_	independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	15a	1	
a b	Other officers or key employees of the organization	15b	_	1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	1.02		<u> </u>
	with a taxable entity during the year?	16a		1
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		
Secti	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed Kentucky Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501 (c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.		•	, and
20	State the name, physical address, and telephone number of the person who possesses the books and records organization: Ken Schwendeman, Funderburk 401B, EKU, Lancaster Avenue, Richmond, KY 40475-3102/Phone:(8			.

Form **990** (2013)

Form 990 (2013)

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 f	² art VII	<u></u>	🗀

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 employees."
- 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 no	r any relate	d orga	aniz	atic	n c	ompe	ensa	ited any curren	t officer, director	, or trustee.	
(A) Name and Title	(B) Average hours per	box,	unles	Pos eck s pe	rson	e than o	an	from	(E) Reportable compensation from		
	week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations	
(1) Horace Johnson, Executive Director (10 mos)	21						Ì				
2019 Halifax-Settle Road, Scottsville, KY 42164		1			/	1		\$30,000	-0-	- 0 -	
(2) Drexel Neal, Executive Director (2 mos.)	21	i ·	 		Ť	Ť		\$30,000			
103 Ruth Way, Georgetown, KY 40324	† -	1			1			\$6,000	-0-	- 0 -	
(3) Herb Bowling, Director	-0-							75,000			
710 Berry Road, Carlisle, KY 40311	· • • • • • • • • • • • • • • • • • • •	1						- 0 -	- 0 -	- 0 -	
(4) Dr. John W. Bizzack, Director	-0-										
521 Lancaster Road, Richmond, KY 40475-3102	1	✓			1	1		-0-	- 0 -	-0-	
(5) Ken Schwendeman, Director	4									· · · · · · · · · · · · · · · · · · ·	
521 Lancaster Road, Richmond, KY 40475-3102		1			1	1		-0-	- 0 -	-0-	
(6) Rick Curtis, Director	-0-										
DPS, 200 East Main Street, Lexington, KY 40507	1	✓		1				-0-	- 0 -	-0-	
(7) Priscilla Walls, Director	-0-					T					
606 Woodduck Lane, Georgetown, KY 40324		1				1		-0-	- 0 -	-0-	
(8) Don Pendleton, Director	-0-										
521 Lancaster Road, Richmond, KY 40475-3102		✓				ľ		-0-	- 0 -	- 0 -	
(9) Mark Turner, Director	-0-										
a60 Clubhouse Drive, Georgetown, KY 40324		 ✓			İ		l	-0-	- 0 -	-0-	
(10) Mike Wilder, Director	-0-				Π						
8071 Perryville Road, Danville, KY 40422		✓			1	1		-0-	-0-	-0-	
(11) Officer David Culler, Director	-0-										
560 Greer Lane, Bardstown, KY 40004		✓		L				-0-	- 0 -	-0-	
(12) Charles Melville, Director	-0-										
521 Lancaster Road, Richmond, KY 40475-3102		✓		L		L		- 0 -	- 0 -	- 0 -	
(13) Dana Todd	- 0 -										
521 Lancaster Road, Richmond, KY 40475-3102		✓						-0-	- 0 -	-0-	
(14) Rachel Lingenfelter	-0-										
521 Lancaster Road, Richmond, KY 40475-3102		✓	l			<u></u>		-0-	- 0 -	-0-	

