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

Open to Public Inspection

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 and its instructions is at www.lrs.gov/form990.

<u>A</u> F	or the	2014 calendar year, or tax year beginning	and en	ding				_
B	Check if	C Name of organization			D Employ	er identificat	tion number	
	Addres change Name change Initial return Final return/		vered to street address) Ro	oom/suite	E Telepho		59494 15-4597	
	Amend return Application pendin	ed BOWLING GREEN, KY 4210 F Name and address of principal officer DONA	O1 ALD L. SMITH	ĭN, K	for sub	a group retui cordinates? ubordinates inclu	Yes 2	
<u></u>	ax-exe	mpt status: X 501(c)(3) 501(c)()◀	(insert no.)	527	If "No,	" attach a list	t. (see instructio	ns)
<u>J V</u>	Vebsit	e: WWW.WKU.EDU/DAR/CHF.PHI	·		H(c) Group	exemption n	umber 🕨	
K F	orm of	organization: X Corporation Trust Ass	ociation Other	L Year o	of formation:	<u> 1923 м s</u>	tate of legal domic	ole: KY
Pa	rt I	Summary						
a)	1 1	Briefly describe the organization's mission or most	significant activities: TO PRO	OVIDE	ASSIS	TANCE A	AND	
Activities & Governance	:	ENCOURAGEMENT TO DESERVING	STUDENTS ATTEND	DING	WESTER	N KENTU	JCKY	
Ē		Check this box if the organization discon						
Š	l .	Number of voting members of the governing body (3		12
Ğ	l .	Number of independent voting members of the gov	·			4		<u> 11</u>
مخ	l	Fotal number of individuals employed in calendar ye	• • •			5	_	0
Ë	1		ear 2014 (Fart V, line 2a)					12
Ξ	1	Fotal number of volunteers (estimate if necessary)				6		
AÇ	1	Total unrelated business revenue from Part VIII, col	• •			7a		0.
	<u> </u>	Net unrelated business taxable income from Form S	990-T, line 34			7b		<u> </u>
		F		າ	Prior Ye		Current Yea	
<u>a</u>	8 (Contributions and grants (Part VIII, line 1h)	RECEIVED	<u> </u>	<u>6,376</u>	,653.	8,647,	<u>504.</u>
Revenue	9 1	Program service revenue (Part VIII, line 2g)	()			0.		0.
Š	10	nvestment income (Part VIII, column (A), lines 3, 4	and 7d)		939	,146.	1,380,9	912.
Œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 80	36, 100, Lind 118 2015	i 🗀		,854.>		030.>
	12	Fotal revenue - add lines 8 through 11 (must equal f				,945.	10,021,3	
	10	Create and complete and tilled to the control of th		i 	5,491			
	13	Grants and similar amounts paid (Part IX, column (A	" "GUEN, U I	 	5,491	0.	5,017,2	
ميد		Benefits paid to or for members (Part IX, column (A)		-	276		425	0.
EXPAPATER	15	Salaries, other compensation, employee benefits (P			3/6	,427.	435,0	
	16a	Professional fundraising fees (Part IX, column (A), lii				0.		<u>0.</u>
2	b	Fotal fundraising expenses (Part IX, column (D), line	25) 🕨	<u>). </u>				
	17	Other expenses (Part IX, column (A), lines 11a-11d,	11f-24e)			,576.	559,9	
Ö	18	Total expenses. Add lines 13-17 (must equal Part IX	(, column (A), line 25)		<u>6,385</u>		6,012,8	
	19	Revenue less expenses Subtract_line 18 from line 1	12		9 <u>00</u>	<u>,735.</u>	4,008,	<u>563.</u>
And Balances Fund Balances				Beg	ginning of Cu		End of Year	
age and	20	Fotal assets (Part X, line 16)			49,999	,382.	55,830,9	
	21	Total liabilities (Part X, line 26)			6,349		6,215,	
¥Ē.	22	Net assets or fund balances Subtract line 21 from	line 20			,558.	49,615,8	
	art II	Signature Block				75551		
		ties of perjury, I declare that I have examined this return, i	neludina accompanyina echedules a	nd ctateme	ente and to th	a bact of my k	nowledge and beli	of it is
		· · · · · · · · · · · · · · · · · · ·				•	HOWIEUGE AND DEIN	GI, IL IS
true,	, correc	a, and complete. Declaration of preparer (other than officer) is based on all information of which	n preparer	nas any know			
		Vools Suct				1/13/15		
Sig	n	Signature of officer			Dat	е		
Her	e	DONALD L. SMITH, PRESID	DENT					
_		Type or print name and title						
		Print/Type preparer's name	Preparer's signature	7	ate	Check	PTIN	
Paid	, l	And a Management of Management		[if self-employed		
		Firm's name	·····		E		<u> </u>	
	narer	Firm's name			FIFT	n's EIN		
U86	Only	Firm's address						
					Pho	one no.	F	
May	the IF	S discuss this return with the preparer shown above	ve? (see instructions)				Yes	No_

432001 11-07-14 LHA For Paperwork Reduction Act Notice, see the separate instructions.

Form **990** (2014)

orm	990 (2014) COLLEGE HEIGHTS FOUNDATION, INC.	<u>61-0459494</u>	Page 2
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission		
•	TO PROVIDE ASSISTANCE AND ENCOURAGEMENT TO DESERVING STU	IDENTS	
	ATTENDING WESTERN KENTUCKY UNIVERSITY THROUGH THE ADMINI		<u></u>
	SCHOLARSHIPS.	.DIIIIII OI	
	SCHOLLARSHIPS.		
2	Did the organization undertake any significant program services during the year which were not listed on		s X No
	the prior Form 990 or 990-EZ?	L Ye:	S LALINO
	If "Yes," describe these new services on Schedule O	·	C==7
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	L Ye	s X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, as	measured by expense	es.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	rs, the total expenses	, and
	revenue, if any, for each program service reported		
4a	(Code) (Expenses \$ 5,291,641. including grants of \$ 5,017,204.) (Revenue	 e \$	
	PROVIDING SCHOLARSHIPS AND OTHER ASSISTANCE TO STUDENTS		
	KENTUCKY UNIVERSITY. APPROXIMATELY 3,500 STUDENTS WERE	ASSISTED D	URING
	THE CURRENT YEAR.	1.0010100	<u> </u>
	THE CORRENT TEAR:		
			
		 -	-
4b	(Code) (Expenses \$	e \$)
.~	(COOL / Limited V , Notes in the cool		·
		<u> </u>	
			
4c	(Code) (Expenses \$	ıe \$)
	, (, , (, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,, ,,		
			_
4d	Other program services (Describe in Schedule O.)		
70		1	
4-	5 004 644		
<u>4e</u>	Total program service expenses 5, 291, 641.	Form	990 (2014)

