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Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

▶ Do not enter social security numbers on this form as it may be made public.

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

Open to Public Inspection

Ā	For the	2014 cale	ndar year, or tax year beginning January 1 , 2014, and endi	ng Dece	mber 31	, 20 14	
B		f applicable	C Name of organization Kentucky Law Enforcement Memorial Foundation			er identification n	umber
$\bar{\Box}$		s change	Doing business as		1	61-1356926	
╗	Name d	•	Number and street (or P O box if mail is not delivered to street address) Room/s	uite	E Telepho	ne number	
				erburk 209		859-622-5928	
H	Initial re		521 Lancaster Avenue Fund City or town, state or province, country, and ZIP or foreign postal code	EI DUSK 203	 	033-022-3320	
H		.m/terminated			G Gross re	ecointe \$	143,161
끔		ed return	Richmond, KY 40475-3102	107.11.0		subordinates? Yes	
ш	Applicat	tion pending			-		
_			521 Lancaaster Avenue, Riichmond, KY 40475-3102			s included? Ves a list (see instruction	
<u> </u>		mpt status	✓ 501(c)(3)		•	•	113)
<u>J</u>	Website		w.klemf.org		p exemption		
K			✓ Corporation Trust Association Other ► L Year of forms	ation: 1999	M State	of legal domicile.	KY
ř	art	Summ	······································				
	1	-	escribe the organization's mission or most significant activities: Maint				
Governance	1	Provides	monetary grants to survivors of Kentucky peace officers killed in the line	of duty. Pro	vides scho	larships, medic	al and
Ē			cy relief grants to officers and families. Provides travel aid for survivor tri				nony.
Ver	2	Check th	is box 🕨 🗌 if the organization discontinued its operations or disposed	of more tha	ın 25¦% of	its net assets.	
ĝ	3	Number	of voting members of the governing body (Part VI, line 1a)		. 3		18
9 5	4	Number	of independent voting members of the governing body (Part VI, line 1b)	. 4	<u>L</u>	-0-
Ħ	5	Total nur	mber of individuals employed in calendar year 2014 (Part V, line 2a)		. 5		-0-
Activities &	6	Total nur	nber of volunteers (estimate if necessary)		. 6		35
AC	7a	Total unr	related business revenue from Part VIII, column (C), line 12		. 7a		-0-
	b		lated business taxable income from Form 990-T, line 34		. 7b		-0-
				Prior \	/ear	Current Yo	
	8	Contribu	tions and grants (Part VIII, line 1h) RECEIVED		129,988		142,067
Revenue	9				- 0 -		- 0 -
20	10	_	(0)		38,501		(9,403)
æ	11		venue (Part VIII, column (A), lines 5, 44, and (20) 9, 2015		10,012		10,497
	12		enue—add lines 8 through 11 (must equal Part VIII, column (A), line(£2)		178,501		
<u> </u>	13		nd similar amounts paid (Part IX, column (A), lines a B), U				143,161
S S	14				50,500		57,500
	1 -		paid to or for members (Part IX, column (A), line 4)		- 0 -		<u> </u>
≓ 968	15		other compensation, employee benefits (Part IX, column (A), lines 5–10)	ļ	-0-	 	<u> </u>
Expenses	16a		onal fundraising fees (Part IX, column (A), line 11e)		- 0 <u>-</u>	<u> </u>	-0-
3.5	b		draising expenses (Part IX, column (D), line 25)				
	1 ''		penses (Part IX, column (A), lines 11a-11d, 11f-24e)		67,223		87,817
)	18		penses. Add lines 13-17 (must equal Part IX, column (A), line 25)		117,723	<u></u>	143,317
<u> </u>	19	Revenue	less expenses. Subtract line 18 from line 12		60,778		(1,250)
5 5 8	3			Beginning of (Current Year	End of Ye	ear
20 Sept	20	Total ass	sets (Part X, line 16)	ļ	925,725		923,636
Not Ass	21	Total liab	oilities (Part X, line 26)		229		38
) 2 j	22	Net asse	its or fund balances. Subtract line 21 from line 20	l	925,496		923,598
P	art II	Signa	ture Block				
Ų	nder peni	alties of perju	ury, I declare that I have examined this return, including accompanying schedules and stat	tements, and to	the best of	my knowledge and	belief, it is
tri	ie, correc	ct, and comp	lete. Declaration of preparer (other that officer) is based on all information of which prepar	er has any kno	wledge		
		10.	V 71 B. W/m-		OL	28/20	75
Sig	gn	7 53	nature of officer	C	ate		
He	ere		pronoth O Schwarding Soure took To	Pasure			
		Typ	e or print name and title	EALLY			
_		Print/Ty	/pe preparer's name Preparer's signature I	Date	1	ІРПИ	
	aid	- 1 - 1			Check self-em	L ↑	
	epare	1 — .				p.0700	
U	se On				rm's EIN ▶		
NA.	ny tha !		sthis return with the preparer shown above? (see instructions)	<u> Pi</u>	none no	- W-	
			s this return with the preparer shown above? (see instructions)	· · · · ·		□ Yes	
Fo	r Paper	work Redu	action Act Notice, see the separate instructions. Cat.	No. 11282Y		Form 8	990 (2014)