Part	VII Section A. Officers, Directors, Trust	ees, Key E	mploy	/005	s, ar	nd H	lighes	st C	ompensated E	mployees (co	ntinued)		
_	(A) Name and title	(B) Average hours per	box,	ınles	Posi eck is pe	rson	than o is both or/trust	an	(D) Reportable compensation	(E) Reportable compensation fr	mom	Estir amo	F) nated unt of her	
		week (list any hours for related organizations below dotted line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		compe from organi and r	ensation n the ization related izations	
	dney Brewer	- 0 -												
	9 Versailles Road, Frankfort, KY 40601		/			_	<u> </u>		-0-	-	0 -			- 0 -
	n Elder, Director	- 0 -	1				l	ĺ	-0-	_	0-			- 0 -
	ook Farm, 200 Chinoe Road, Lexington, KY te Chiericozzi, Director	- 0 -	Ť		1	 	-	 	- 0-		-			
	regon Road, Salvisa, KY 40372		1						- o <u>-</u>		0 -			<u>- 0 -</u>
	drew Baird, Director	- 0 -												
4969 U	S Hwy 42, Louisville, KY 40222		1	<u> </u>	ļ			<u> </u>	-0-		0-			<u>-0-</u>
	nathan Steiner, Director	-0				1								•
	Vine Street, Suite 800, Lexington, KY 40507		-	 	-	┢		╁	-0-		0-			<u>- 0 -</u>
(20)			1											
(21)	· · · · · · · · · · · · · · · · · · ·			Г		 		t						
<u> </u>					<u> </u>									
(22)														
(23)														
(24)														•
(25)														
1b	Sub-total	<u> </u>		L	٠	<u> </u>		┢	\$36,000	<u> </u>	0 -			- 0 -
c	Total from continuation sheets to Part	VII, Sectio	n A					•	- 0 -	†	0 -			- 0 -
d	Total (add lines 1b and 1c)	<u> </u>							\$36,000		0 -			- 0 -
2	Total number of individuals (including bur reportable compensation from the organ			nose	e lis	ted	abov	e) w	nho received m	ore than \$100	0,000 c	f		
													Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete										sated	3		✓
4	For any individual listed on line 1a, is the													
	organization and related organizations			150	,000)? /	f "Ye	·s, "	complete Scl	nedule J for	such			-, -
_	individual				+:~-	. fra	 	•		 Totion or indu	adual	4		<u> </u>
5	for services rendered to the organization											5	1	1
Section	on B. Independent Contractors						-		·	 .				•
1	Complete this table for your five highest compensation from the organization. Reyear.													ıх
	(A) Name and business add	iress	·				•		(B) Description of s	services	Co	(C)	ation	
None.														•
								1						
								+		+				-
								+						
2	Total number of independent contractor received more than \$100,000 of compen							o ti	nose listed ab	ove) who				

Form **990** (2013)

Part	VIII	Statement of Reve			Proceedings.	D 4 \ // !!!	<u></u>	
		Check if Schedule O	contains a resp	oonse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
8 8	1a	Federated campaigns	s 1a	-0-				
in in	b	Membership dues .	1b	- 0 -	J	j	J	
P, G	C	Fundraising events .	1c	- 0 -				
a E	d	Related organizations	i 1d	- 0 -				
ê Ë	е	Government grants (con		-0-				
ğ ş	f	All other contributions, gi			i			
Contributions, Gifts, Grants and Other Similar Amounts		and similar amounts not inc		129,988				
2 P	g	Noncash contributions include		- 0 -	ŀ			
	h	Total. Add lines 1a-1	<u>f</u>		129,988			
Program Service Revenue				Business Code	ļ			
946	2a	None.		None.	-0-	-0-	-0-	- 0 -
6 E	b				-0-	-0-	-0-	- 0 -
Z	C				-0-	-0-	-0-	-0-
န္	d				-0-	-0-	-0-	-0-
ᄪ	e	All about the second			- 0 -	-0-	- 0 -	-0-
Ę,	T	All other program ser Total. Add lines 2a-2			-0-	- 0 -	- 0 -	- 0 -
-	3	Investment income			- 0-			
	3	and other similar amo	•		38,501	38,501	- 0 -	- 0 -
	4	Income from investmen	•		- 0 -	- 0 -	- 0 -	- 0 -
	5		_ · · · · · · · ·	•	-0-	- 0 -	- 0 -	- 0 -
	•	rioyanioo	(i) Real	(ii) Personal				
	6a	Gross rents	-0-	-0-				
	b Less: rent c Rental ind	Less: rental expenses	- 0 -	-0-	ŀ			
	1 -	Rental income or (loss)		-0-				
	d	Net rental income or			- 0 -	- 0 -	- 0 -	- 0 -
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	-0-	-0-				
	ь	Less: cost or other basis						
		and sales expenses .	-0-	-0-				
	С	Gain or (loss)	- 0 -	-0-]			
	d	Net gain or (loss) .		<u> ▶</u>	- 0 -	- 0 -	-0-	-0-
Other Revenue	8a	Gross income from fuevents (not including \$ of contributions report	- 0 - ed on line 1c).					
Ę	١.	See Part IV, line 18 .		,255				
δ	b							
	9a	Gross income from ga	aming activities.		7,414		7,414	-0
		See Part IV, line 19 .						
	b	Less: direct expense						
	C	Net income or (loss) 1		ivities ►	- 0 -	- 0 -	- 0 -	- 0 -
	10a	Gross sales of in returns and allowance		2,920				
	ь	Less: cost of goods s	sold b	322	1			
	c	Net income or (loss)	from sales of inv	entory >	2,598	2,598	- 0 -	- 0
		Miscellaneous F	Revenue	Business Code			_	
	11a	None		None.	- 0 -	- 0 -	- 0 -	- 0
	Ь				-0-	- 0 -	- 0 -	- 0 -
	С				- 0 -	-0-	- 0 -	- 0
	d	All other revenue .		L	- 0 -	-0-	-0-	-0-
	40	Total. Add lines 11a-		· ·	-0-			
	12	Total revenue. See i	nstructions	🟲	178,501	41,099	7,414	- 0 -