432003 11-07-14

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		<u>X</u>
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		<u>X</u>
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		<u>X</u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		_X_
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		_X_
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		<u>X</u>
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	X	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	X	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		<u>X</u>
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	X	
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	_X_	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	<u> </u>	
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13_		X
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	4=		.
40	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	40		
40	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"	40		, v
20-	complete Schedule G, Part III Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	19		X
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		├^-
0	ii 165 to iii6 20a, ulu tile organization attaon a copy oi it5 auditeu iiilanolai statements to tilis fetumir		990	(2014)
		1 01111	555	(+U 14)

			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		<u>X</u>
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	X	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		<u>X</u>
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			77
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		<u> </u>
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			v
~	Schedule L, Part I	25b		<u> </u>
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? <i>If</i> "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	20		
21	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	2.1		
	instructions for applicable filing thresholds, conditions, and exceptions).			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
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		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		<u>X</u>
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_		<u>X</u>
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		<u> X</u>
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_		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		<u> </u>
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
20	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?	00		v
27	If "Yes," complete Schedule R, Part V, line 2	36		<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	27		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	37		- 42
~	Note: All Form 990 filers are required to complete Schedule O	38	x	

. a	Check if Schedule O contains a response or note to any line in this Part V			\Box
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable			
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 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)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country ▶			
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
	any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			ĺ
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			ĺ
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	X	├
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b	Х	<u> </u>
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
_	to file Form 8282?	7c		X
	If "Yes," indicate the number of Forms 8282 filed during the year 7d 0	_		
_	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		\vdash
_	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. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	ا ا		
9	Sponsoring organizations maintaining donor advised funds.	8		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		\vdash
10	Section 501(c)(7) organizations, Enter.			
	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			1
11	Section 501(c)(12) organizations. Enter			
а	Gross income from members or shareholders			
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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	igsqcup		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			l
b	Enter the amount of reserves the organization is required to maintain by the states in which the			l
	organization is licensed to issue qualified health plans			l
С	Enter the amount of reserves on hand	\sqcup		<u> </u>
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	25.5	
		Eorm	990	/2014

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No 1a Enter the number of voting members of the governing body at the end of the tax year 1a If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 11 b Enter the number of voting members included in line 1a, above, who are independent 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other Х officer, director, trustee, or key employee? 2 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision X of officers, directors, or trustees, or key employees to a management company or other person? 3 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? 7a b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? 8a X Each committee with authority to act on behalf of the governing body? 8b Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) Yes No 10a Did the organization have local chapters, branches, or affiliates? 10a X b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done 12c Did the organization have a written whistleblower policy? X 13 13 Х 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X 15a X Other officers or key employees of the organization 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed **Y** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply ___ Own website ___ Another's website X Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records. 20 GENA GOODING - 270-745-4597 1906 COLLEGE HEIGHTS BLVD. #41016, BOWLING GREEN 42101

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

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

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

- 1a Complete this table for all persons required to be listed Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee"
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A) Name and Title	(B) Average hours per week	box.	not c , unle	Posi heck i ss pei	tion more son	than is bot	h an	(D) Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) DAN CHERRY	1.00	X						0.	0.	0.
DIRECTOR (2) TOM EMBERTON	1.00	Λ				-		0.	0.	
DIRECTOR	1.00	x	ļ					0.	0.	0.
(3) R. HARVEY JOHNSTON, III DIRECTOR	1.00	х						0.	0.	0.
(4) MARC LOVELL	1.00									
DIRECTOR		X					<u> </u>	0.	0.	0.
(5) JERRY MARTIN	1.00									•
DIRECTOR	1 00	X				-	-	0.	0.	0.
(6) JOE NATCHER	1.00	x						0.	0.	0.
DIRECTOR (7) GARY RANSDELL	1.00	^				 	 	•		•
DIRECTOR	1.00	x				1		0.	0.	0.
(8) WANDA SCOTT DIRECTOR	1.00	x	-					0.	0.	0.
(9) FREDDIE TRAVIS DIRECTOR	1.00	x						0.	0.	0.
(10) CAROL WEDGE DIRECTOR	1.00	x						0.	0.	0.
(11) JACK GLASSER DIRECTOR	1.00	x						0.	0.	0.
(12) H. ALEXANDER DOWNING DIRECTOR	5.00	x						0.	0.	0.
(13) MICHAEL SIMPSON	5.00			X				0.	0.	0.
CHAIRMAN CATER	40.00			^	<u> </u>	\vdash	╁╴		0.	
(14) DONALD L. SMITH PRESIDENT		ł	İ	x				0.	152,086.	0.
(15) GENA L. GOODING	40.00	\vdash	1			┢				
TREASURER				Х				0.	71,690.	0.
(16) SUE MILLER	8.00									_
SECRETARY		<u> </u>	<u> </u>	X	<u> </u>	_	┞	0.	8,409.	0.
	l									

	(A) Name and title	(B) Average hours per week (list any	(do box offic	not c	Pos heck ss pe	tion		one h an	(D) Reportable compensation from the	(E) Reportable compensation from related organizations		an	(F) timate nount other pensa	of
		hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	organization (W-2/1099-MISC)	(W-2/1099-MIS	C)	org and	om the anizati d relati inizatie	ion ed
1b	Sub-total							<u> </u>	0.		55.			0.
d	Total (add lines 1b and 1c)			1			ا د	>	0.	232,18				0.
2	Total number of individuals (including but r compensation from the organization	iot limited to tr	ose	liste	ed ai	oove	e) wr	10 re	eceived more than \$10	о,000 от геропарк ————————————————————————————————————			Yes	0 No
3	Did the organization list any former officer, line 1a? <i>If</i> "Yes," <i>complete Schedule J for s</i>		uste	e, ke	y er	nplo	yee,	or I	highest compensated e	employee on		3		х
4	For any individual listed on line 1a, is the si and related organizations greater than \$15	0,000? If "Yes,	" co	mple	ete S	Sche	edule	e J f	or such individual	-	-	4	х	
5 Sec	Did any person listed on line 1a receive or a rendered to the organization? If "Yes," combine B. Independent Contractors					-		elat	ed organization or indiv	ridual for services		5		Х
1	Complete this table for your five highest co the organization Report compensation for										pensa	tion f	rom	
	(A) Name and business	address	N	ONE	€				(B) Description of	services	Co	(C ompe) nsatio	n
				 -				-						
_														
2	Total number of independent contractors (\$100,000 of compensation from the organi		ot lı	mite	d to		se lis	sted	above) who received i	nore than				

61-0459494 COLLEGE HEIGHTS FOUNDATION, INC. Page 9 Form 990 (2014) Part VIII . Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (D)
Revenue excluded from tax under sections 512 - 514 (B) Related or (C) Unrelated Total revenue exempt function business revenue revenue tributions, Gifts, Grants Other Similar Amounts 1 a Federated campaigns 1a **b** Membership dues 1b Fundraising events 1c Related organizations 1d Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above 1f 8,647,504

