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Form 990-EZ

Short Form 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 1545-1150 2013

Department of the Treasury Internal Revenue Service ▶ Do not enter Social Security numbers on this form as it may be made public.

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

Open to Public Inspection

		side Service		.o .o a. www.iis go			
		e 2013 calendar year, or tax year beginning JUL 1, 201	<u> </u>	and ending			2014
B Check if applicable C Name of organization D Employer identification number						identification number	
Address change KENTUCKY REGISTRY OF INTERPRETERS FOR							
		e change THE DEAF			1	61-1	385181
] Initial	Telephone	number				
	Term	inated P.O. BOX 955				240-	423-3285
	Amer	or town, state or province, country, and ZIP or foreign postal co	de		F	Group Exe	emption
	Applica	ation pending RICHMOND, KY 40476				Number)	•
G /		nting Method: X Cash Accrual Other (specify) ▶			н	Check >	X if the organization is not
		he: ► WWW.KY-RID.ORG					o attach Schedule B
J	Гах-ех	empt status (check only one) — X 501(c)(3) 501(c) () ◀(inser	t no.)	4947(a)(1) or	527	(Form 990), 990-EZ, or 990-PF).
_		f organization: Corporation Trust X Association		ther		`	
		es 5b, 6c, and 7b, to line 9 to determine gross receipts. If gross receipts are \$20			s (Part II.		
		n (B) below) are \$500,000 or more, file Form 990 instead of Form 990-EZ	.,	,	. (,,	▶ \$	20,895.
_	art I	Revenue, Expenses, and Changes in Net Assets or	Fund	Balances (see the	e instructio		
ننا		Check if the organization used Schedule O to respond to any question in this		,			·
	1	Contributions, gifts, grants, and similar amounts received	· •			1	713.
	2	Program service revenue including government fees and contracts		r		_ 2	17,070.
	3	Membership dues and assessments		REC	FIVE	3	2,480.
	ا ا	Investment income			American Market	400	
	5a	Gross amount from sale of assets other than inventory	1	5a B NOV 9		<u>- Hig</u>	
	Ь	Less: cost or other basis and sales expenses		5b 40 2	3 201	5 Ö	
	6	Gain or (loss) from sale of assets other than inventory (Subtract line 5b from lin	_	 			
	6	Gaming and fundraising events	10 04)	L_OGD!	ΞN. U	T	
	a	Gross income from gaming (attach Schedule G if greater than				<u></u>	
Ĕ	"	\$15,000)	- 1	6a		ł	
Revenue	١,	Gross income from fundraising events (not including \$	_	of contributions			
æ	"	from fundraising events reported on line 1) (attach Schedule G if the sum of su		// CONTINUE ROLLS		ŀ	
	ŀ	gross income and contributions exceeds \$15,000)		6ь	632	.	
	١	Less; direct expenses from gaming and fundraising events	-	6c	032	''	
	C	Net income or (loss) from gaming and fundraising events (add lines 6a and 6b		632.			
	7a	Gross sales of inventory, less returns and allowances		- Bu	032.		
		Less: cost of goods sold		7a			
	l b	Gross profit or (loss) from sales of inventory (Subtract line 7b from line 7a)	_	70		⊢ ,,	
	C 8	Other revenue (describe in Schedule 0)	7c 8				
	l -	•				▶ 9	20,895.
_	10	Total revenue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8 Grants and similar amounts paid (list in Schedule O)	ਵਸ਼ਾਣ	SCHEDULE	0	10	500.
	11		تاري	· JOHNDONE	•	11	300.
	12	Benefits paid to or for members Salaries, other compensation, and employee benefits				12	
Ses	1	Professional fees and other payments to independent contractors		-		13	722.
Expenses	13	·					144.
Ä	14	Occupancy, rent, utilities, and maintenance				14	
_	15	Printing, publications, postage, and shipping	ਰਕਾਰ	CORBUITE	^	15	26 127
	16	Other expenses (describe in Schedule 0)	SEE	SCHEDULE	_	16	26,127.
_	17	Total expenses. Add lines 10 through 16				-	27,349.
ţ	18	Excess or (deficit) for the year (Subtract line 17 from line 9)				18	<6,454.
Net Assets	19	Net assets or fund balances at beginning of year (from line 27, column (A))				1	22 124
Ā		(must agree with end-of-year figure reported on prior year's return)				19	32,134.
Š	20	Other changes in net assets or fund balances (explain in Schedule 0)				20	35 600
_	21	Net assets or fund balances at end of year. Combine lines 18 through 20				▶ 21	25,680.
I H	A FOR	Paperwork Reduction Act Notice, see the separate instructions.					Form 990-EZ (2013)

