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Form 990-PF Department of the Treasury

Return of Private Foundation

or Section 4947(a)(1) Trust Treated as Private Foundation

▶ Do not enter social security numbers on this form as it may be made public. ▶ Information about Form 990-PF and its separate instructions is at www.irs.gov/form990pf. OMB No 1545-0052

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Internal Revenue Service For calendar year 2014 or tax year beginning , and ending Name of foundation A Employer identification number 32-0048907 THE GHH CHARITABLE FOUNDATION Number and street (or P O box number if mail is not delivered to street address) Room/suite B Telephone number 113 WEST PUBLIC SQUARE, SUITE 200 270-651-9302 City or town, state or province, country, and ZIP or foreign postal code C If exemption application is pending, check here GLASGOW, KY 42141 Initial return G Check all that apply: Initial return of a former public charity D 1. Foreign organizations, check here Final return Amended return 2. Foreign organizations meeting the 85% test, check here and attach computation Address change Name change X Section 501(c)(3) exempt private foundation H Check type of organization: E If private foundation status was terminated Section 4947(a)(1) nonexempt charitable trust Other taxable private foundation under section 507(b)(1)(A), check here 1 Fair market value of all assets at end of year | J | Accounting method: | X | Cash Accrual F If the foundation is in a 60-month termination Other (specify) (from Part II, col. (c), line 16) under section 507(b)(1)(B), check here 1,372,158. (Part I, column (d) must be on cash basis.) ▶\$ Part | Analysis of Revenue and Expenses (d) Disbursements (a) Revenue and (b) Net investment (c) Adjusted net (The total of amounts in columns (b), (c), and (d) may not necessarily equal the amounts in column (a)) for charitable purposes (cash basis only) expenses per books income ıncome 550,000, N/A Contributions, gifts, grants, etc., received Check If the foundation is not required to attach Sch. B Interest on savings and temporary cash investments 4,518 4,518 STATEMENT 12,004 12,004 STATEMENT Dividends and interest from securities 5a Gross rents b Net rental income or (loss) <22,456.> 6a Net gain or (loss) from sale of assets not on line 10 138,126. h Capital gain, net income (from Part IV, line 2)
Net short-term capital gain, D 0. Income modifications ss sales less returns allowarices Less Cost of goods sold 须 Gross profit or (loss) STATEMENT <18,873. <18,873. 525,193. <2,351 Total. Add lines 1 through 11 0. Compensation of officers, directors, trustees, etc Ο. 0 Other employee salaries and wages 14 15 Pension plans, employee benefits Expenses 16a Legal fees 2,925 STMT 4 0 0. **b** Accounting fees c Other professional fees and Administrative 17 Interest 18 Taxes STMT 5 521 0. 0. 19 Depreciation and depletion 20 Occupancy 21 Travel, conferences, and meetings 22 Printing and publications STMT 6 20 0 0. 23 Other expenses 24 Total operating and administrative 3,466 expenses. Add lines 13 through 23 293,450 293,450. 25 Contributions, gifts, grants paid 26 Total expenses and disbursements Add lines 24 and 25 296,916 0 293,450. 27 Subtract line 26 from line 12 228,277 2 Excess of revenue over expenses and disbursements 0 b Net investment income (if negative, enter -0-) N/A c Adjusted net income (if negative, enter -0-)

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See the Part VI instructions.

If line 8 is equal to or greater than line 7, check the box in Part VI, line 1b, and complete that part using a 1% tax rate.