Con			Noncash contributions included in lines	1a-1f \$	93,006	0 647 504			
0 10		<u>n</u>	Total. Add lines 1a-1f		Dueinen Code	8,647,504.			
_	_	_			Business Code				
Program Service Revenue	2	a							
ie Š									
E S									
Pa			-						
F		e	All other program service reve	nuo					
			Total. Add lines 2a-2f	nue	•				
_	3		Investment income (including	dividends intere		-			
	3		other similar amounts)	aividends, intere	sst, and	1,380,912,			1,380,912.
	4		Income from investment of tax	vevemnt hand n		1,300,912,			1,380,312,
	5		Royalties	cacinpi bona p	Noccedas				
	3		rioyanies	(ı) Real	(II) Personal				
	6	а	Gross rents	(ly riodi	(ii) i crooriui				
	Ŭ		Less. rental expenses						
			Rental income or (loss)						
			Net rental income or (loss)	1	•				
	7		Gross amount from sales of	(i) Securities	(II) Other				
	_		assets other than inventory	,,					
		b	Less: cost or other basis						
			and sales expenses						
		С	Gain or (loss)						
		d	Net gain or (loss)						
a	8	а	Gross income from fundraising	g events (not					
<u> </u>			including \$	of					
Other Revenue			contributions reported on line	1c). See					
<u>بر</u>			Part IV, line 18	а					
		b	Less direct expenses	b					
~		C	Net income or (loss) from fund	Iraising events	•				
	9	а	Gross income from gaming ac	tivities See					
			Part IV, line 19	а					
		b	Less: direct expenses	b					
			Net income or (loss) from gam	•	<u> </u>				
	10	а	Gross sales of inventory, less	returns		•			
			and allowances	а					
			Less: cost of goods sold	b					
		С	Net income or (loss) from sale		•				
			Miscellaneous Revenu		Business Code				
	11	а	MISC, LOSS FROM TRANSF	ERRED FUNDS	611310	<7,030,	> <7,030,	<u> </u>	

432009 11-07-14

d All other revenue

Total, Add lines 11a-11d Total revenue. See instructions. <7.030.

<7.030

10 021 386

Part IX | Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A). Check if Schedule O contains a response or note to any line in this Part IX (B) Program service (C) Management and (A) Total expenses Do not include amounts reported on lines 6b. Fundraising 7b, 8b, 9b, and 10b of Part VIII. ĕxpenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 5,017,204. 5,017,204. individuals. See Part IV, line 22 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Benefits paid to or for members Compensation of current officers, directors, 232,185 232,185. trustees, and key employees Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 203,460 203,460. Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) Other employee benefits 10 Payroll taxes Fees for services (non-employees) a Management **b** Legal 21,191 21,191 c Accounting d Lobbying e Professional fundraising services. See Part IV, line 17 154,906. 154,906. Investment management fees g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.) Advertising and promotion 12 13,564. 13,564. 13 Office expenses Information technology 14 15 Royalties Occupancy 16 8,992. 8,992. 17 Payments of travel or entertainment expenses 18 for any federal, state, or local public officials Conferences, conventions, and meetings 19 8,878. 8,878. Interest 20 Payments to affiliates 21 Depreciation, depletion, and amortization 22 23 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.) 274,437 274,437 OTHER PROGRAM SERVICE E 43,729 43,729. ь OTHER MANAGEMENT & GENE 19,995. 19,995. c COMPUTER SOFTWARE $10,5\overline{17}$. d VEHICLE EXPENSE 10,517. 3,765. 3,765. e All other expenses 5,291,641 Total functional expenses Add lines 1 through 24e 6,012,823. 721<u>,</u>182. 25 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (A) (B) Beginning of year End of year 566,112. 409,160. Cash - non-interest-bearing Savings and temporary cash investments 2 2 Pledges and grants receivable, net 3 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr) Complete Part II of Sch L 6 Assets Notes and loans receivable, net 7 4.051 4,051. Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment cost or other basis Complete Part VI of Schedule D 1,057,214. 10a 1,107,214. 1,057,214. 10b 10c b Less: accumulated depreciation 46,990,996. 44,829,931. Investments - publicly traded securities 11 11 12 Investments - other securities See Part IV, line 11 12 13 Investments - program-related See Part IV, line 11 13 14 Intangible assets 14 2,649,026. 7,212,561. 15 Other assets. See Part IV, line 11 15 49,999,382. 55,830,934. 16 Total assets. Add lines 1 through 15 (must equal line 34) 16 91,413. 17 Accounts payable and accrued expenses 17 18 Grants payable 18 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, 22 key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 273,939. 186,407. Secured mortgages and notes payable to unrelated third parties 23 23 24 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X of 5,984,472. 6,028,635. Schedule D 25 6,349,824. 6,215,042. 26 Total liabilities, Add lines 17 through 25 26 Organizations that follow SFAS 117 (ASC 958), check here complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 131,364. 267,403. 27 Unrestricted net assets 1,717,111. 1,627,548. Temporarily restricted net assets 28 28 41,890,646. 47,631,378. Permanently restricted net assets 29 Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 31 Paid-in or capital surplus, or land, building, or equipment fund 31 32 Retained earnings, endowment, accumulated income, or other funds 32 43,649,558. 49,615,892. 33 33 Total net assets or fund balances 49,999,382. 55,830,934. 34 Total liabilities and net assets/fund balances

Form 990 (2014)

	n 990 (2014) COLLEGE HEIGHTS FOUNDATION, INC.	<u>61-</u>	04594	194	_Pag	e 12
Pa	rt XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI					X
	•					
1	Total revenue (must equal Part VIII, column (A), line 12)	1	10	021	, 38	<u>86.</u>
2	Total expenses (must equal Part IX, column (A), line 25)	2	6	012	, 82	<u>23.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3	4	008	, 50	63.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		649		
5	Net unrealized gains (losses) on investments	5	2	027	,1:	<u> 38.</u>
6	Donated services and use of facilities	6				
7	Investment expenses	7				
8	Prior period adjustments	8				
9	Other changes in net assets or fund balances (explain in Schedule O)	9		<69	,30	67.
10	Net assets or fund balances at end of year Combine lines 3 through 9 (must equal Part X, line 33,					
	column (B))	10	49	615	, 89	<u>92.</u>
Pa	rt XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII					
			_	\	⁄es	No
1	Accounting method used to prepare the Form 990. Cash X Accrual Other				l	
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	Ο.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		L	2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a	1		1	
	separate basis, consolidated basis, or both				ŀ	
	Separate basis Consolidated basis Both consolidated and separate basis				1	
b	Were the organization's financial statements audited by an independent accountant?		L	2b	X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat	e basıs,			1	
	consolidated basis, or both				}	
	X Separate basis Consolidated basis Both consolidated and separate basis				1	
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e audıt,	-			
	review, or compilation of its financial statements and selection of an independent accountant?		<u> </u>	2c	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch	edule O			ĺ	
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sil	ngle Aud	int			
	Act and OMB Circular A-133?		<u> </u>	3a		<u>X</u>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired auc	lit			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			3b		
				Form 9	90 (2	2014)

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

2014

Open to Public Inspection

Employer identification number Name of the organization 61-0459494 COLLEGE HEIGHTS FOUNDATION. Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions The organization is not a private foundation because it is (For lines 1 through 11, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state 5 X An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 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.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 10 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, rts supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (iii) Type of organization (iv) Is the organization (v) Amount of monetary (vi) Amount of (i) Name of supported (ii) FIN listed in your (described on lines 1-9 support (see other support (see organization governing document? above or IRC section Instructions) Instructions) Yes No (see instructions)) Total

61-0459494 Page 2

Schedule A (Form 990 or 990-EZ) 2014 COLLEGE HEIGHTS FOUNDATION, INC. 61-04594

[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.)