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons		om misranis .		
86, 96, and	elude amounts reported on lines 6b, 7b, d 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	nts and other assistance to governments and unizations in the United States. See Part IV, line 21	- 0 -	- 0 -		
	nts and other assistance to individuals in United States. See Part IV, line 22	50,500	50,500		
orga	nts and other assistance to governments, anizations, and individuals outside the ted States. See Part IV, lines 15 and 16	- 0 -	- 0 -		
	nefits paid to or for members	-0-	-0-		
5 Cor	mpensation of current officers, directors, stees, and key employees	- 0 -	-0-	- 0 -	- 0
6 Con	npensation not included above, to disqualified sons (as defined under section 4958(f)(1)) and sons described in section 4958(c)(3)(B)				
•	· · · · · · · · · · · · · · · · · · ·	-0-	-0-	-0-	- 0
8 Pen	ner salaries and wages	-0-	-0-	- 0 -	- 0
	ner employee benefits	-0-	-0-	-0-	-0
	roll taxes	- 0 -	- 0 -	-0-	<u>- 0</u> - 0
•	es for services (non-employees):	-0-			
	nagement	36,000	9,000	9,000	18,00
	gal	-0-	-0-	-0-	- 0
-	counting	3,600	1,200	1,200	1,20
d Lob	obying [-0-	- 0 -	- 0 -	- 0
e Prof	fessional fundraising services. See Part IV, line 17	- 0 -			- 0
	estment management fees	-0-	-0-	- 0 -	- 0
	er. (If line 11g amount exceeds 10% of line 25, column [umount, list line 11g expenses on Schedule O.)	- 0 -	- 0 -	- 0 -	-0
	vertising and promotion	7,222	722	722	5,77
	ice expenses	1,514	378	378	75
	ormation technology	-0-	-0-	-0-	- 0
	yalties	- 0 - - 0 -	-0-	- 0 -	0
		-0-	- 0 - - 0 -	-0-	- <u>0</u> - 0
	ments of travel or entertainment expenses		_ -0-		- 0
	any federal, state, or local public officials	- 0 -	- 0 -	- 0 -	- 0
19 Cor	nferences, conventions, and meetings	1,349	1,349	- 0 -	- 0
	erest	- 0 -	- 0 -	- 0 -	- 0
21 Pay	yments to affiliates [- 0 -	- 0 -	- 0 -	- 0
-	preciation, depletion, and amortization .	6,043	5,403	640	- 0
	urance	1,151	575	576	- 0
abo line	per expenses. Itemize expenses not covered by (List miscellaneous expenses in line 24e. If 24e amount exceeds 10% of line 25, column amount, list line 24e expenses on Schedule O.)				
	remonies Expense	3,381	3,381	- 0 -	- 0
	es Expense	265	-0-	265	- 0
	nument Maintenance Expense	6,683	6,683	-0-	
	other expenses	15	-0-	15	0
	other expenses al functional expenses. Add lines 1 through 24e	- 0 -	-0-	-0-	<u> </u>
26 Join organism	nt costs. Complete this line only if the anization reported in column (B) joint costs a combined educational campaign and draising solicitation. Check here	117,723	79,191	12,796	25,73
TOILG	owing SOP 98-2 (ASC 958-720)	- 0 -	- 0-	-0-	- 0 Form 990 (201)