332171 11-25-13 18

Pa	art II Balance Sheets (see the instructions for Part II)		-			
	Check if the organization used Schedule O to re	spond to any ques	stion in this Part II			🗀
			(A) Beginning of year	Ī	(B) E	nd of year
22	Cash, savings, and investments		32,134	22		25,680.
23	Land and buildings	1		23		
24	Other assets (describe in Schedule 0)			24		
25	Total assets		32,134.	25		25,680.
26	Total liabilities (describe in Schedule 0)		0.	26		0.
27	Net assets or fund balances (line 27 of column (B) must agree with line 21)	32,134.	27		25,680.
Pa	art III Statement of Program Service Accomplishme	ents (see the instr	uctions for Part III)		Ex	penses
	Check if the organization used Schedule O to re	spond to any ques	stion in this Part III	X		for section
Wha	at is the organization's primary exempt purpose?SEE SCHEDULE					and 501(c)(4) ons and section
Desc	cribe the organization's program service accomplishments for each of its three largest program	m services, as measured by ex	penses In a clear and concise		4947(a)(1) trusts; optional
man	ner, describe the services provided, the number of persons benefited, and other relevant info	rmation for each program title			for others.)
28	SEE SCHEDULE O					
				_	1	
	(Grants \$) If this amount includes foreign	grants, check here			28a	
29						
	(Grants \$) If this amount includes foreign	grants, check here	•		29a	
30					<u> </u>	
			-		[
	(Grants \$) If this amount includes foreign	grants, check here	•		30a	
31	Other program services (describe in Schedule O)					
	(Grants \$) If this amount includes foreign	grants, check here	<u>. </u>		31a	
32	Total program service expenses (add lines 28a through 31a)				32	0.
P	art IV List of Officers, Directors, Trustees, and Key	Employees (list each	one even if not compensated - s	ee the	instructions f	or Part (V)
	Check if the organization used Schedule O to re	spond to any ques	stion in this Part IV			
		(b) Average hours			alth benefits,	(e) Estimated
	(a) Name and title	per week devoted t		emple	ibutions to byee benefit	amount of other
		position	(if not paid, enter -0-)		and deferred pensation	compensation
	RTIE GRASSMAN					
PF	RESIDENT	5.00	0.		0.	0.
	AC CHILDERS			_		
VI	ICE PRESIDENT	7.00	0.		0.	0.
	ARA STEVENS					
	ECRETARY	5.00	0.		0.	0.
	MY MILCZNSKI		1			
TF	REASURER	5.00	0.		0.	0.
						_
						_
_			1			
_						
_						
_		_				
		_				

KENTUCKY REGISTRY OF INTERPRETERS FOR

THE DEAF 61-1385181 Form 990-EZ (2013) Page 3 Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Sch. O to respond to any question in this Part V X Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each 33 X activity in Schedule O Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended X documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule 0 (see instructions) 34 35a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a N/ b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax 35c X requirements during the year? If "Yes," complete Schedule C, Part III 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," X 36 complete applicable parts of Schedule N 0. 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions X b Did the organization file Form 1120-POL for this year? 37b 38a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a X 38b N/A b If "Yes," complete Schedule L, Part II and enter the total amount involved 39 Section 501(c)(7) organizations. Enter: N/A 39a a Initiation fees and capital contributions included on line 9 N/A b Gross receipts, included on line 9, for public use of club facilities 40a Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: O • ; section 4912 ► 0 • ; section 4955 ► 0. b Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? X 40b If "Yes," complete Schedule L, Part I c Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax imposed on organization managers 0. or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3) and 501(c)(4) organizations. Enter amount of tax on line 40c reimbursed by the 0. organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter X transaction? If "Yes." complete Form 8886-T 41 List the states with which a copy of this return is filed ▶ KY 42a The organization's books are in care of ► AMY MILCZNSKI, TREASURER Telephone no. > 240-423-3285 Located at ▶ P.O. BOX 955, RICHMOND, KY $ZIP + 4 \rightarrow 40476$ b At any time during the calendar year, did the organization have an interest in or a signature or other authority Yes No over a financial account in a foreign country (such as a bank account, securities account, or other financial 42b account)? If "Yes." enter the name of the foreign country: See the instructions for exceptions and filing requirements for Form TD F 90-22.1, Report of Foreign Bank and Financial Accounts. c At any time during the calendar year, did the organization maintain an office outside of the U.S.? 42c X If "Yes," enter the name of the foreign country: Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 - Check here N/A and enter the amount of tax-exempt interest received or accrued during the tax year **▶** | 43 | Yes No 44a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ 44a X b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead X 44b 44c c Did the organization receive any payments for indoor tanning services during the year? d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an explanation ın Schedule O 44d X 45a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 45a 45b Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)