		<u>-0048</u>			Page 4
	rt VI Excise Tax Based on Investment Income (Section 4940(a), 4940(b), 4940(e), or 4940	<u> </u>	nstru	CTIOI	ns)
1a	Exempt operating foundations described in section 4940(d)(2), check here and enter "N/A" on line 1.				
	Date of ruling or determination letter: (attach copy of letter if necessary-see instructions)				_
b	Domestic foundations that meet the section 4940(e) requirements in Part V, check here X and enter 1%				<u>0.</u>
	of Part I, line 27b				
C	All other domestic foundations enter 2% of line 27b. Exempt foreign organizations enter 4% of Part I, line 12, col. (b).				_
2	Tax under section 511 (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
3	Add lines 1 and 2				0.
4	Subtitle A (income) tax (domestic section 4947(a)(1) trusts and taxable foundations only. Others enter -0-)				0.
5	Tax based on investment income. Subtract line 4 from line 3. If zero or less, enter -0-	<u> </u>			_0.
6	Credits/Payments:				
а	2014 estimated tax payments and 2013 overpayment credited to 2014 6a 290.				
	Exempt foreign organizations - tax withheld at source				
C	Tax paid with application for extension of time to file (Form 8868)				
d	Backup withholding erroneously withheld 6d 6d				
7	Total credits and payments. Add lines 6a through 6d	<u> </u>		2	<u>90.</u>
8	Enter any penalty for underpayment of estimated tax. Check here if Form 2220 is attached	1			
9	Tax due. If the total of lines 5 and 8 is more than line 7, enter amount owed	<u> </u>			
10	Overpayment. If line 7 is more than the total of lines 5 and 8, enter the amount overpaid	0		2	90.
	Enter the amount of line 10 to be: Credited to 2015 estimated tax ▶ 290 . Refunded ▶ 1	1			0.
	rt VII-A Statements Regarding Activities				
1a	During the tax year, did the foundation attempt to influence any national, state, or local legislation or did it participate or intervene in			Yes	-
	any political campaign?		1a		_X_
b	Did it spend more than \$100 during the year (either directly or indirectly) for political purposes (see instructions for the definition)?		1b		_X_
	If the answer is "Yes" to 1a or 1b, attach a detailed description of the activities and copies of any materials published of	r			
	distributed by the foundation in connection with the activities.				
C	Did the foundation file Form 1120-POL for this year?		1c		_X_
d	Enter the amount (if any) of tax on political expenditures (section 4955) imposed during the year:				
	(1) On the foundation. ► \$ (2) On foundation managers. ► \$ 0 .				
е	Enter the reimbursement (if any) paid by the foundation during the year for political expenditure tax imposed on foundation				
	managers. ► \$O .				
2	Has the foundation engaged in any activities that have not previously been reported to the IRS?		2_		<u> X</u>
	If "Yes," attach a detailed description of the activities				
3	Has the foundation made any changes, not previously reported to the IRS, in its governing instrument, articles of incorporation, or				
	bylaws, or other similar instruments? If "Yes," attach a conformed copy of the changes		3		X
	Did the foundation have unrelated business gross income of \$1,000 or more during the year?	37/3	4a		X
		N/A	4b		37
5	Was there a liquidation, termination, dissolution, or substantial contraction during the year?		5		X
c	If "Yes," attach the statement required by General Instruction T.				
6	Are the requirements of section 508(e) (relating to sections 4941 through 4945) satisfied either:				
	By language in the governing instrument, or Py state levelsten that offeetingly amends the governing instrument so that no mandatory directions that conflict with the state levels.	•	_	_	_
	By state legislation that effectively amends the governing instrument so that no mandatory directions that conflict with the state law remain in the governing instrument?		_	X	
7	remain in the governing instrument? Did the foundation have at least \$5,000 in assets at any time during the year? If "Yes," complete Part II, col. (c), and Part XV		7	X	
,	bid the foundation have at least \$3,000 in assets at any time during the year in thes, complete rait in, con. (c), and rait xv				
Яa	Enter the states to which the foundation reports or with which it is registered (see instructions)				
· ·	KY				
h	If the answer is "Yes" to line 7, has the foundation furnished a copy of Form 990-PF to the Attorney General (or designate)				
	of each state as required by General Instruction G? If "No," attach explanation		8b	X	
9	Is the foundation claiming status as a private operating foundation within the meaning of section 4942(j)(3) or 4942(j)(5) for calendary	r			
•	year 2014 or the taxable year beginning in 2014 (see instructions for Part XIV)? If "Yes," complete Part XIV		9		_x_
10	Did any persons become substantial contributors during the tax year? If "Yes," attach a schedule listing their names and addresses		10		X
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Pa	rt VII-A Statements Regarding Activities (continued)			
11	At any time during the year, did the foundation, directly or indirectly, own a controlled entity within the meaning of			
	section 512(b)(13)? If "Yes," attach schedule (see instructions)	11		X
12	Did the foundation make a distribution to a donor advised fund over which the foundation or a disqualified person had advisory privileges?			
	If "Yes," attach statement (see instructions)	12		X
13	Did the foundation comply with the public inspection requirements for its annual returns and exemption application?	13	X	L
	Website address ►N/A			
14	The books are in care of ▶ DEBBIE RUSSELL Telephone no. ▶ 270-6		<u> 302</u>	
	Located at ► 113 WEST PUBLIC SQUARE, SUITE 200, GLASGOW, KY ZIP+4 ►4	2141		
15	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-PF in lieu of Form 1041 - Check here		, .▶	•
	and enter the amount of tax-exempt interest received or accrued during the year	N	/A	
16	At any time during calendar year 2014, did the foundation have an interest in or a signature or other authority over a bank,	١	Yes	l .
	securities, or other financial account in a foreign country?	16		X
	See the instructions for exceptions and filing requirements for FinCEN Form 114, (formerly TD F 90-22.1). If "Yes," enter the name of the			
Da	foreign country ► Int VII-B Statements Regarding Activities for Which Form 4720 May Be Required			L
Га		1	Yes	No
4.	File Form 4720 if any item is checked in the "Yes" column, unless an exception applies.	-	res	NO
ıa	During the year did the foundation (either directly or indirectly): (1) Engage in the sale or exchange, or leasing of property with a disqualified person? Yes X No			