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rayoz
<u>.</u>
uty. Provides scholarships
led in the line of duty.
rial service.
d on the
· · Yes 🗹 No
orogram
· · Yes 🗹 No
services, as measured by
and allocations to others,
)
families. Provide limited
ency relief and death
)
tenance of a Memorial
)

М.	Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$

) (Revenue \$

Total program service expenses ▶

Part i	V Checklist of Required Schedules			
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		_	
_	complete Schedule A	1	✓	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3		1
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		✓
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		1
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		1
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		1
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV	9		1
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		1
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, 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	1	
b	Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		1
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	-	1
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		/
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		7
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		1
12 a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		1
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		1
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		1
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		1
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		1
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		1
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		1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		1
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		1
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		1
ء 20	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		1
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	 	+

Form 99	0 (2014)		1	Page 4
Part	Checklist of Required Schedules (continued)			
			Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		1
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	1	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a	24a		1
c p	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		1
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	24d 25a		1
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		1
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III </i>	27		1
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			
a b	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		1
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c	į	1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		1
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31	 	1
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		1
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		1
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		1
35a b	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a 35b		1
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes," complete Schedule R, Part V, line 2	36		1
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,			
38	Part VI	37	1	1
			000	

Part				
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		163	NO
1a	Effect the harmon reported in box 6 of 7 of the rest 2 miles 2			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	.		
С	reportable gaming (gambling) winnings to prize winners?	1c		
0-				-
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	. 1		
	Statements, filed for the calendar year ending with or within the year covered by this return 2a -0-	2b		
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	20		
٥-	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a		1
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3b		 •
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	SU		├
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	40		1
-	account)?	4a		
þ	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			l
_	(FBAR).	E		1
5a		5a		-
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b 5c		
C	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	<u> 50</u>		
6a		6a		1
_	organization solicit any contributions that were not tax deductible as charitable contributions?	Oa		
b		6b		
-	gifts were not tax deductible?	OD		
7 a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods		İ	
a	and services provided to the payor?	7a		1
.	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was		 	
·	required to file Form 8282?	7c		
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>	_	
9	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		1
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7 1		
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		İ
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h	_	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			<u> </u>
•	sponsoring organization have excess business holdings at any time during the year?	8	Ì	1
9	Sponsoring organizations maintaining donor advised funds.	<u> </u>		<u> </u>
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		İ
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12		ŀ	
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:		1	
a	Gross income from members or shareholders]		
þ	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)		1	
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.	<u></u>	<u> </u>	<u> </u>
8	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which		1	1
	the organization is licensed to issue qualified health plans]	1	1
C	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		
b		14b	<u> </u>	