Sec	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and						
	membership fees received (Do not						
	include any "unusual grants ")	4,098,551.	4,628,281,	5,660,233.	6,736,653,	8,647,504,	29,771,222.
2	Tax revenues levied for the organ-				, ,		
	ization's benefit and either paid to						
	or expended on its behalf			ŀ			
3	The value of services or facilities						
-	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	4,098,551,	4,628,281,	5,660,233,	6.736.653.	8,647,504.	29,771,222,
	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)						121,556.
6	Public support. Subtract line 5 from line 4	······································					29 649 666
	ction B. Total Support			'			22,022,000
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4	4,098,551.	4,628,281,	5,660,233.	6,736,653.	8,647,504.	29,771,222,
8	Gross income from interest,		• •				
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	495,103.	530,456.	841,055.	939,146.	1,380,912.	4,186,672,
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI)						
11	Total support. Add lines 7 through 10						33,957,894,
12	Gross receipts from related activities,	etc (see instruction	ons)			12	
13	First five years. If the Form 990 is for	the organization's	s first, second, thir	d, fourth, or fifth ta	ıx year as a sectioi	n 501(c)(3)	
	organization, check this box and stor	here					▶□
Sec	ction C. Computation of Publ	ic Support Pe	rcentage				
14	Public support percentage for 2014 (I	ine 6, column (f) di	ivided by line 11, o	olumn (f))		14	87.31 %
15	Public support percentage from 2013	Schedule A, Part	II, line 14			15	<u>86.02 %</u>
16a	33 1/3% support test - 2014. If the c	organization did no	t check the box o	n line 13, and line 1	14 is 33 1/3% or m	ore, check this bo	
	stop here. The organization qualifies		-				\triangleright [X]
b	33 1/3% support test - 2013. If the c	-			line 15 is 33 1/3%	or more, check th	nis box
	and stop here. The organization qual		•				▶Ш
17a	10% -facts-and-circumstances tes	t - 2014 . If the org	anization did not d	heck a box on line	e 13, 16a, or 16b, a	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	ere. Explain in Par	t VI how the organ	nization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	l organization		▶□
b	10% -facts-and-circumstances tes	t - 2013. If the org	anization did not c	check a box on line	e 13, 16a, 16b, or 1	7a, and line 15 is	10% or
	more, and if the organization meets the	ne "facts-and-circu	mstances" test, cl	neck this box and :	stop here. Explain	in Part VI how the	•
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a public	cly supported orga	ınızatıon	▶Щ
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	o, check this box a	nd see instruction	s >
					~ .	1 1 4 /5 000	000 571 0044

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

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

Section A. Public Support	-					
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1 Gifts, grants, contributions, and						
membership fees received (Do not						
ınclude any "unusual grants ")						
2 Gross receipts from admissions,						
merchandise sold or services per-		1				
formed, or facilities furnished in any activity that is related to the						
organization's tax-exempt purpose						
3 Gross receipts from activities that						
are not an unrelated trade or 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		1				
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				1		
3 received from disqualified persons						
b Amounts included on lines 2 and 3 received		1		 	1	
from other than disqualified persons that						
exceed the greater of \$5,000 or 1% of the						
amount on line 13 for the year c Add lines 7a and 7b						
		 				-
8 Public support (Subtract line 7c from line 6) Section B. Total Support		1	1	.1		
Calendar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 Amounts from line 6	(a) 2010	(0) 2011	(0) 2012	(a) 2013	(e) 2014	(I) TOTAL
10a Gross income from interest,				+	-	
dividends, payments received on						
securities loans, rents, royalties						
and income from similar sources				+		
b Unrelated business taxable income						
(less section 511 taxes) from businesses				1		
acquired after June 30, 1975				-		
c Add lines 10a and 10b		 	 	 	·-	
11 Net income from unrelated business activities not included in line 10b.				Ĭ		
whether or not the business is						
regularly carried on				+		
12 Other income. Do not include gain or loss from the sale of capital						
assets (Explain in Part VI)					 	
13 Total support. (Add lines 9, 10c, 11, and 12)				1		
14 First five years. If the Form 990 is for	the organization'	's first, second, thi	rd, fourth, or fifth	tax year as a sect	on 501(c)(3) organiz	ation,
check this box and stop here					 	▶└
Section C. Computation of Publi					1	
15 Public support percentage for 2014 (li		•	column (f))		15	
16 Public support percentage from 2013			 		16	
Section D. Computation of Inves						
17 Investment income percentage for 20	14 (line 10c, colu	mn (f) divided by li	ne 13, column (f))		17	
18 Investment income percentage from 2	013 Schedule A,	Part III, line 17			18	
19a 33 1/3% support tests - 2014. If the	organization did i	not check the box	on line 14, and lin	ie 15 is more than	33 1/3%, and line 1	17 is not
more than 33 1/3%, check this box ar	d stop here. The	e organization qua	irfies as a publicly	supported organi	zation	▶□
b 33 1/3% support tests - 2013. If the	organization did i	not check a box or	n line 14 or line 19	a, and line 16 is n	nore than 33 1/3%,	and
line 18 is not more than 33 1/3%, chec	ck this box and s	stop here. The org	anızatıon qualıfıes	as a publicly sup	ported organization	▶□
20 Private foundation. If the organization	n did not check a	box on line 14, 19	a. or 19b. check	this box and see i	nstructions	▶ _

Part IV Supporting Organizations

(Complete only if you checked a box on line 11 of Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V)

S	ec	tion	A.	ΑII	S	upporting	Organizations
•			,	, ,,,,	•	apper uning	VIGUILITATION

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No" describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)
 (B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable) Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document)
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations, (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990)
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)

		Voc	No
ſ		162	No
-	1		
	•		
ŀ	3a		
-	3b		
	3c		
ŀ	<u>4a</u>		
-	4b		
İ			
-	4c		
	_		
	5a		
	. 5b		
	5c		
	6		
		_	
	_		
	7		
	. 8		
	9a		
	9b		
	9c		
	10a		
	,,,,,		
	10b_		<u> </u>