	(1) Engage in the sale or exchange, or leasing of property with a disqualified person? (2) Borrow money from, lend money to, or otherwise extend credit to (or accept it from)			
	a disqualified person?	-		
	(3) Furnish goods, services, or facilities to (or accept them from) a disqualified person?		-	
	(4) Pay compensation to, or pay or reimburse the expenses of, a disqualified person? Yes X No			
	(5) Transfer any income or assets to a disqualified person (or make any of either available			
	for the benefit or use of a disqualified person)?			
	(6) Agree to pay money or property to a government official? (Exception. Check "No"			
	If the foundation agreed to make a grant to or to employ the official for a period after			
	termination of government service, if terminating within 90 days.)			
b	If any answer is "Yes" to 1a(1)-(6), did any of the acts fail to qualify under the exceptions described in Regulations			
-	section 53.4941(d)-3 or in a current notice regarding disaster assistance (see instructions)? N/A	16		
	Organizations relying on a current notice regarding disaster assistance check here			
C	Did the foundation engage in a prior year in any of the acts described in 1a, other than excepted acts, that were not corrected			
	before the first day of the tax year beginning in 2014?	1c		x
2	Taxes on failure to distribute income (section 4942) (does not apply for years the foundation was a private operating foundation			
	defined in section 4942(j)(3) or 4942(j)(5)):			
a	At the end of tax year 2014, did the foundation have any undistributed income (lines 6d and 6e, Part XIII) for tax year(s) beginning			
	before 2014? Yes X No			
	If "Yes," list the years \blacktriangleright ,,,,			
b	Are there any years listed in 2a for which the foundation is not applying the provisions of section 4942(a)(2) (relating to incorrect			
	valuation of assets) to the year's undistributed income? (If applying section 4942(a)(2) to all years listed, answer "No" and attach			
	statement - see instructions.) N/A	2b		<u> </u>
C	If the provisions of section 4942(a)(2) are being applied to any of the years listed in 2a, list the years here.			
_	<u> </u>			
3 a	Did the foundation hold more than a 2% direct or indirect interest in any business enterprise at any time			
	during the year? Wes X No		!	
D	If "Yes," did it have excess business holdings in 2014 as a result of (1) any purchase by the foundation or disqualified persons after			
	May 26, 1969; (2) the lapse of the 5-year period (or longer period approved by the Commissioner under section 4943(c)(7)) to dispose			
	of holdings acquired by gift or bequest; or (3) the lapse of the 10-, 15-, or 20-year first phase holding period? (Use Schedule C,	AL.		
4-	Form 4720, to determine if the foundation had excess business holdings in 2014.) N/A Pld the foundation invest during the year any amount in a manner that would repeat during the purposes?	3b	-	
	Did the foundation invest during the year any amount in a manner that would jeopardize its charitable purposes? Did the foundation make any investment in a prior year (but after December 31, 1969) that could jeopardize its charitable purpose that	4a		X
U	had not been removed from jeopardy before the first day of the tax year beginning in 2014?	4b		x
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Part VII-B. Statements Regarding Activities for Which I	Form 4720 May Be F	Required (contin	<u>32-00409</u> ued)	0 / Page 6
5a During the year did the foundation pay or incur any amount to:	oin ii zo iiiay bo i	Toqui ou (contin	Deca)	
(1) Carry on propaganda, or otherwise attempt to influence legislation (section	1 4945(e)\2		s X No	li
(2) Influence the outcome of any specific public election (see section 4955); o	` ''	*	isi 21 NO	
any voter registration drive?	r to dairy on, an odty or many		es X No	
(3) Provide a grant to an individual for travel, study, or other similar purposes	?		es X No	
(4) Provide a grant to an organization other than a charitable, etc., organizatio		۰۰ سے	.5 [21] 140	
4945(d)(4)(A)? (see instructions)	ii described iii section	☐ Ye	s X No	
(5) Provide for any purpose other than religious, charitable, scientific, literary,	or educational nurnoses, or f		isi 21 140	
the prevention of cruelty to children or animals?	or caacational parposes, or i		es X No	
b If any answer is "Yes" to 5a(1)-(5), did any of the transactions fail to qualify und	der the exceptions described i		.3 [22] 100	1 1
section 53.4945 or in a current notice regarding disaster assistance (see instru		in riogulations	N/A	5b
Organizations relying on a current notice regarding disaster assistance check h	·			
c If the answer is "Yes" to question 5a(4), does the foundation claim exemption fi		ined		
expenditure responsibility for the grant?			s No	
If "Yes," attach the statement required by Regulations section 53 494		.,		
6a Did the foundation, during the year, receive any funds, directly or indirectly, to				
a personal benefit contract?	, p. c	<u> </u>	s X No	
b Did the foundation, during the year, pay premiums, directly or indirectly, on a p	ersonal benefit contract?			Sb X
If "Yes" to 6b, file Form 8870.				-
7a At any time during the tax year, was the foundation a party to a prohibited tax s	helter transaction?	Ye	s X No	
b If "Yes," did the foundation receive any proceeds or have any net income attribu			· •- —	7b
Part VIII Information About Officers, Directors, Trusto		nagers, Highly		
Paid Employees, and Contractors				
List all officers, directors, trustees, foundation managers and their	compensation.			
(a) Name and address	(b) Title, and average hours per week devoted	(c) Compensation	(d) Contributions to employee benefit plans and deferred compensation	(e) Expense account, other
(a) Name and address	to position	(If not paid, enter -0-)	and deferred compensation	allowances
NAYNE GAUNCE	CO-TRUSTEE			
212 WEST BROWN STREET				
GLASGOW, KY 42141	1.00	0.	0.	0.
CHAPATCHA GAUNCE	CO-TRUSTEE			
212 WEST BROWN STREET				
GLASGOW, KY 42141	1.00	0.	0.	<u> </u>
NELL HOUCHENS	CO-TRUSTEE			
100 LONGHUNTERS TRAIL				
GLASGOW, KY 42141	1.00	0.	0.	0.
	CO-TRUSTEE			
770 DELONG ROAD		_	_	
LEXINGTON, KY 40515	1.00	0.	0.	<u> </u>
2 Compensation of five highest-paid employees (other than those inc	(b) Title, and average	enter "NONE."	(d) Contributions to	(a) Evnance
(a) Name and address of each employee paid more than \$50,000	` 'hours per week "	(c) Compensation	(d) Contributions to employee benefit plans and deferred	(e) Expense account, other
NONE	devoted to position		compensation	allowances
NONE				
		 		