KENTUCKY REGISTRY OF INTERPRETERS FOR THE DEAF Page 4 Form 990-EZ (2013) 61-1385181 Yes No Did the organization engage, directly or indirectly, in political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I 46 X Part VI Section 501(c)(3) organizations only All section 501(c)(3) organizations must answer questions 47-49b and 52, and complete the tables for lines 50 and 51. Check if the organization used Schedule O to respond to any question in this Part VI Yes No X Did the organization engage in lobbying activities or have a section 501(h) election in effect during the tax year? If "Yes," complete Sch. C, Part II 47 48 Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 48 49a Did the organization make any transfers to an exempt non-charitable related organization? 49a b If "Yes." was the related organization a section 527 organization? 49b Complete this table for the organization's five highest compensated employees (other than officers, directors, trustees and key employees) who each received more than \$100,000 of compensation from the organization. If there is none, enter "None." (a) Name and title of each employee (b) Average hours (d) Health benefits (e) Estimated (C) Reportable contributions to per week devoted to amount of other employee benefit plans, and deferred W-2/1099-MISC) position compensation NONE Total number of other employees paid over \$100,000 Complete this table for the organization's five highest compensated independent contractors who each received more than \$100,000 of compensation from the NONE organization. If there is none, enter "None." (a) Name and business address of each independent contractor (b) Type of service (c) Compensation d Total number of other independent contractors each receiving over \$100,000 Did the organization complete Schedule A? Note. All section 501(c)(3) organizations and 4947(a)(1) nonexempt X Yes charitable trusts must attach a completed Schedule A mat r nave examined this return, including accompanying screenies and sta fficer) is based on all information of which preparer has any knowledge Declaration of preparer (other than Sign ternsk, Here

Paid

Preparer

Use Only

Print/Type preparer's name

MARK HENDERSON

Preparer's signature

Firm's name ▶ BREEDING HENDERSON & HORD PLLC

Date 8-1-205 Check | If self- employed

P00064119

Firm's address ▶ 1050 MONARCH STREET, SUITE 300

Phone no.

Firm's EIN ► 80-0874573 278-0112 (859)

LEXINGTON, KY 40513 May the IRS discuss this return with the preparer shown above? See instructions

► X Yes

Form 990-EZ (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.

OMB No 1545-0047

Open to Public Inspection

Name of the organization

► Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs gov/form990 KENTUCKY REGISTRY OF INTERPRETERS FOR