Sche	dule A (Form 990 or 990-EZ) 2014 COLLEGE HEIGHTS FOUNDAT	ION,	INC.	61-0459494 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifyin			tructions. All
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5	***	
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7_	,	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8_		
Sect	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year).			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c	<u></u>	
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	,		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4	· · · · · · · · · · · · · · · · · · ·	
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
-	Check have if the current year in the expensation's first as a non-functional	lyuntoors	ted Tupe III supporting	aranization (see

instructions)

Sche Par	dule A (Form 990 or 990-EZ) 2014 COLLEGE HEIGH tV Type III Non-Functionally Integrated 509			1-0459494 Page 7
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	s	
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)			
6	Other distributions (describe in Part VI) See instructions			
7	Total annual distributions. Add lines 1 through 6.			
8	Distributions to attentive supported organizations to which the	ne organization is responsive	e	
	(provide details in Part VI) See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(i)	(ii)	(iii)
C	on E. Dietwikustian Allonations (assimatus et ass)	Excess Distributions	Underdistributions	Distributable
secti	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)		·····	
3	Excess distributions carryover, if any, to 2014:			
а				
b				
С				
d				
е	From 2013			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
i_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2014 from Section D,			
	line 7 \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
с	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions)			
6	Remaining underdistributions for 2014 Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions)			
7	Excess distributions carryover to 2015. Add lines 3			
	and 4c			
8	Breakdown of line 7			
а				
b				
<u> </u>				
<u>d</u>	Excess from 2013			
е	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or 990-EZ) 2	2014 COLLE	GE HEIGHT	rs foundar	TION, INC	•	61-0459494 Page 8
Part VI	Supplemental In	formation.	Provide the explan	nations required by	/ Part II, line 10; F	Part II, line 17a or	17b, and Part III, line 12
	Also complete this pa	irt for any addition	onal information.	(See instructions).			
•				•			
_							
							<u> </u>
		<u> </u>					
-							
_							
							
							

SCHEDULE D

Department of the Treasury Internal Revenue Service

(Form 990) .

Supplemental Financial Statements

► Complete if the organization answered "Yes" to Form 990,
Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

► Attach to Form 990.

► Information about Schedule D (Form 990) and its instructions is at www.lrs.gov/form990.

OMB No 1545-0047 Open to Public Inspection

Name of the organization

COLLEGE RELCTING BOTHWARTON

Employer identification number 61-0459494

Pa	rt I Organizations Maintaining Donor Advised		ds or Accounts. Complete if the
L	organization answered "Yes" to Form 990, Part IV, line		
	3	(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year	(-)	, , , , , , , , , , , , , , , , , , ,
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)	<u>-</u>	
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in w	writing that the assets hold in departe	lygod fundo
J	are the organization's property, subject to the organization's e	•	Yes No
6	Did the organization inform all grantees, donors, and donor ad	· ·	
O	for charitable purposes and not for the benefit of the donor or		<u>-</u>
	impermissible private benefit?	donor advisor, or for any other purpo	
Pa		anization answered "Ves" to Form 900	Yes No
1	Purpose(s) of conservation easements held by the organization), 1 dit (4, mie /
•	Preservation of land for public use (e.g., recreation or ed		istorically important land area
	Protection of natural habitat	· -	ertified historic structure
	Preservation of open space	Freservation of a C	ertined historic structure
2	Complete lines 2a through 2d if the organization held a qualifie	ad cancariation contribution in the fa	rm of a conservation accoment on the last
2	day of the tax year	ed conservation contribution in the to	in or a conservation easement on the last
	day of the tax year		Held at the End of the Tax Year
а	Total number of conservation easements		
b	Total acreage restricted by conservation easements		2a 2b
	Number of conservation easements on a certified historic stru	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired at	, ,	
u	listed in the National Register	inter o/ 17700, and not on a historic stru	2d
3	Number of conservation easements modified, transferred, rele	assed extinguished or terminated by	
3	year	sased, extinguished, or terminated by	the organization during the tax
4	Number of states where property subject to conservation easi	ement is located	
5	Does the organization have a written policy regarding the period		_ of
Ŭ	violations, and enforcement of the conservation easements it	• •	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, a		
7	Amount of expenses incurred in monitoring, inspecting, and e	•	<u> </u>
8	Does each conservation easement reported on line 2(d) above	_	
Ü	and section 170(h)(4)(B)(ii)?	satisfy the requirements of section i	Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expe	
Ū	include, if applicable, the text of the footnote to the organization	•	
	conservation easements	one interioral oracomorno trial deserte	oo ino organization o accounting for
Pai	rt III Organizations Maintaining Collections of	Art, Historical Treasures, or	Other Similar Assets.
	Complete if the organization answered "Yes" to Form 9	· · · · · · · · · · · · · · · · · · ·	
1a	If the organization elected, as permitted under SFAS 116 (ASC	C 958), not to report in its revenue sta	tement and balance sheet works of art.
	historical treasures, or other similar assets held for public exhi		
	the text of the footnote to its financial statements that describ		, , , , , , , , , , , , , , , , , , , ,
b	If the organization elected, as permitted under SFAS 116 (ASC		ent and balance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, edi		
	relating to these items:	,	,
	(i) Revenue included in Form 990, Part VIII, line 1		> \$
	(ii) Assets included in Form 990, Part X		> \$
2	If the organization received or held works of art, historical trea	sures, or other similar assets for finan	cial gain, provide
-	the following amounts required to be reported under SFAS 11		• · · · · · · · · · · · · · · · · · · ·
а	Revenue included in Form 990, Part VIII, line 1	, , , , , , , , , , , , , , , , , , , ,	> \$
	Assets included in Form 990, Part X		> \$