Total number of other employees paid over \$50,000		• · · · · · · · · · · · · · · · · · · ·	D	0
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(c) Compensation
▶ 0
_
Expenses
]
_
_
-
-

Amount
-
-
1
4
-
0.
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Part X Maining Control Part X		0040307 Tage 0
Minimum Investment Return (All domestic foundations must complete this	s part Foreign foundations,	see instructions)
1 Fair market value of assets not used (or held for use) directly in carrying out charitable, etc., purposes:		
a Average monthly fair market value of securities	1a	667,363.
b Average of monthly cash balances	_1b_	667,363. 539,888.
c Fair market value of all other assets	1c	
d Total (add lines 1a, b, and c)	1d	1,207,251.
e Reduction claimed for blockage or other factors reported on lines 1a and		•
1c (attach detailed explanation)	0.	
2 Acquisition indebtedness applicable to line 1 assets	2	0.
3 Subtract line 2 from line 1d	3	1,207,251.
4 Cash deemed held for charitable activities. Enter 1 1/2% of line 3 (for greater amount, see instructions)	4	18,109.
5 Net value of noncharitable-use assets. Subtract line 4 from line 3. Enter here and on Part V, line 4	5	1,189,142.
6 Minimum investment return Enter 5% of line 5	6	59,457.
Part XI Distributable Amount (see instructions) (Section 4942(j)(3) and (j)(5) private ope	rating foundations and certain	
foreign organizations check here 🕨 🔛 and do not complete this part.)		
1 Minimum investment return from Part X, line 6	1	59,457.
2a Tax on investment income for 2014 from Part VI, line 5		
b Income tax for 2014. (This does not include the tax from Part VI.)		
c Add lines 2a and 2b	2c	0.
3 Distributable amount before adjustments. Subtract line 2c from line 1	3	59,457.
4 Recoveries of amounts treated as qualifying distributions	4	0.
5 Add lines 3 and 4	5	59,457.
6 Deduction from distributable amount (see instructions)	6	0.
7 Distributable amount as adjusted. Subtract line 6 from line 5. Enter here and on Part XIII, line 1	7	59,457.
Part XII Qualifying Distributions (see instructions)		
1 Amounts paid (including administrative expenses) to accomplish charitable, etc., purposes:		
a Expenses, contributions, gifts, etc total from Part I, column (d), line 26	1a	<u> 293,450.</u>
b Program-related investments - total from Part IX-B	1b	0.
2 Amounts paid to acquire assets used (or held for use) directly in carrying out charitable, etc., purposes	2	
3 Amounts set aside for specific charitable projects that satisfy the:		
a Suitability test (prior IRS approval required)	3a	
b Cash distribution test (attach the required schedule)	3b	
4 Qualifying distributions Add lines 1a through 3b. Enter here and on Part V, line 8, and Part XIII, line 4	4	293,450.
5 Foundations that qualify under section 4940(e) for the reduced rate of tax on net investment		
income. Enter 1% of Part I, line 27b	5	O.
6 Adjusted qualifying distributions. Subtract line 5 from line 4	6	293,450.
Note: The amount on line 6 will be used in Part V. column (b) in subsequent years when calculating who	ether the foundation qualifies for	

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4940(e) reduction of tax in those years.

Part XIII Undistributed Income (see instructions)