Employer identification number

		THE DEA							6	<u>1-1385</u>	<u> 181</u>			
Part I	Reason	for Public Char	ity Status (All organiz	ations mu	st complet	e this part) See inst	tructions						
The organ	ization is not a	private foundation	because it is: (For lines	1 through	11, check	only one b	ox.)							
1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).														
2 🖳	A school des	cnbed in section 17	'0(b)(1)(A)(ii). (Attach Sc	hedule E.)										
з 🖳	A hospital or	a cooperative hospi	tal service organization (described	in section	170(b)(1)	(A)(iii).							
4 🔲	A medical res	search organization o	operated in conjunction	with a hos	pital desci	nbed in se	ction 170	(b)(1)(A)(i	ii). Enter	the hospital	's nam	ıe,		
	city, and stat	e:												
5 📖	An organizati	on operated for the	benefit of a college or ur	niversity o	wned or op	perated by	a governi	mental un	it describ	ed in				
	section 170	(b)(1)(A)(iv). (Comple	ete Part II.)											
6 🖳	A federal, sta	ite, or local governm	ent or governmental uni	nit described in section 170(b)(1)(A)(v).										
7 🗀	An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in													
	section 170(b)(1)(A)(vi). (Complete Part II.)													
8 🖳	A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.)													
9 X	An organizati	ion that normally rec	eives: (1) more than 33 1	1/3% of its	support f	rom contri	butions, n	nembersh	p fees, a	ind gross red	cerpts	from		
	activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investments.											ment		
	income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975.													
	See section	509(a)(2). (Complete	Part III.)											
10	An organizati	on organized and of	perated exclusively to te	st for publ	ıc safety. S	See sectio	n 509(a)(4	4) .						
11 🔲	An organizati	ion organized and op	perated exclusively for th	ne benefit i	of, to perfo	orm the fur	nctions of,	, or to can	rry out the purposes of one or					
	more publicly	supported organiza	ations described in section	on 509(a)(1) or section	on 509(a)(2). See section 509(a)(3). Check the box that								
		· · · · · · · · · · · · · · · · · · ·	organization and comple	ete lines 1	1e through	11h.		_						
 -	a LLL Type	ı b ∟ ⊤y	/pe ii c └── Ty	ype III - Fu	nctionally i	ntegrated	C	1	e III - No	n·functional	y integ	grated		
e 🗀		· · · · · · · · · · · · · · · · · · ·	it the organization is not		-	-	-		•	•		ın		
	foundation m	nanagers and other t	han one or more publicly	y supporte	ed organiza	itions desi	onbed in s	ection 50	9(a)(1) or	section 509	ı(a)(2)			
f	If the organiz	ation received a writ	ten determination from t	the IRS tha	at it is a Ty	pe I, Type	II, or Type	e III						
		rganization, check th										L		
g			organization accepted ar									,		
	(i) A perso	n who directly or ind	rectly controls, either al	one or tog	ether with	persons o	lescribed	ın (ıi) and	(III) below		Yes	No		
	_	• •	upported organization?							11g(i)				
		•	n described in (i) above?		_				-	11g(ii)		<u> </u>		
		-	person described in (i) o							11g(iii)		<u> </u>		
h	Provide the f	ollowing information	about the supported or	ganization	(s)									
		<u> </u>		L		4 3 5 3		(m)	- the					
• •	e of supported (ii) EIN		(iii) Type of organization	(iv) Is the organization (v) Did you notify the in col. (i) listed in your organization in col.		jurganizanun in cui. j		(vii) Amount of monetary		netary				
orga	anization		(described on lines 1-9 above or IRC section			(i) of your support?		(i) organi U.S	red in the	support				
			(see instructions))	Yes	No	Yes	No	Yes	No	1				
				100	110	-	110	103	"	· · · · ·				
	 -		<u>-</u>	<u> </u>					 					
								ļ						
		<u> </u>	- -	-	<u> </u>			 	 	 				
				 	 			 	 					
	 	 	 	 				 	 	 				
Total									1					
	Panerwork Re	duction Act Notice	, see the Instructions f	or	1		l. <u> </u>	Schedu	e A (For	m 990 or 99	M-F71	2013		
	-po. work Ne		,							555 61 55				

Form 990 or 990-EZ.