		HEIGHTS F					59494	
Pai	rt III Organizations Maintaining C	Collections of A	rt, Historical Tr	easures, or Oth	<u>ier Simil</u>	ar Asse	ts(continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	is, check any of the	following that are a	significant	use of its	collection i	tems
	(check all that apply).							
а	Public exhibition	d	I Loan or exc	hange programs				
b	Scholarly research	е	Other					
С	Preservation for future generations							
4	Provide a description of the organization's co	ollections and explai	n how they further t	he organızatıon's ex	empt purp	ose in Par	t XIII.	
5	During the year, did the organization solicit o	r receive donations	of art, historical trea	sures, or other simil	ar assets			
	to be sold to raise funds rather than to be ma						Yes	No_
Pai	rt IV Escrow and Custodial Arran reported an amount on Form 990, Par		ete if the organization	n answered "Yes" to	o Form 990), Part IV, I	line 9, or	
1a	Is the organization an agent, trustee, custod	an or other intermed	liary for contribution	ns or other assets no	t included			
	on Form 990, Part X?		·				Yes	☐ No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing table:					
			_				Amount	
С	Beginning balance				1c			
d	Additions during the year				1d			
е	Distributions during the year				1e			
f	Ending balance				1f			
2a	Did the organization include an amount on Fe	orm 990, Part X, line	21, for escrow or co	ustodial account liab	ulity?		Yes	No No
	If "Yes," explain the arrangement in Part XIII.							
Par	t V Endowment Funds. Complete	f the organization an	swered "Yes" to Fo	rm 990, Part IV, line	10.			
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three	ears back	(e) Four ye	ears back_
1a	Beginning of year balance	43,649,558.	36,127,194.	32,594,003,	34,2	268,533.	31,2	16,650,
b	Contributions	8,647,504.	6,376,653.	5,660,233,	4.6	28 281.	4,0	98,551 <u>.</u>
С	Net investment earnings, gains, and losses	3,331,653.	7,530,921,	4,344,328,	<3	88,185.	4,3	05 574.
d	Grants or scholarships	5,017,204.	5,491,207.	5,485,209,	4,8	52,009,	4,2	<u>59,249.</u>
е	Other expenditures for facilities							
	and programs	274,437.	230,839,	458,653,		39,565.	6	20,225,
f	Administrative expenses	721,182.	663,164.	527,508.		23,052.	4	72,768,
g	End of year balance	49,615,892.	43,649,558.	36,127,194.	32,5	94,003.	34,2	<u>68,533.</u>
2	Provide the estimated percentage of the curi		e (line 1g, column (a	a)) held as				
а	Board designated or quasi-endowment	<u>.54</u>	_%					
	Permanent endowment ► 96.00	%						
С	• •	<u>3.46</u> %						
	The percentages in lines 2a, 2b, and 2c should	•						
3a	Are there endowment funds not in the posse	ession of the organization	ation that are held a	nd administered for	the organi	zation		
	by.						Y	es No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations						3a(ii)	<u> </u>
	If "Yes" to 3a(ı), are the related organizations						3b	
4	Describe in Part XIII the intended uses of the		wment funds					
Par	t VI Land, Buildings, and Equipm							
	Complete if the organization answere	1				.		
	Description of property	(a) Cost or o basis (investr	ment) basis		Accumulate epreciation		(d) Book v	
1a	Land	1,057,	214.				1,057	,214.
b	Buildings							
C	Leasehold improvements							
d	Equipment							
	Other .							
<u>Total</u>	. Add lines 1a through 1e (Column (d) must e	qual Form 990, Part	X, column (B), line	(0c.)			<u>1,057</u>	<u>,214.</u>

Schedule D (Form 990) 2014

Schedule D (Form 990) 2014	COLLEGE	HEIGHTS	FOUNDATION,	INC
			 	

Schedule D (Form 990) 2014 COLI	LEGE HEIGHT	'S FOUNDA'	TION,	INC.	(<u> 51-0459494</u>	Page 3
Part VII Investments - Other Se							
Complete if the organization a	nswered "Yes" to Fo	rm 990, Part IV, lii	ne 11b. S	See Form 990, F	Part X, line 12.		
(a) Description of security or category (including		(b) Book value				end-of-year market v	/alue
(1) Financial derivatives							
(2) Closely-held equity interests							
(3) Other							
(A)			_				
(B)			_				
(C)							
(D)			_				
(E)							
(F)							
(G)							
(H)							
Total. (Col. (b) must equal Form 990, Part X, col.	(P) line 12)						
Part VIII Investments - Program							
		OOO Dowl IV Iv	11- 0) F 000 F	Sout V. Ives 40		
Complete if the organization a (a) Description of investment		m 990, Part IV, III (b) Book value				end-of-year market v	value
		(b) Dook value		C) Welliod Of Va	aluation. Cost of	end-or-year market	alue
	·	_				 	
(2)							
(3)			-				
(4)		 -	-				
(5)							
(6)			_				
					 		
(8)							
(9)							
Total. (Col. (b) must equal Form 990, Part X, col.	. (B) line 13.)						
Part IX Other Assets.							
Complete if the organization a			ne 11d. S	See Form 990, F	Part X, line 15		
	(a) Desc					(b) Book va	
(1) INTEREST & DIVIDED		ABLE					<u>,161</u>
(2) ASSETS HELD FOR O	<u> THERS</u>					2,755	
(3) DONATED FURNITURE							<u>,646</u> .
(4) BENEFICIAL INTERES	<u>T IN THIRI</u>	PARTY T	RUSTS	<u> </u>		4,313	<u>, 427 </u>
(5)							
(6)							_
(7)							
(8)		· · · · · · · · · · · · · · · · · · ·					
(9)							
Total. (Column (b) must equal Form 990, Pa	art X, col (B) line 15.)					<u>▶ 7,212</u>	<u>,561</u>
Part X Other Liabilities.							
Complete if the organization a	nswered "Yes" to Fo	rm 990, Part IV, lu	ne 11e o	r 11f. See Form	990, Part X, line	25	_
1. (a) Description of	f liability		(b) Bo	ook value			
(1) Federal income taxes				<u>-</u>			
(2) REFUNDABLE ADVANCE	ES & GIFT A	ANNUITY	•				
(3) LIABILITIES			3.2	73,308.			
(4) LIABILITY FOR ASSI	TS HELD FO)R					
(5) OTHERS			2.7	755,327.			
(6)							
(7)							

6,028,635. Total. (Column (b) must equal Form 990, Part X, col (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

(8) (9)