	(a) Corpus	(b) Years prior to 2013	(c) 2013	(d) 2014
1 Distributable amount for 2014 from Part XI.				
line 7				59,457.
2 Undistributed income, if any, as of the end of 2014				
a Enter amount for 2013 only			0.	
b Total for prior years:				<u> </u>
,		0.		
3 Excess distributions carryover, if any, to 2014:				
a From 2009 13,615.				
b From 2010				
c From 2011 57,523.				
d From 2012 58,793.				
e From 2013 169,546.				
f Total of lines 3a through e	299,477.			
4 Qualifying distributions for 2014 from				
Part XII, line 4: \triangleright \$ 293,450.				
a Applied to 2013, but not more than line 2a			0.	
b Applied to undistributed income of prior				
years (Election required - see instructions)		0.		
c Treated as distributions out of corpus				
(Election required - see instructions)	0.			
d Applied to 2014 distributable amount				<u>59,457.</u>
e Remaining amount distributed out of corpus	233,993.			
Excess distributions carryover applied to 2014 (If an amount appears in column (d), the same amount must be shown in column (a))	0.			0.
6 Enter the net total of each column as indicated below:				
& Corpus Add lines 3f, 4c, and 4e Subtract line 5	533,470.			
b Prior years' undistributed income. Subtract	***************************************			
line 4b from line 2b		0.		
c Enter the amount of prior years'				
undistributed income for which a notice of deficiency has been issued, or on which the section 4942(a) tax has been previously assessed		0.		
d Subtract line 6c from line 6b. Taxable		-		
amount - see instructions		0.		
e Undistributed income for 2013. Subtract line				
4a from line 2a. Taxable amount - see instr.			0.	
f Undistributed income for 2014. Subtract	-		-	
lines 4d and 5 from line 1. This amount must				
be distributed in 2015				0.
7 Amounts treated as distributions out of				
corpus to satisfy requirements imposed by				
section 170(b)(1)(F) or 4942(g)(3) (Election				
may be required - see instructions)	0.			
8 Excess distributions carryover from 2009				
not applied on line 5 or line 7	13,615.			
9 Excess distributions carryover to 2015.				_
Subtract lines 7 and 8 from line 6a	<u>519,85</u> 5.			
10 Analysis of line 9:				
a Excess from 2010				
b Excess from 2011 57,523.				
c Excess from 2012 58,793.				
d Excess from 2013 169,546.				
e Excess from 2014 233, 993.				
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Part XIV Private Operating F	· · · · · · · · · · · · · · · · · · ·		-A, question 9)	N/A	
1 a If the foundation has received a ruling of					
foundation, and the ruling is effective for	•	<u>-</u>	▶└		
b Check box to indicate whether the foun		ng foundation described i T		4942(j)(3) or49	42(j)(5)
2 a Enter the lesser of the adjusted net	Tax year	(5) 2012	Prior 3 years	(d) 2011	(a) Tatal
income from Part I or the minimum	(a) 2014	(b) 2013	(c) 2012	(0) 2011	(e) Total
investment return from Part X for					
each year listed			-		
b 85% of line 2a					
c Qualifying distributions from Part XII,					
line 4 for each year listed					
d Amounts included in line 2c not					
used directly for active conduct of					
exempt activities					
e Qualifying distributions made directly					
for active conduct of exempt activities.					
Subtract line 2d from line 2c					
3 Complete 3a, b, or c for the				+	
alternative test relied upon: a "Assets" alternative test - enter:					
(1) Value of all assets					
(2) Value of assets qualifying under section 4942(j)(3)(B)(i)					· · · · · · · · · · · · · · · · · · ·
b "Endowment" alternative test - enter					· - · ·
2/3 of minimum investment return					
shown in Part X, line 6 for each year					1
listed			,		
c "Support" alternative test - enter:					i
(1) Total support other than gross investment income (interest,			1		
dividends, rents, payments on					
securities loans (section					
512(a)(5)), or royalties)					
(2) Support from general public and 5 or more exempt		•			
organizations as provided in					
section 4942(j)(3)(B)(iii)					
(3) Largest amount of support from					
an exempt organization					
(4) Gross investment income					<u> </u>
Part XV Supplementary Info			if the foundation	n had \$5,000 or mo	ore in assets
at any time during	tne year-see insti	ructions.)			
1 Information Regarding Foundation					
a List any managers of the foundation w			ributions received by the	e foundation before the clos	se of any tax
year (but only if they have contributed	more than \$5,000). (See s	section 507(a)(2).)			
WAYNE GAUNCE					
b List any managers of the foundation wi			(or an equally large port	on of the ownership of a pa	artnership or
other entity) of which the foundation ha	as a 10% or greater intere	st.			
NONE					
2 Information Regarding Contribut					
Check here 🕨 🗶 if the foundation					
the foundation makes gifts, grants, etc.	(see instructions) to indiv	ıduals or organizations u	inder other conditions, c	omplete items 2a, b, c, and	l d
a The name, address, and telephone nun	nber or e-mail address of t	the person to whom appli	ications should be addre	ssed:	
b The form in which applications should	be submitted and informa	tion and materials they sl	hould include:		
c Any submission deadlines:	<u> </u>				
		·		*-	
d Any restrictions or limitations on award	ds, such as by geographic	al areas, charitable fields,	kinds of institutions, or	other factors:	

Part XV Supplementary Information (continued) 3 Grants and Contributions Paid During the Year or Approved for Future Payment If recipient is an individual, Recipient show any relationship to Foundation Purpose of grant or **Amount** contribution any foundation manager status of Name and address (home or business) or substantial contributor recipient a Paid during the year B.A.S.I.C. TRAINING NONE FAMILY EDUCATION PO BOX 13 HARDIN, KY 42048 5,000. CHRISTIAN FELLOWSHIP SCHOOL NONE SUPPORT FOR EDUCATION 1343 US HWY 68E 100. BENTON, KY 42025 CAVELAND BAPTIST CHURCH NONE OPERATING SUPPORT FOR 9315 HAPPY VALLEY RD RELIGOUS ORGANIZATION GLASGOW, KY 42127 20,000. NONE BLUEGRASS INSTITUTE OPERATING SUPPORT FOR PO BOX 11706 PUBLIC POLICY RESEARCH AND EDUCATION LEXINGTON, KY 40577 250. COMMUNITY MEDICAL CARE NONE COMMUNITY HEALTH CARE SERVICES 200 S RACE STREET GLASGOW KY 42141 5 000. SEE CONTINUATION SHEET(S) **▶** 3a Total 293 450. b Approved for future payment NONE Total

Part XVI-A **Analysis of Income-Producing Activities**

Enter gross amounts unless otherwise indicated.	Unrelated	business income		y section 512, 513, or 514	(e)
	(a)	(b)	(C) Exclu-	(d)	Related or exempt
1 Program service revenue:	Bušiness code	Amount	sion	Amount	function income
a					
b					
С					
d					
e					
f					
g Fees and contracts from government agencies					
2 Membership dues and assessments					
3 Interest on savings and temporary cash					
investments			14	4,518.	
4 Dividends and interest from securities			14	12,004.	
5 Net rental income or (loss) from real estate:					
a Debt-financed property					
b Not debt-financed property					
6 Net rental income or (loss) from personal property					
7 Other investment income			14	<18,873.>	•
8 Gain or (loss) from sales of assets other					
than inventory			18	<22,456.	•
9 Net income or (loss) from special events					
10 Gross profit or (loss) from sales of inventory					
11 Other revenue:					
a					
b					<u> </u>
C					
d					
e	_				18.81
12 Subtotal. Add columns (b), (d), and (e)		(<u>).</u>	<24,807.	0.
13 Total Add line 12, columns (b), (d), and (e)		-		13	<24,807.
(See worksheet in line 13 instructions to verify calculations.))				