Part X **Balance Sheet** Check if Schedule O contains a response or note to any line in this Part X (A) **(B)** Beginning of year End of year 1 200 420 1 2 Savings and temporary cash investments 2 633.435 699,660 3 3 - 0 --0-4 4 - 0 -- 0 -Loans and other receivables from current and former officers, directors, 5 trustees, key employees, and highest compensated employees. 5 -0-- 0 -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 instructions), Complete Part II of Schedule L. - 0 -- 0 -- 0 -7 - 0 -7 8 8 2,379 2,766 9 Ω Prepaid expenses and deferred charges . . . - 0 -- 0 -Land, buildings, and equipment; cost or 10a other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 10c b 60.888 228,922 222,879 11 Investments—publicly traded securities - 0 -11 - 0 -12 12 Investments—other securities. See Part IV, line 11 . . . - 0 -- 0 -13 Investments—program-related. See Part IV, line 11 13 - 0 -- 0 -14 14 - 0 -- 0 -Other assets. See Part IV, line 11 15 - 0 -15 - 0 -16 Total assets. Add lines 1 through 15 (must equal line 34) 864,936 16 925,725 17 218 17 229 18 - 0 -18 - 0 -19 19 - 0 -- 0 -20 20 - 0 -- 0 -21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 - 0 -- 0 -Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 - 0 -- 0 -23 Secured mortgages and notes payable to unrelated third parties . . . 23 - 0 -- 0 -24 Unsecured notes and loans payable to unrelated third parties . . . - 0 -24 - 0_-Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 - 0 - 0 -26 Total liabilities. Add lines 17 through 25 26 218 229 Organizations that follow SFAS 117 (ASC 958), check here ▶ □ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 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 - 0 -30 - 0 -31 Paid-in or capital surplus, or land, building, or equipment fund . . . - 0 -31 - 0 -32 Retained earnings, endowment, accumulated income, or other funds. 32 -0-- 0 -33 864,718 33 925,496 34 Total liabilities and net assets/fund balances 34 864,936 925,725

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.

3a

Form **990** (2013)

Schedule O.

SCHEDULE A (Form 990 or 990-EZ)

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.

OMB No 1545-0047 2013

Department of the Treasury Internal Revenue Service

► 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.