Schedule D (Form 990) 2014 COLLEGE HEIGHTS			0459494 Page 4
Part XI Reconciliation of Revenue per Audited F	•	er Retun	n.
Complete if the organization answered "Yes" to Form			44 000 450
1 Total revenue, gains, and other support per audited financial		1	11,979,157.
2 Amounts included on line 1 but not on Form 990, Part VIII, lin	, ,	a a	
a Net unrealized gains (losses) on investments	2a 2,027,1	38.	
b Donated services and use of facilities	2b		
c Recoveries of prior year grants	2c	<u>- </u>	
d Other (Describe in Part XIII.)	2d <69,3		1 057 771
e Add lines 2a through 2d		2e	1,957,771.
3 Subtract line 2e from line 1	d.	3	10,021,386.
4 Amounts included on Form 990, Part VIII, line 12, but not on I			
 a Investment expenses not included on Form 990, Part VIII, line b Other (Describe in Part XIII.) 	4a 4b		
b Other (Describe in Part XIII.) c Add lines 4a and 4b	40		0.
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990	Part I line 12)	4c 5	10,021,386.
Part XII Reconciliation of Expenses per Audited F			
Complete if the organization answered "Yes" to Form	-	po	
Total expenses and losses per audited financial statements	550,7 41.11, 1115 124	1	6,012,823.
2 Amounts included on line 1 but not on Form 990, Part IX, line	25.	•	0,012,023.
a Donated services and use of facilities	2a		
b Prior year adjustments	2b		
c Other losses	2c		
d Other (Describe in Part XIII.)	2d		
e Add lines 2a through 2d		2e	0.
3 Subtract line 2e from line 1		_3	6,012,823.
4 Amounts included on Form 990, Part IX, line 25, but not on lir	ne 1.		
a Investment expenses not included on Form 990, Part VIII, line	e 7b 4a		
b Other (Describe in Part XIII.)	_4b		
c Add lines 4a and 4b		4c	0.
5 Total expenses Add lines 3 and 4c. (This must equal Form 99	00, Part I, line 18)	5	6,012,823.
Part XIII Supplemental Information.			
Provide the descriptions required for Part II, lines 3, 5, and 9, Part II		, line 4; Part	X, line 2; Part XI,
lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa	art to provide any additional information.		
 -			
PART V, LINE 4:			
IANT V, DINE 4.			
THE ORGANIZATION INTENDS TO USE IT	TS ENDOWMENT FUNDS TO PRO	OVIDE	SCHOLARSHIP
	20 211201112112 2 01125 2 0 2 2 1 1 1	<u> </u>	00110211101121
ASSISTANCE TO STUDENTS ATTENDING V	WESTERN KENTUCKY UNIVERS	ITY.	
PART X, LINE 2:			
"WHEN APPLICABLE, THE FOUNDATION I	RECOGNIZES UNCERTAIN INC	AT AMC	X POSITIONS
USING A "MORE-LIKELY-THAN-NOT" API	PROACH AS DEFINED IN THE	ASC.	NO SUCH
INCEPENTAL MAY DOCUMENTONG HAVE DEEN	DEELECTED IN THE ACCOUNT	A ATSZ T ATC	DESIGNAT
UNCERTAIN TAX POSITIONS HAVE BEEN	REFLECTED IN THE ACCOMPA	ANYING	FINANCIAL
STATEMENTS. THE FOUNDATION'S 2013	1_2014 TAY VEADS DEMATH (א זשם כ	NID CITETECT
DIATEMENTS: THE POUNDATION 5 201.	1-2014 TAX TEARS REMAIN	JEEN A	ND SUBURCI
TO EXAMINATION."			
PART XI, LINE 2D - OTHER ADJUSTMEN	NTS:		····
432054 10-01-14		Sche	dule D (Form 990) 2014

Schedule D (Form 9	990) 2014	llefe	rmation (continued)	rs foundation, inc.	61-0459494 Page 5
I di t XIII	Supp	Jernenta	i inic	rmation (continued)		
CHANGE	IN	VALUE	OF	SPLIT-INTEREST	AGREEMENTS	-69,367.
-						
					-	
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SCHEDULE I (Form 990)

SCHEDULEI	Grants and Other Assistance to Organizations.	OMB No 1545-0047
(Form 990)	Governments, and Individuals in the United States	7170
	Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.	107
Department of the Treasury	y ► Attach to Form 990.	Open to Public
Internal Revenue Service	► Information about Schedule I (Form 990) and its instructions is at www.lrs.gov/form990.	Inspection
Name of the organization		Employer identification number
	COLLEGE HEIGHTS FOUNDATION, INC.	61-0459494
Part I Genera	Part I General Information on Grants and Assistance	
1 Does the orga	1 Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection	ction

2

X Yes

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any

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

criteria used to award the grants or assistance?

Part

	n of (h) Purpose of grant ance or assistance				A A	Schodulo I (Form 000) (0014)
	(g) Description of non-cash assistance					
	(f) Method of valuation (book, FMV, appraisal, other)					
Jed.	(e) Amount of non-cash assistance					
onal space is need	(d) Amount of cash grant				line 1 table	
be duplicated if additi	(c) IRC section if applicable				ganizations listed in the table	ons for Form 990
5,000. Part II can	(b) EIN				ld government org	see the Instructi
recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.	1 (a) Name and address of organization or government				2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 3 Enter total number of other organizations listed in the line 1 table	۔ ا

Page 2 (f) Description of non-cash assistance 61 - 0459494(e) Method of valuation (book, FMV, appraisal, other) Q A SCHOLARSHIP APPLICATION MUST BE COMPLETED AND SUBMITTED BY EACH SCHOLARSHIP BASED ON THE GUIDELINES AGREED UPON WHEN EACH SCHOLARSHIP THE UNIVERSITY SCHOLARSHIP COMMITTEE SELECTS THE RECIPIENTS Supplemental Information. Provide the information required in Part i, line 2, Part III, column (b), and any other additional information Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed THE THE SCHOLARSHIP COMMITTEE WILL ALSO REVIEW THE STUDENTS IN DETERMINING WHETHER A RETURNING STUDENT THE ORGANIZATION DISBURSES SCHOLARSHIPS EACH SEMESTER DIRECTLY TO TRANSCRIPTS TO ENSURE THEY ARE IN GOOD ACADEMIC STANDING WITH THE (d) Amount of non-cash assistance QUALIFIES FOR SCHOLARSHIP RENEWAL AND IN ORDER TO RECEIVE FULL 5,017,204 (c) Amount of cash grant COLLEGE HEIGHTS FOUNDATION, 3500 (b) Number of recipients SCHOLARSHIPS FOR STUDENTS ATTENDING WESTERN (a) Type of grant or assistance EACH YEAR, Schedule I (Form 990) (2014) CONSIDERATION, KENTUCKY UNIVERSITY LINE WAS CREATED. APRIL 15TH. UNIVERSITY. PART I, Part III Part IV

Schedule I (Form 990) (2014)

432102 10-15-14

Schedule I	(Form 990)	COLLEGE	HEIGHTS	FOUNDATION,	INC.	61-0459494 Page 2
Part IV	(Form 990) Supplemental Inf	formation				
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SCHEDULE J (Form 990)

Compensation Information

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

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

Attach to Form 990.

COLLEGE HEIGHTS FOUNDATION,

ZU 14

OMB No 1545-0047

Open to Public Inspection

Internal Revenue Service

Name of the organization

Department of the Treasury

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

Employer identification number 61-0459494

P	art i	Questions Regarding Compensation			
				Yes	No
1a	Chec	ck the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part '	VII, Section A, line 1a Complete Part III to provide any relevant information regarding these items.			
		First-class or charter travel Housing allowance or residence for personal use			
		Travel for companions Payments for business use of personal residence	ŀ	i	
		Tax indemnification and gross-up payments Health or social club dues or initiation fees			
		Discretionary spending account Personal services (e.g , maid, chauffeur, chef)			
b	If any	y of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or		i 	
	reımt	pursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did t	he organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
		ees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2		
3	Indic	ate which, if any, of the following the filing organization used to establish the compensation of the organization's			
		/Executive Director Check all that apply Do not check any boxes for methods used by a related organization to		İ	
		olish compensation of the CEO/Executive Director, but explain in Part III			
		Compensation committee Written employment contract			
		Independent compensation consultant Compensation survey or study			
		Form 990 of other organizations X Approval by the board or compensation committee			
4	Durin	ng the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
		nization or a related organization.			
а	Rece	eive a severance payment or change-of-control payment?	4a		X
b	Parti	cipate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
С	Parti	cipate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Ye	es" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only	section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For p	persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	conti	ingent on the revenues of			
а	The o	organization?	5a	Ĺ	X
b	Any ı	related organization?	5b	L	X
	lf "Y€	es" to line 5a or 5b, describe in Part III.			
6	For p	persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation		1	
	cont	ingent on the net earnings of.		1	
а	The o	organization?	6a	<u> </u>	X
b	Any i	related organization?	6b		X
		es" to line 6a or 6b, describe in Part III.			
7	For p	persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
	not c	described in lines 5 and 6? If "Yes," describe in Part III	7		X
8		any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the		ĺ	
	ınıtıa	l contract exception described in Regulations section 53 4958-4(a)(3)? If "Yes," describe in Part III	8	<u> </u>	X
9	If "Ye	es" to line 8, did the organization also follow the rebuttable presumption procedure described in		1	
	Regu	ulations section 53 4958-6(c)?	9	<u> </u>	1

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

Schedule J (Form 990) 2014

61-0459494

COLLEGE HEIGHTS FOUNDATION, INC.