Pa ·	(Complete only if you checke fails to qualify under the tests	d the box on line 5	5, 7, or 8 of Part I	or if the organization		•		•
Sal	ction A. Public Support	nisted below, pież	se complete r art					
		(=) 0000	(h) 0010	(-) 0044	(4) 0040	1 /->/	2010	/0 T-4-1
	ndar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 4	2013	(f) Total
'	Gifts, grants, contributions, and membership fees received. (Do not							
	include any "unusual grants.")						ŀ	
2	Tax revenues levied for the organ-	<u> </u>		 	 	 		
~	ization's benefit and either paid to							
	or expended on its behalf							
3	The value of services or facilities				 			
Ŭ	furnished by a governmental unit to							
	the organization without charge							
4	Total. Add lines 1 through 3			·		1		
	The portion of total contributions							
	by each person (other than a							
	governmental unit or publicly							
	supported organization) included						į	
	on line 1 that exceeds 2% of the						ł	
	amount shown on line 11,						ĺ	
	column (f)							
6	Public support. Subtract line 5 from line 4							
Se	ction B. Total Support							
Cale	endar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2	2013	(f) Total
7	Amounts from line 4							
8	Gross income from interest,							
	dividends, payments received on							
	securities loans, rents, royalties						1	
	and income from similar sources					ļ		
9	Net income from unrelated business				1			
	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)		<u> </u>		 	ļ	\longrightarrow	
11	• •	<u> </u>	<u> </u>		<u>L</u>	 		
12	·	•				12	·	
13	First five years. If the Form 990 is for		s tirst, secona, tni	ra, tourth, or tirth t	tax year as a section	on 501(c)(3)	
Se	organization, check this box and stor ction C. Computation of Publ	ic Support Pe	rcentage					
	Public support percentage for 2013 (column (fl)		14		
	Public support percentage from 2012		•	colariii (i),		15		
	33 1/3% support test - 2013. If the			on line 13, and line	14 is 33 1/3% or		ck this bo	
	stop here. The organization qualifies	-						 ▶□
Ł	33 1/3% support test - 2012. If the		•		d line 15 is 33 1/39	% or more	e, check th	ııs box
	and stop here. The organization qual	. -					,	▶ □
17a	10% -facts-and-circumstances tes	· · ·	-		ne 13, 16a, or 16b,	and line	14 is 10%	or more,
	and if the organization meets the "fac	_						·
	meets the "facts-and-circumstances"				· ·		-	▶□
t	10% -facts-and-circumstances tes	t - 2012. If the org	anization did not	check a box on lir	ne 13, 16a, 16b, or	17a, and	line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circi	ımstances" test, c	heck this box and	l stop here. Explai	n ın Part I	V how the	·
	organization meets the "facts-and-cire	cumstances" test.	The organization	qualifies as a pub	licly supported org	janization		▶□.

Schedule A (Form 990 or 990-EZ) 2013

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

Schedule A (Form 990 or 990-EZ) 2013 THE DEAF

[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

Ser	qualify under the tests listed be ction A. Public Support	elow, please com	olete Part II.)				
	ndar year (or fiscal year beginning in)	(a) 2000	(b) 2010	(0) 2011	(4) 2012	(a) 2012 T	(f) Total
	Gifts, grants, contributions, and	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
ı	membership fees received. (Do not						
	include any "unusual grants.")		2,704.	2,519.	3,555.	3,193.	11,971.
_	, , , , , , , , , , , , , , , , , , ,		2,704.		- 5,555.	3,133.	
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose		12,855.	14,731.	27,223.	17,702.	72,511.
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
	fumished by a governmental unit to					İ	
	the organization without charge						
6	Total. Add lines 1 through 5		15,559.	17,250.	30,778.	20,895.	84,482.
7 a	Amounts included on lines 1, 2, and	-			•··		
	3 received from disqualified persons						0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						0
	amount on line 13 for the year				-		0.
	Add lines 7a and 7b						84,482.
	Public support (Subtract line 7c from line 6)		1	1			04,402.
_	indar year (or fiscal year beginning in)	(a) 2009	(b) 2010	(c) 2011	(d) 2012	(e) 2013	(f) Total
	Amounts from line 6	(a) 2000	(b) 2010 15,559.	(c) 2011 17, 250.	(d) 2012 30,778.	(e) 2013 20,895.	(f) Total 84,482.
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources		1,033.	105.	-		1,138.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on		1,033.	105.			1,138.
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)		16,592.	17,355.	30,778.	20,895.	85, <u>620.</u>
14	First five years. If the Form 990 is for	the organization's	s first, second, third	d, fourth, or fifth ta	x year as a section	n 501(c)(3) organiza	ation,
	check this box and stop here .				<u> </u>		
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
15	Public support percentage for 2013 (I	line 8, column (f) d	livided by line 13, c	olumn (f))		15	98.67 %
16	Public support percentage from 2012	Schedule A, Part	III, line 15			16	98.24 %
Sec	ction D. Computation of Inves	stment Incom	e Percentage				
17	Investment income percentage for 20	113 (line 10c, colur	mn (f) divided by lin	e 13, column (f))		17	1.33 %
18	Investment income percentage from 2	2012 Schedule A,	Part III, line 17			18	1.76 <u>%</u>
19a	33 1/3% support tests - 2013. If the	organization did r	not check the box o	on line 14, and line	15 is more than 3	3 1/3%, and line 17	
	more than 33 1/3%, check this box a	-		•			\triangleright X
t	33 1/3% support tests - 2012. If the	organization did r	not check a box on	line 14 or line 19a	, and line 16 is mo	re than 33 1/3%, a	nd
	line 18 is not more than 33 1/3%, che			•		-	
20	Drivete foundation If the erganization	n did not chock a	hay an line 14 10c	or 10b aback th	is how and see inc	taustions	