Part XVI-B	Relationship of Activities	to the Accomplishment of	f Exempt Purposes
------------	----------------------------	--------------------------	-------------------

Line No. ▼	Explain below how each activity for which income is reported in column (e) of Part XVI-A contributed importantly to the accomplishment of the foundation's exempt purposes (other than by providing funds for such purposes).								
		_							
		_							

Form 90	0-PF (2	n14) THE (знн	CHARTT	TARL	ਜ਼ ਜ਼	OUNDATION		32-	0048907	P:	age 1
Part							and Transactions	and Relations				<u> 190 1</u>
		Exempt Organ										
1 Di	d the or	ganization directly or inc	irectly	engage in any	of the fo	llowin	g with any other organizati	on described in sec	tion 501(c) of		Yes	No
th	e Code (other than section 501(c)(3) oı	rganızatıons) d	or in sect	ıon 52	7, relating to political organ	nizations?				
a Tr	ansfers	from the reporting foun	dation t	to a noncharita	able exen	npt org	ganization of:					
(1) Cash									1a(1)		X
(2) Other	assets								1a(2)		X
b Ot	her tran	sactions:										
•		of assets to a nonchard								1b(1)		X
•	•	ases of assets from a n			organızat	tion				1b(2)		X
•	•	l of facilities, equipment		er assets						1b(3)		X
•	•	oursement arrangement	S							1b(4)	<u> </u>	X
		or loan guarantees								1b(5)		X
	•	rmance of services or m								1b(6)		X
		facilities, equipment, m	_							<u> 1c </u>		<u> </u>
		-					dule. Column (b) should al ed less than fair market val	•			sets,	
) the value of the goods					eu 1855 than ian market van	ue ili aliy iralisacilo	in or snaring arrange	entent, Snow in		
(a) Line		(b) Amount involved	1				exempt organization	(d) Description	on of transfers, transaction	ons and sharing ar	rangeme	ents
(-/		(-)	-	. (-/		/A		(-)	,			
			1				· · · · · · · · · · · · · · · · · · ·					
												
									·			
			+									
			1									
		- · · · · ·	+									
			+									
			+							_ -		
0- 1-	the four	dation directly or indire	ath, affi	lioted with or	rolated to		or mare toy everent ever	rations described				
		501(c) of the Code (oth	-				or more tax-exempt organ	izations described		Yes	Y	No 🖸
		emplete the following sc		Section 50 1/6	(3) 01 1	11 3661	1011 32 <i>1</i> ·			163	L 2 3	
<u> </u>	103, 00	(a) Name of or		tion			(b) Type of organization		(c) Description of re	elationship		
		N/A					<u> </u>		,,			
				 								
	-								-			
							_					
	1						g accompanying schedules and n taxpayer) is based on all inform			May the IRS		
Sign		\	ompiete	Deciaration of pr	CPara (oil	107 1170			,	return with th shown below		
Here							15/15	. / 	stee	X Yes	, L	No
	Sign	ature of officer or truste			T 0		Date	Title	Chook F=7 .4	DTIN		
		Print/Type preparer's i	name				gnature	Date	Check X If	PTIN		
Paid					K	A 7	Kirly	05/13/15	self- employed	D01065	^	,
raid		KENT KIRB	<u>Y</u>				<u>'</u>	05/13/15		P01367	U57	

Form **990-PF** (2014)

270 - 843 - 0244

Firm's EIN ▶ 61-1083736

Phone no.

Preparer

Use Only

Firm's name ► KIRBY & KIRBY,

Firm's address ▶ P.O. BOX 2160

BOWLING GREEN, KY 42102-2160

Schedule B (Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
 ▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No 1545-0047

2014

Employer identification number

THE GHH CHARITABLE FOUNDATION	ON 32-0048907
Organization type(check one)	
Filers of: Section:	
Form 990 or 990-EZ 501(c)() (enter number) organization	
4947(a)(1) nonexempt charitable trust not tre	eated as a private foundation
527 political organization	
Form 990-PF X 501(c)(3) exempt private foundation	
4947(a)(1) nonexempt charitable trust treated	d as a private foundation
501(c)(3) taxable private foundation	
Check if your organization is covered by the General Rule or a Special Rule . Note . Only a section 501(c)(7), (8), or (10) organization can check boxes for both General Rule	n the General Rule and a Special Rule See instructions
X For an organization filing Form 990, 990-EZ, or 990-PF that received, du property) from any one contributor. Complete Parts I and II. See instruc	
Special Rules	
For an organization described in section 501(c)(3) filing Form 990 or 99 sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form any one contributor, during the year, total contributions of the greater or (ii) Form 990-EZ, fine 1 Complete Parts I and II.	990 or 990 EZ), Part II, line 13, 16a, or 16b, and that received from
For an organization described in section 501(c)(7), (8), or (10) filing Form year, total contributions of more than \$1,000 exclusively for religious, ct the prevention of cruelty to children or animals Complete Parts I, II, and	charitable, scientific, literary, or educational purposes, or for
For an organization described in section 501(c)(7), (8), or (10) filing Form year, contributions exclusively for religious, charitable, etc., purposes, but is checked, enter here the total contributions that were received during purpose. Do not complete any of the parts unless the General Rule appreligious, charitable, etc., contributions totaling \$5,000 or more during the second se	but no such contributions totaled more than \$1,000 If this box g the year for an exclusively religious, charitable, etc popules to this organization because it received nonexclusively
Caution. An organization that is not covered by the General Rule and/or the Sp. but it must answer "No" on Part IV, line 2, of its Form 990, or check the box on I certify that it does not meet the filling requirements of Schedule B (Form 990, 99 LHA For Paperwork Reduction Act Notice, see the Instructions for Form 99	line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to 90-EZ, or 990-PF).