Schedule J (Form 990) 2014

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed

Page 2

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

		(B) Breakdown of	(B) Breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive	(iii) Other reportable	other deferred compensation	benefits	(a)·(i)(a)	ın column (B) reported as deferred ın prior Form 990
(1) DONALD L. SMITH	Ξ	0.	0	0.	0	0.	0	0
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432112 10-13-14

Schedule J (Form 990) 2014

432113 10-13-14

SCHEDULE M (Form 990)

Noncash Contributions

OMB No 1545-0047

Department of the Treasury Internal Revenue Service

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

Attach to Form 990.

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

Open To Public Inspection

Name of the organization COLLEGE HEIGHTS FOUNDATION, INC. **Employer identification number** 61-0459494

Pai	ti _ Types of Property									
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash cont amounts repo Form 990, Part \	rted on		ethod of	(d) determining ibution amo		
1	Art - Works of art									
2	Art - Historical treasures				•					
3	Art - Fractional interests									
4	Books and publications							•		
5	Clothing and household goods									
6	Cars and other vehicles									
7	Boats and planes									
8	Intellectual property									
9	Securities - Publicly traded	Х	6	93	,006.	VALUE	PER	STOCK	EX	CH
10	Securities · Closely held stock									
11	Securities - Partnership, LLC, or									
	trust interests									
12	Securities - Miscellaneous							-		
13	Qualified conservation contribution -									
	Historic structures									
14	Qualified conservation contribution - Other									
15	Real estate - Residential				-					
16	Real estate - Commercial									
17	Real estate - Other								-	
18	Collectibles									
19	Food inventory									
20	Drugs and medical supplies					-				
21	Taxidermy									
22	Historical artifacts				-					
23	Scientific specimens									
24	Archeological artifacts			-						
25	<u>_</u>									
26	Other () Other ()				-			_		
27	Other ()									
	Other ()					-				
<u>28</u> 29	Number of Forms 8283 received by the organi	rotion durin	a the tay year for a	L	1 1	ı				
29	for which the organization completed Form 82				29					
	for which the organization completed Form 62	.os, Fait IV,	Donee Acknowled	gement	29				'es	<u> </u>
20-	During the year did the ergonization receive h			namad in Dant Liv	ana 1 thrai	ah 20 that		 	es	No
Sua	During the year, did the organization receive b	-				-	ıı			
	must hold for at least three years from the dat		ai contribution, and	wnich is not req	uirea to be	usea for				v
	exempt purposes for the entire holding period	7					٠	30a	\dashv	<u>X</u>
	If "Yes," describe the arrangement in Part II					0			τ,	
31	Does the organization have a gift acceptance						•	31	X	
32a	Does the organization hire or use third parties	or related o	rganizations to soli	cit, process, or s	ell noncast)		1		
	contributions?							32a	<u> </u>	
	If "Yes," describe in Part II									
33	If the organization did not report an amount in	column (c)	tor a type of prope	rty for which colu	mn (a) is c	necked,				
	describe in Part II									
LHA	For Paperwork Reduction Act Notice, see	the instruc	tions for Form 99	0.		Se	chedule	M (Form 9	90) (2	.014)

Schedule M (Form 990) (2014) COLLEGE HEIGHTS FOUNDATION, INC.	61-0459494	Page 2
Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33 is reporting in Part I, column (b), the number of contributions, the number of items received, or a combine this part for any additional information.	, and whether the organiza bination of both. Also com	ition plete
SCHEDULE M, LINE 32B:		
UPON RECEIPT OF GIFTS OF REAL ESTATE, THE ORGANIZATION WI	LL USUALLY	
HIRE A QUALIFIED REAL ESTATE PROFESSIONAL TO ASSIST WITH	THE SALE OF	
EACH PROPERTY. ALSO, OCCASIONALLY AN ENVIRONMENTAL FIRM	WILL BE USED	
TO PERFORM EVALUATIONS OF POTENTIAL GIFTS OF REAL ESTATE	TO ENSURE	
THERE ARE NO ENVIRONMENTAL PROBLEMS WITH THE PROPERTY. UP	ON RECEIPT OF	ı ———
PUBLICLY TRADED SECURITIES, THE SECURITIES ARE PLACED IN	THE	
ORGANIZATION'S EQUITY INVESTMENT ACCOUNT AND SOLD PROMPTI	Y BY THE	
ORGANIZATION'S FINANCIAL ADVISORS.		
	 	

SCHEDULE O

(Form, 990 or 990-EZ) Department of the Treasury

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.

INC.

Open to Public

Employer identification number

61-0459494

OMB No 1545-0047

Internal Revenue Service Name of the organization Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.lrs.gov/form990.

COLLEGE HEIGHTS FOUNDATION.

Inspection

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: UNIVERSITY THROUGH THE ADMINISTRATION OF SCHOLARSHIP ENDOWMENTS. FORM 990, PART VI, SECTION B, LINE 11: THE 990 IS MADE AVAILABLE FOR REVIEW BY THE GOVERNING BODY AT THE FIRST OUARTERLY BOARD MEETING FOLLOWING THE FILING OF THE RETURN. FORM 990, PART VI, SECTION B, LINE 12C: CONFLICT OF INTEREST STATEMENTS ARE COMPLETED ON A REGULAR BASIS BY ALL DIRECTORS AND ARE REVIEWED ANNUALLY. FORM 990, PART VI, SECTION B, LINE 15: ALL SALARY DETERMINATIONS ARE MADE BY AN ANNUAL REVIEW OF INDEPENDENT MEMBERS OF THE BOARD OF DIRECTORS. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES GOVERNING DOCUMENTS, POLICIES, AND FINANCIAL STATEMENTS AVAILABLE FOR PUBLIC INSPECTION AT THEIR OFFICE DURING NORMAL BUSINESS HOURS. FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS: NET CHANGE IN VALUE OF SPLIT-INTEREST AGREEMENTS -69,367.