Part \	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	ee ins	tructi	ions.
	Check if Schedule O contains a response or note to any line in this Part VI	<u></u>	<u> </u>	<u> </u>
Section	on A. Governing Body and Management		Yes	No
	The state of the s		163	NO
	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee?	2	-	1
	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
	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		1
6	Did the organization have members or stockholders?	6		/
	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		1
	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b		✓
	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
	The governing body?	8a	/	<u> </u>
	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	9		✓
Section	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C		·
		40-	Yes	No
	Did the organization have local chapters, branches, or affiliates?	10a		✓
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		✓
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		/
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b		
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		
13	Did the organization have a written whistleblower policy?	13		/
14	Did the organization have a written document retention and destruction policy?	14		1
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a	1	
b	Other officers or key employees of the organization	15b		1
16a				
	with a taxable entity during the year?	16a	ļ	✓
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			
<u> </u>	organization's exempt status with respect to such arrangements?	16b		<u> </u>
	on C. Disclosure			
17 18	List the states with which a copy of this Form 990 is required to be filed ► Kentucky Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Sectio available for public inspection. Indicate how you made these available. Check all that apply.	n 50 1((c)(3)s	only)
19	Own website Another's website Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of infinancial statements available to the public during the tax year.	erest	polic	y, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords:	:▶	
	Ken Schwendeman, Funderhurk 4018, FKII I ancaster Avenue, Dichmond, KV 40475-3102/Phone (859)622-5928			

Form 990 (2014)

Form 990 (2014)

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

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

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

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

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

Check this box if neither the organization no	r any relate	d orga	anız			ompe	nsa	ted any curren	t oπicer, director	, or trustee.
					C)			1		
(A)	(B)	,,,,,	-4 - L		ition	than c		(D)	(E)	(F)
Name and Title	Average					is both		Reportable	Reportable	Estimated
	hours per week (list any	office	er and	dad	irect	or/trus	•	compensation from	compensation from related	amount of other
	hours for	유표	ns:	윷	<u>چ</u>	ᆲ픎	Former	the	organizations	compensation
	related	l di vid	聋	Officer	en		#J	organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the organization
	organizations below dotted		iona		Key employee	88	`	(W-2/1099-MISC)		and related
	line)	182	2	l	8	l a				organizations
		8	Institutional trustee			Highest compensated employee				
		<u> </u>			_	8.	_	<u> </u>		
(1) Drexel Neal, Executive Director	15	,						1		
103 Ruth Way, Georgetown, KY 40324	†	1		1	ŀ	✓		\$36,000	-0-	-0-
(2) Herb Bowling, Director								700,000		·
710 Berry Road, Carlisle, KY 40311	†	1					1	-0-	-0-	-0-
(3) Dr. John W. Bizzack, Director										
521 Lancaster Road, Richmond, KY 40475-3102	· †	1						-0-	-0-	-0-
(4) Ken Schwendeman, Director & Secr/Treasurer			\vdash			1				
521 Lancaster Road, Richmond, KY 40475-3102	†	1	ļ	1			ŀ	-0-	-0-	-0-
(5) Michael Benson, Director, EKU President	†	 			Г		 			
521 Lancaster Road, Richmond, KY 40475	†	1	1	l			1	-0-	-0-	-0-
(6) Rick Curtis, Director	<u> </u>	<u> </u>								- · · · · · · · · · · · · · · · · · · ·
DPS, 200 East Main Street, Lexington, KY 40507	†	1				1		-0-	-0-	-0-
(7) Priscilla Walls, Director			Ī	Г						
606 Woodduck Lane, Georgetown, KY 40324	1	1 ✓	l					-0-	-0-	-0-
(8) Tom Szurlinski, Director										
9623 Sumter Ridge, Florence, KY 41042		1						-0-	-0-	-0-
(9) Mark Turner, Director					Ĭ				, , ,	
60 Clubhouse Drive, Georgetown, KY 40324	T] ✓		1				-0-	-0-	-0-
(10) Mike Wilder, Director			П							
8071 Perryville Road, Danville, KY 40422] ✓				l		-0-	-0-	-0-
(11) David Culler, Director		ļ								-
560 Greer Lane, Bardstown, KY 40004] ✓						-0-	-0-	-0-
(12) Charles Melville, Director			Γ							
521 Lancaster Road, Richmond, KY 40475-3102] ✓						-0-	-0-	-0-
(13) Rachel Lingenfelter, Director								1		
521 Lancaster Road, Richmond, KY 40475-3102	I] ✓	1	l	1	l		-0-	-0-	-0-
(14) Rodney Brewer										
KSP 919 Versailles Road, Frankfort, KY 40601		1	<u>L</u> .		L	<u></u> _		-0-	-0-	-0-