Name of organization

Employer identification number

THE	GHH	CHARITABLE	FOUNDATION	

<u>32-0048907</u> Part I Contributors (see instructions) Use duplicate copies of Part I if additional space is needed (a) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 1 GAUNCE MANAGEMENT, INC [X]Person **Payroll** 113 WEST PUBLIC SQUARE, SUITE 200 Noncash 550,000. (Complete Part II for GLASGOW, KY 42141 noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) Name, address, and ZIP + 4 No. Total contributions Type of contribution Person **Payroll** Noncash (Complete Part II for noncash contributions)

THE GHH CHARITABLE FOUNDATION

32-0048907

Noncash Property (see instructions). Use duplicate copies of P	art II if additional space is needed.		
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
	\$		
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
	\$		
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
	\$		
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received	
	(b) Description of noncash property given (b) Description of noncash property given	Description of noncash property given Column	

Schedule B (Form 990, 990-EZ, or 990-PF) (2014) Page 4 Name of organization Employer identification number THE GHH CHARITABLE FOUNDATION 32-0048907 Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year (Enter this info once) Use duplicate copies of Part III if additional space is needed (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from (b) Purpose of gift (c) Use of gift (d) Description of how gift is held Part I (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

THE GHH CHARITABLE FOUNDATION Part XV Supplementary Information

Part XV Supplementary Information					
3 Grants and Contributions Paid During the					
Recipient	If recipient is an individual, show any relationship to any foundation manager	Foundation . status of	Purpose of grant or contribution	Amount	
Name and address (home or business)	or substantial contributor	recipient	CONTRIBUTION		
CROSSROADS PREGNANCY CENTER	NONE		SUPPORT FOR		
101 MALLORY DRIVE			OPERATIONS/SUPPORT		
GLASGOW, KY 42141	-			5,000.	
HOPARUS	NONE		OPERATING SUPPORT FOR		
101 RIVERWOOD AVE, SUITE B	NONE		END OF LIFE HEALTHCARE		
BOWLING GREEN, KY 42103		-		250.	
GLASGOW BOYS AND GIRLS CLUB	NONE		CHILD DEVELOPMENT		
301 BUNCH AVE					
GLASGOW, KY 42141				100,000.	
GLASGOW CHRISTIAN ACADEMY	NONE		EDUCATION FUNDING		
600 OLD CALVERY DRVIE GLASGOW, KY 42141				15,000.	
OHMOOON, KI 42141				13,000.	
IMMANUEL BAPTIST CHURCH	NONE		OPERATING SUPPORT FOR		
104 WESTERN HILLS RD	HONE		RELIGOUS ORGANIZATION		
GLASGOW, KY 42141				12,500.	
KENTUCKY HIGH SCHOOL BASKETBALL HALL	NONE		OPERATING SUPPORT		
OF FAME					
404 SOUTH MULBERRY ELIZABETHTOWN, KY 42701				10,000.	
MOUNTAIN SPORTS HALL OF FAME	NONE		OPERATING SUPPORT		
PO BOX 349					
WAYLAND, KY 41666				1,000.	
AMERICAN CAVE CONSERVATION ASSOC.	NONE		CONSERVATION &		
119 E MAIN STREET PO BOX 409			EDUCATION ACTIVITIES	5,000.	
HORSE CAVE, KY 42749				3,000.	
MID-AMERICAN BAPTIST THEOLOGICAL	NONE		OPERATING SUPPORT		
SEMINARY					
2095 APPLING ROAD CORDOVA TN 38016				9,000.	
				-,=,=,	
MISSION 615	NONE		OPERATING SUPPORT FOR		
304 44TH AVE N			OPERATIONS		
NASHVILLE, TN 37209				35,000.	
Total from continuation sheets				263,100.	