KENTUCKY REGISTRY OF INTERPRETERS FOR

<u>Schedule A</u>	(Form 990 or 990-EZ) 2013 THE DEAF	61-1385181 Page 4
Part IV	(Form 990 or 990-EZ) 2013 THE DEAF Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line	17a or 17b; and Part III, line 12.
	Also complete this part for any additional information. (See instructions).	
	Also complete this part for any additional information. (See instructions).	
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SCHEDULE O

(Form 990 or 990-EZ)

Dapartment of the Treasury Internal Revenue Service

Name of the organization

Supplemental Information to Form 990 or 990-EZ complete to provide information for responses to specific questions on

Form 990 or 990-EZ or to provide any additional information.

Attach to Form 990 or 990-EZ.

Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov KENTUCKY REGISTRY OF INTERPRETERS FOR **Employer identification number**

61-1385181 THE DEAF FORM 990-EZ, PART I, LINE 10, GRANTS AND ALLOCATIONS: ACTIVITY CLASSIFICATION: EDUCATIONAL 100. AMOUNT GIVEN: ACTIVITY CLASSIFICATION: EDUCATIONAL AMOUNT GIVEN: 100. ACTIVITY CLASSIFICATION: EDUCATIONAL 300. AMOUNT GIVEN: TOTAL INCLUDED ON FORM 990-EZ, LINE 10 500. FORM 990-EZ, PART I, LINE 16, OTHER EXPENSES: AMOUNT: DESCRIPTION OF OTHER EXPENSES: 19,548. CONFERENCE EXPENSES 4,134. OFFICE EXPENSES **MISCELLANEOUS** 100. TRAVEL 1,260. REGISTRATION FEES 1,085. 26,127. TOTAL TO FORM 990-EZ, LINE 16 FORM 990-EZ, PART III, PRIMARY EXEMPT PURPOSE - KENTUCKY REGISTRY OF INTERPRETERS OF THE DEAF IS A NON-PROFIT ORGANIZATION OF INTERPRETERS AND TRANSLITERATORS FOR DEAF AND HARD OF HEARING PERSONS, STUDENTS OF INTERPRETING AND CONSUMERS. THE MISSION OF THE ORGANIZATION IS TO INITIATE, SPONSOR, PROMOTE AND EXECUTE POLICIES AND ACTIVITIES THAT LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule O (Form 990 or 990-EZ) (2013)

332211 09-04-13

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.

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 at www. irs gov/form9900 KENTUCKY REGISTRY OF INTERPRETERS FOR Employee THE DEAF

Employer identification number 61-1385181

WILL FURTHER THE PROFESSION OF INTERPRETATION OF AMERICAN SIGN LANGUAGE
AND ENGLISH.
FORM 990-EZ, PART III, LINE 28, PROGRAM SERVICE ACCOMPLISHMENTS:
THE ORGANIZATION INITIATES, SPONSORS, PROMOTES AND
EXECUTES POLICIES AND ACTIVITIES THAT WILL FURTHER THE
PROFESSION OF INTERPRETATION OF AMERICAN SIGN LANGUAGE AND
ENGLISH.
FORM 990-EZ, PART V, INFORMATION REGARDING PERSONAL BENEFIT CONTRACTS:
THE ORGANIZATION DID NOT, DURING THE YEAR, RECEIVE ANY FUNDS, DIRECTLY,
OR INDIRECTLY, TO PAY PREMIUMS ON A PERSONAL BENEFIT CONTRACT.
THE ORGANIZATION, DID NOT, DURING THE YEAR, PAY ANY PREMIUMS, DIRECTLY,
OR INDIRECTLY, ON A PERSONAL BENEFIT CONTRACT.