Open to Public Inspection

Name of the organization Employer identification numb								n number			
Kentı	ucky Law Enforceme							61-1356926			
Pai			ity Status (All organ						nstruction	ons.	
1 2	☐ A church, conv	vention of church ribed in section	tion because it is: (Formes, or association of 170(b)(1)(A)(ii). (Attaction of the control of th	churches h Sched	s describe ule E.)	ed in sec	tion 170(b)(1)(A)(ī).		
3 4	A medical rese	earch organization e, city, and state		ction with	a hospit	al descril	oed in se	ction 170			
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 7											
8	8 A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)										
9	receipts from support from acquired by th	activities related gross investme e organization a	receives: (1) more that I to its exempt functi nt income and unrel fter June 30, 1975. Se	ionssul lated bus se sectio	bject to d siness tax n 509(a) (certain exable inc 2). (Comp	ceptions come (les plete Parl	s, and (2) ss sectio t III.)	no mor n 511 ta	e than 331/3% of its	
10 11	An organization	on organized an ne or more pub	operated exclusively d operated exclusive licly supported organ describes the type of	ely for th	ne benefit described	t of, to p	perform ti ion 509(a	the funct i)(1) or se	ions of, ection 50	9(a)(2). See section	
	a 🔲 Type I	b ☐ Type			-					tionally integrated	
е	By checking the	nis box, I certify ndation manage	that the organization rs and other than one	is not co	ntrolled d	irectly or	indirectly	y by one	or more	disqualified persons	
f	If the organization, organization, or		written determination	on from t	the IRS t	that it is	a Type	I, Type	ll, or Ty _l	pe III supporting	
g	Since August following person		ne organization accep	oted any	gift or co	ontributio	n from a	ny of the	•		
	(i) A person v	who directly or in	ndirectly controls, eithody of the supported o								
	(ii) A family m	ember of a perso	on described in (i) abo	ove?						. 11g(ii)	
		•	a person described in							11g(iii)	
h			on about the support							<u> </u>	
(1)	Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	ii) Type of organization described on lines 1-9 in col (f) listed in your above or IRC section governing document? (v) Did you notify the organization in col. (f) of your		nization in of your	(vi) Is the organization in col (i) organized in the U.S.?		(vii) Amount of monetary support		
				Yes	No	Yes	No	Yes	No		
(A)											
(B)	· · · · · · · · · · · · · · · · · · ·										
(C)											
(D)											
(E)							ļ				
				1				1	1	1	

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.)

Secur	on A. Public Support						
Calend	dar 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.")	138,259	121,594	132,173	125,459	129,988	647,473
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	- 0 -	- 0 -	- 0 -	- 0 -	-0-	- 0 -
3	The value of services or facilities furnished by a governmental unit to the organization without charge	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -
4	Total. Add lines 1 through 3	138,259	121,594	132,173	125,459	129,988	647,473
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)						- 0 -
6	Public support. Subtract line 5 from line 4.					·- ···	647,473
	on B. Total Support			<u> </u>		<u></u>	911,7110
	dar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
7	Amounts from line 4	138,259	121,594	132,173	125,459	129,988	647,473
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	2,201	1,806	52,846	51,940	38,501	147,294
9	Net income from unrelated business activities, whether or not the business is regularly carried on	- 0 -	-0-	- 0 -	-0-	- 0 -	- 0 -
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.)	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -	- 0 -
11	Total support. Add lines 7 through 10						794,767
12	Gross receipts from related activities, etc.	•	•			12	41,099
13	First five years. If the Form 990 is for the	_			_		
	organization, check this box and stop he				<u></u>	· · · · ·	· · > □
Section	on C. Computation of Public Suppor						
14	Public support percentage for 2013 (line 6					14	81.5 %
15	Public support percentage from 2012 Sch					15 not more of	86.3 %
16a	331/3% support test—2013. If the organization qua						
b	331/2% support test—2012. If the organ check this box and stop here. The organ	nization did no	t check a box	on line 13 or	16a, and line		or more,
	•	•	, ,	•			L-J
178	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	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						
18	Private foundation. If the organization di instructions	d not check a l	box on line 13,	, 16a, 16b, 17a	, or 17b, chec	k this box and	

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.)