THE GHH CHARITABLE FOUNDATION

Part XV Supplementary Information						
3 Grants and Contributions Paid During the Y						
Recipient Name and address (home or business)	If recipient is an individual, show any relationship to any foundation manager	Foundation status of	Purpose of grant or contribution	Amount		
Name and address (nome of business)	any foundation manager or substantial contributor	recipient				
SHEPHERDS HAVEN OF REST MINISTRIES 5525 CHESTER STREET ARLINGTON, TX 38002	NONE		OPERATING SUPPORT FOR ACTIVITIES	12,500.		
AMERICAN RED CROSS 200A RACE STREET GLASGOW, KY 42141	NONE		OPERATING SUPPORT	100.		
GRACE FELLOWSHIP CHURCH 234 CALVERT DRIVE PADUCAH, KY 42003	NONE		SUPPORT FOR RELIGIOUS ORGANIZATION	15,000.		
HILLTOPPER ATHLETIC FOUNDATION 1605 AVENUE OF CHAMPIONS BOWLING GREEN, KY 42101	NONE		SUPPORT FOR UNIVERSTIY ATHLETIC PROGRAMS	25,000.		
GLASGOW BAPTIST CHURCH 401 S GREEN GLASGOW, KY 42141	NONE		SUPPORT FOR RELIGIOUS ORGANIZATION	10,000.		
KENTUCKY SHERIFFS' BOYS AND GIRLS RANCH PO BOX 57	NONE		CHILD DEVELOPMENT			
CORNERSTONE FOUNDATION 9032 WOOLMARKET ROAD	NONE		OPERATION SUPPORT	250.		
BILOXI, MS 39532				7,500.		
Total from continuation sheets						

FORM 990-PF INTE	REST ON SAVING	GS AND T	EMPORAR	CASH	INVESTMENTS	STATEMENT 1
SOURCE			(A) EVENUE BOOKS		(B) INVESTMENT INCOME	(C) ADJUSTED NET INCOME
ENTERPRISE PRODUCT PARTNERSHIP SOUTH CENTRAL BANK WELLS FARGE			13. 4,495. 10.		13. 4,495. 10.	
TOTAL TO PART I,	LINE 3		4,518.	= ====	4,518.	
FORM 990-PF	DIVIDENDS	AND INT	EREST FF	OM SECT	JRITIES	STATEMENT 2
SOURCE	GROSS AMOUNT	CAPIT GAIN DIVIDE	is f	(A) REVENUE R BOOKS	(B) NET INVES MENT INCO	
HILLIARD LYONS WELLS FARGO	9,795. 3,659.		152. 298.	9,643		
TO PART I, LINE 4	13,454.	1,	450.	12,004	12,00	4.
FORM 990-PF		OTHER	INCOME			STATEMENT 3
DESCRIPTION			(A) REVEN PER BO	TUE .	(B) NET INVEST- MENT INCOME	
INCOME FROM ENTER:	PRISE PRODUCT	S K-1	<1	.8,873.>	<18,873	•>
TOTAL TO FORM 990	-PF, PART I, I	LINE 11	<1	.8,873.>	<18,873	•>

FORM 990-PF	ACCOUNTING FEES				STATEMENT 4	
DESCRIPTION	EXPENSES		$\mathbf{T}-$	(C) ADJUSTED NET INCOME	CHARITA	
ACCOUNTING SERVICES	2,925.		0.			0.
TO FORM 990-PF, PG 1, LN 16B =	2,925.		0.			0.
FORM 990-PF	TAX	ES	_		STATEMENT	5
DESCRIPTION	EXPENSES	NET INVES	T -	(C) ADJUSTED NET INCOME	CHARITA	
FOREIGN TAX PAID ON INVESTMENTS	521.	-	0.			0.
TO FORM 990-PF, PG 1, LN 18 =	521.		0.			0.
-	521. OTHER E	XPENSES	0.		STATEMENT	
TO FORM 990-PF, PG 1, LN 18 =	OTHER EXPENSES	(B) NET INVES	Т-	(C) ADJUSTED NET INCOME	(D) CHARITA	6 ABLE
TO FORM 990-PF, PG 1, LN 18 = FORM 990-PF DESCRIPTION	OTHER EXPENSES	(B) NET INVES	Т-	ADJUSTED	(D) CHARITA	6 ABLE
TO FORM 990-PF, PG 1, LN 18 =	OTHER E. (A) EXPENSES PER BOOKS	(B) NET INVES	T- ME	ADJUSTED	(D) CHARITA	6 ABLE
TO FORM 990-PF, PG 1, LN 18 = FORM 990-PF DESCRIPTION BANK CHARGES	OTHER E. (A) EXPENSES PER BOOKS 20.	(B) NET INVES MENT INCO	T- ME 0.	ADJUSTED	(D) CHARITA	6 ABLE SES 0.
TO FORM 990-PF, PG 1, LN 18 FORM 990-PF DESCRIPTION BANK CHARGES TO FORM 990-PF, PG 1, LN 23	OTHER E. (A) EXPENSES PER BOOKS 20.	(B) NET INVES MENT INCO	T- ME 0.	ADJUSTED	(D) CHARITA E PURPOS	BLES 0.
TO FORM 990-PF, PG 1, LN 18 FORM 990-PF DESCRIPTION BANK CHARGES TO FORM 990-PF, PG 1, LN 23 FORM 990-PF	OTHER E. (A) EXPENSES PER BOOKS 20.	(B) NET INVES MENT INCO	T- ME 0.	ADJUSTED NET INCOME	(D) CHARITA E PURPOS STATEMENT FAIR MARKE	6 BLE SES 0. 0.

FORM 990-PF OTHER	INVESTMENTS		STATEMENT 8
DESCRIPTION	VALUATION METHOD	BOOK VALUE	FAIR MARKET VALUE
ENTERPRISE PRODUCT PARTNES K-1	COST	<10,121.>	58,539.
TOTAL TO FORM 990-PF, PART II, LINE 1	.3	<10,121.>	58,539.