Part	Section A. Officers, Directors, Trust	ees, Key E	mploy	/ees			lighes	at C	ompensated E	mpioyees (co	ntinue	<u>a)</u>		
	(A) Name and title	(B) Average hours per week (list any	box, office	unles er and	Pos eck s pe d a d	rson	than on the state of the state	an ee)	(D) Reportable compensation from	(E) Reportable compensation for related	- 1	Estr armo	(F) mated sunt of ther	
		hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/10 99- MIS		from organ and	ensation in the inzation related ization	n I
*******	n Elder, Director													
	ook Farm, 200 Chinoe Road, Lexington, KY		/		-				-0-		-0-			-0-
	te Chiericozzi, Director regon Road, Salvisa, KY 40372		1				'		-0-		.0-			-0-
	ndrew Baird, Director		<u> </u>					┢			<u> </u>			<u>_</u>
	S Hwy 42, Louisville, KY 40222		✓						-0-		-0-			-0-
	nathan Steiner, Director							ļ						
	Vine Street, Suite 800, Lexington, KY 40507		/	_	_	<u> </u>	ļ	_	-0-		-0-			-0-
(19)		 -				1					-			
(20)														
(21)					-			 -				<u> </u>	*1	
(22)														
(23)														
(24)													·	-
(25)														
1b	Sub-total		· .	٠.	•			>	\$36,000		-0-			-0-
C	Total from continuation sheets to Part							>	-0-		-0-			-0-
d	Total (add lines 1b and 1c)							<u> </u>	\$36,000		-0-			-0-
2	Total number of individuals (including bur reportable compensation from the organ			nose	e list	ted	above	e) w	/ho received m	ore than \$100	,000 c	of		
_			_										Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete							əmp	oloyee, or high	est compens	ated			
4	For any individual listed on line 1a, is the							n a	nd other comr	onsation from	· n the	3		✓
•	organization and related organizations													i
	individual											4		1
5	Did any person listed on line 1a receive of for services rendered to the organization									zation or indiv	idual	5		1
	on B. Independent Contractors								·					
1	Complete this table for your five highest compensation from the organization. Repyear.													ax
	(A) Name and business add	Iress							(B) Description of s	ervices	C	(C) ompens	ation	
None.														
								-	,					
				-				\vdash				<u>. </u>		
2	Total number of independent contractor received more than \$100,000 of compen							t	nose listed ab None.	ove) who				

Form **990** (2014)