C41	A Dublic Compart	41.40. 41.0 10	<u> </u>	, p. 66.65		,	
	on A. Public Support	(-) 0000	(h) 0010	(=) 0011	(-0.0010	(-) 0012	(A Total
_	dar 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						
2	sold or services performed, or facilities		ļ				
	furnished in any activity that is related to the			ļ			
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an		i				
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid		1				
	to or expended on its behalf				1	ł	
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		 		 	 	
, a	received from disqualified persons .						
			+		-		· · ·
b	Amounts included on lines 2 and 3					1	
	received from other than disqualified				1	1	
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			1		1	
	<u>.</u>		ļ	<u> </u>	-	ļ	
_	Add lines 7a and 7b						
8	Public support (Subtract line 7c from					Ì	
	line 6.)			į			
Secti	on B. Total Support						<u> </u>
Calen	dar 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,				1		
	royalties and income from similar sources .				1		
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses			ļ			
	acquired after June 30, 1975						
С	Add lines 10a and 10b						
11	Net income from unrelated business		 		 	 	
• •	activities not included in line 10b, whether		1	1	ļ	1	
	or not the business is regularly carried on						
10	Other income. Do not include gain or		<u> </u>	 	 	 	
12	loss from the sale of capital assets				1		
	(Explain in Part IV.)			1			
13	Total support. (Add lines 9, 10c, 11,			 	 	 	
13	and 12.)		1				
44	•	L organization	n'o first sees	d third format	or fifth tox	1	D 501(c)(2)
14	First five years. If the Form 990 is for the organization, check this box and stop he	_			•		
C			· · · · ·	· · · · ·		· · · · · · ·	
	on C. Computation of Public Suppor			101	·	Tae I	
15	Public support percentage for 2013 (line						%
16	Public support percentage from 2012 Sci			<u></u>		16	%
	on D. Computation of Investment In						
17	Investment income percentage for 2013 (•			<u>%</u>
18	Investment income percentage from 2012						%
19a	331/3% support tests-2013. If the organ						
	17 is not more than 331/3%, check this box	and stop here	. The organizati	on qualifies as	a publicly supp	orted organizat	ion . ▶ 🔲
b	33¹ര% support tests-2012. If the organiz						
	line 18 is not more than 331/3%, check this						
20	Private foundation. If the organization di						

Schedule A (F	Form 990 or 990-EZ) 20	13 Page 4
Part IV	Supplemental	Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and . 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

Open to Public Inspection

Name of the organization **Employer Identification number Kentucky Law Enforcement Memorial Foundation** 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 Total number at end of year 1 Aggregate contributions to (during year) . 2 3 Aggregate grants from (during year) . . Addregate value at end of year 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 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 ☐ Yes ☐ No 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 Preservation of a certified historic structure ☐ Protection of natural habitat ☐ Preservation of open space 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 Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) . . . 2c Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ 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 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 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B) ☐ Yes ☐ No 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. 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. 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: \blacktriangleright 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: Assets included in Form 990, Part X

Pac	ю	2

Part	III Organizations Maintaining	Collections of	Art, His	torical T	reasures	, or Ot	her Similar As	sets (continued)
3	Using the organization's acquisition, a collection items (check all that apply):							
а	☐ Public exhibition		d	□ Loan	or exchang	ie nroa	rame	
b	Scholarly research		о е	☐ Other				
	Preservation for future generations	•	·					
4	Provide a description of the organizat		and expla	ain how th	nev further	the ord	anızation's exem	not purpose in Part
Ť	XIII.		O/4p.		,		,	,p. p. p. p
5	During the year, did the organization	solicit or receive	donation	s of art.	historical ti	easure	s. or other simila	ır
	assets to be sold to raise funds rather						•	☐ Yes ☐ No
Part	IV Escrow and Custodial Arra	ngements.				•		
· · · · · · · · · · · · · · · · · · ·	Complete if the organization	answered "Yes	" to For	n 990, P	art IV, line	9, or ı	reported an am	ount on Form
	990, Part X, line 21.							
18	Is the organization an agent, trustee,							t
	included on Form 990, Part X?							☐ Yes ☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fo	llowing ta	able:	,		
							Aı	mount
C	Beginning balance					10		·····
d	Additions during the year					10	1	
е	Distributions during the year					1e		<u> </u>
f	Ending balance					11		
2a	Did the organization include an amour							
	If "Yes," explain the arrangement in Pa	art XIII. Check her	e if the e	xplanation	n has been	provide	ed in Part XIII .	<u> U </u>
Part		1 40/	N 4	000 5		40		
	Complete if the organization						La mondo de la contractional	I to en union book
		(a) Current year	(0) 171	or year	(c) Two year	rs Dack	(d) Three years back	(e) Four years back
1a	Beginning of year balance							<u> </u>
b	Contributions							
С	Net investment earnings, gains, and losses							
d	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses						·	
g	End of year balance					-		
2	Provide the estimated percentage of t	he current year er	nd balanc	e (line 1g	, column (a)) held	as:	
а	Board designated or quasi-endowmer	nt ▶	%					
b	Permanent endowment ▶	%						
C	Temporarily restricted endowment ▶	%						
	The percentages in lines 2a, 2b, and 2							
3a	Are there endowment funds not in the	e possession of the	ne organi	zation tha	at are held	and ad	lministered for th	
	organization by:							Yes No
	(i) unrelated organizations							3a(i)
	(ii) related organizations							3a(ii)
b	If "Yes" to 3a(ii), are the related organi		•					3b
4	Describe in Part XIII the intended uses		on's end	owment fu	unds.			·
Part	, , ,		B 4 - 5	000 5	N = 4 15 4 15		0 5 000	D- 4 V 11 - 40
	Complete if the organization							
	Description of property	(a) Cost or o			or other basis ther)	d	Accumulated epreciation	(d) Book value
1a	Land		- 0 -		- 0 -	44 74		- 0 -
b	Buildings		- 0 -		- 0 -		- 0 -	- 0 -
C	Leasehold improvements		- 0 -		- 0 -		-0-	-0-
d	Equipment		- 0 -		13,623		11,780	1,843
- •	Other	<u>:</u>	- 0 -		270,144		49,108	221,036
Oto	AND UNGS 12 INFOLIDIN 16 /('Alumin /d) n	nuet aaual kaan C	אפשונטו	x column	I IHI IIDO 71	I/CL 1	— I	222 070

	Investments – Other Securities. Complete if the organization answered "Yes" to Form	n 990. Part IV. line	11b. See Form 990. Par	t X. line 12.
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valua Cost or end-of-year mar	tion
1) Financial	derivatives			
2) Closely-l	neld equity interests [
3) Other				
(A)				···
(B)				
(C)				<u>.</u>
(D)				
(E)				
(F)			· · · · · · · · · · · · · · · · · · ·	
(G) (H)			 	
	(h) must on all form 000 Part V and (D) line 12.)			
Part VIII	(b) must equal Form 990, Part X, col. (B) line 12.) ► Investments — Program Related.	<u></u>	· · · ·	
Part VIII	Complete if the organization answered "Yes" to Form	n 990 Part IV line	11c See Form 990 Par	t X line 13
	(a) Description of investment	(b) Book value	(c) Method of value	
	(a) Description of investment	(b) book value	Cost or end-of-year mar	
(1)				
(2)				
(3)				
(4)				
(5)		····		
(6)				
(7)				
(8)				
(9)	4) 15 000 D (V 10) L			
	(b) must equal Form 990, Part X, col. (B) line 13.)			· · · · · · · · · · · · · · · · · · ·
Part IX	Other Assets. Complete if the organization answered "Yes" to Forr	n 000 Port IV line	11d Soo Form 000 Por	t V line 15
	Complete if the organization answered thesatorion	n ssu, can iv, mie	Hu. See Fulli 330. Fai	L A, III IE 13.
	(a) Description			
(4)	(a) Description			Book value
(1)	(a) Description			
(2)	(a) Description			
(2)	(a) Description			
(2) (3) (4)	(a) Description			
(2) (3) (4) (5)	(a) Description			
(2) (3) (4) (5) (6)	(a) Description			
(2) (3) (4) (5) (6) (7)	(a) Description			
(2) (3) (4) (5) (6) (7) (8)	(a) Description			
(2) (3) (4) (5) (6) (7) (8) (9)	umn (b) must equal Form 990, Part X, col. (B) line 15.)		(b)	
(2) (3) (4) (5) (6) (7) (8) (9)	umn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities.		(b)	Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Cold	umn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to Form		(b)	Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columber X	umn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to Form line 25.		(b)	Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation)	umn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to Form line 25. (a) Description of liability (b) Book value		(b)	Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columber 1) Part X	umn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to Form line 25.		(b)	Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columbra X	umn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to Form line 25. (a) Description of liability (b) Book value		(b)	Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the Columnation of the Columnati	umn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to Form line 25. (a) Description of liability (b) Book value		(b)	Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation of the columnati	umn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to Form line 25. (a) Description of liability (b) Book value		(b)	Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Colt Part X	umn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to Form line 25. (a) Description of liability (b) Book value		(b)	Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation of the columnati	umn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to Form line 25. (a) Description of liability (b) Book value		(b)	Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columnation of the columnation of the columnatio	umn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to Form line 25. (a) Description of liability (b) Book value		(b)	Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Columna Anni Anni Anni Anni Anni Anni Anni An	umn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to Form line 25. (a) Description of liability (b) Book value		(b)	Book value
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column Part X 1. (1) Federal (2) (3) (4) (5) (6) (7) (8) (9)	umn (b) must equal Form 990, Part X, col. (B) line 15.) Other Liabilities. Complete if the organization answered "Yes" to Form line 25. (a) Description of liability (b) Book value		(b)	Book value

Part			Return	i.
	Complete if the organization answered "Yes" to Form 990, Part IV Total revenue, gains, and other support per audited financial statements		1	
1 2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains on investments			
b	Donated services and use of facilities	 		
c	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
	Add lines 2a through 2d		2е	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			<u></u>
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a			
b	Other (Describe in Part XIII.)			
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Part	XII Reconciliation of Expenses per Audited Financial Statements		r Retu	m.
	Complete if the organization answered "Yes" to Form 990, Part IV			
1	Total expenses and losses per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
а	Donated services and use of facilities			
b	Prior year adjustments			
C	Other losses			
d	Other (Describe in Part XIII.)			
ө	Add lines 2a through 2d		20	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b 4a			
a b	Other (Describe in Part XIII.)			
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		5	
Part	XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to prove			

Schedule D (For	990) 2013 F	ege 5
Part XIII	Supplemental Information (continued)	
·		

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service Name of the organization

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.

2013

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

61-1356926

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

► Attach to Form 990.

Schedule I (Form 990) (2013) Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, ° □ (h) Purpose of grant or assistance √ Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) Cat. No. 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance Enter total number of section 501(c)(3) and government organizations listed in the line 1 table . (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the Instructions for Form 990. General Information on Grants and Assistance (D) Kentucky Law Enforcement Memorial Foundation 1 (a) Name and address of organization or government Part II Part I ন ල $\boldsymbol{\epsilon}$ € 0 9 E € 9 12

Schedule I (Form 990) (2013)

Schedule I (Form 990) (2013) (f) Description of non-cash assistance Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. The eligibility for and use of funds is validated and overseen by the CEO of the Law Enforcement Agency of the affected officer and/or their survivor(s). (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of non-cash assistance \$28,000 \$13,500 \$6,000 \$3,000 (c) Amount of cash grant Part III can be duplicated if additional space is needed. (b) Number of recipients 25 S m 4 Peace Officer Emergency Relief Grants (a) Type of grant or assistance 1 Peace Officer Family Scholarships 3 Peace Officer Medical Grants 2 Peace Officer Death Grants Part IV S 9

SCHEDULE O (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.

OMB No. 1545-0047

Employer Identification number

Department of the Treasury Internal Revenue Service Name of the organization ► 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.

Open to Public Inspection

Kentucky Law Enforcement Memorial Foundation	61-1356926				
Part VI. Section C. Disclosure. Item 19. The financial statements are available electronically, or in hard copy by request through the					
Foundation web site. The Form 990 is also available on the official Kentucky Secretary of State web si	te.				