Part	VIII	Statement of Reve			any line in this	Dort VIII	*****	<u> </u>
		Check if Schedule C	Contains a res	ponse or note to	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
2 2	1a	Federated campaigns	s 1a	-0-		Tevenue		012-014
ons, Gifts, Grants Similar Amounts	ь	Membership dues .		-0-				
Ω E	c	Fundraising events .		-0-		ļ		
Gifts, ilar An	d	Related organizations	<u> </u>	-0-				
e, E	e	Government grants (cor		-0-				
Sir	f	All other contributions, g						
Contributions, and Other Sim		and similar amounts not inc		142,067				
를 D	g	Noncash contributions inclu	1	-0-				
ro E	h	Total. Add lines 1a-1	•		142,067			
		TOTAL AGG IIITES TA-1	<u> </u>	Business Code	142,007			· · · · · · · · · · · · · · · · · · ·
Program Service Revenue	2a	None.		<u> </u>		اء	ام	•
8				Nопе.	-0-	-0-	-0-	-0-
8	b	•			-0-	-0-	-0-	-0-
Ž	C				-0-	-0-	-0-	-0-
အီ	ď				-0-	-0-	-0-	-0-
	e	A.I			-0-	-0-	-0-	-0-
ğ	l t	All other program ser		L	-0-	-0-	-0-	-0-
<u>~</u>	9	Total. Add lines 2a-2			-0-	 		
	3	Investment income	•	_ 1				
	}	and other similar amo	•	▶	(9,403)	(9,403)	-0-	-0-
	4	Income from investmen	nt of tax-exempt be	ond proceeds ▶	-0-	-0-	-0-	-0-
	5	Royalties		🕨	-0-	-0-	-0-	-0-
			(i) Real	(ii) Personal				
	6a	Gross rents	-0-	-0-				
	b	Less: rental expenses	-0-	-0-				
	С	Rental income or (loss)	-0-	-0-				
	d	Net rental income or	(loss)	🕨	-0-	-0-	-0-	-0-
	7a	Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	-0-	-0-				
	b	Less: cost or other basis			1			
		and sales expenses .	-0-	-0-				
	c	Gain or (loss)	-0-	-0-				
	ď	Net gain or (loss) .	<u>-v</u> -	•	-0-	-0-	-0-	-0-
60						-0-		-0
Ž	8a	Gross income from for						
Ş	1	events (not including \$	-0-	ŀ				
æ		of contributions report						
ē		See Part IV, line 18 .	a	14,484				
Other Reven	b	Less: direct expense	s b	6,261			:	
	С	Net income or (loss) f	from fundraising	events . >	8,223	ĺ	8,223	-0-
	9a	Gross income from ga	aming activities.	· · · · · · · · · · · · · · · · · · ·				
		See Part IV, line 19 .	a	430		ľ		
	Ь	Less: direct expense	s b					
	c	Net income or (loss)			147	-0-	147	-0-
		Gross sales of ir						•
		returns and allowanc	•	2,127				
	Ь	Less: cost of goods s	_		:			
	C	Net income or (loss) t			2 427	2 427		_
	۳	Miscellaneous F		Business Code	2,127	2,127	-0-	-0-
	140			 	_	_		
	11a	None.		None.	-0-	-0-	-0-	-0
	b				-0-	-0-	-0-	-0-
	C	All -all			-0-	-0-	-0-	-0
	d	All other revenue .		L	-0-	-0-	-0-	-0
	е	Total. Add lines 11a-		🟲	-0-			
	12	Total revenue. See i	nstructions	•	143.161	(7.276)	8 370	-0.

Part IX Statement of Functional Expenses

	Check if Schedule O contains a respons				75%
3b, 9t	nt include amounts reported on lines 6b, 7b, o, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	-0-	-0-		
2	Grants and other assistance to domestic individuals. See Part IV, line 22	57,500	57,500		
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16	-0-	-0-		
4 5	Benefits paid to or for members Compensation of current officers, directors,	-0-	-0-		
6	trustees, and key employees	-0-	0-	-0-	-0-
_	_ · · · · · · · · · · · · · · · · · · ·	-0-	-0-	-0-	-0-
7 8	Other salaries and wages	-0- -0-	-0-	-0-	-0-
9	Other employee benefits	-0-	-0-	-0-	-0-
10 11	Payroll taxes	-0-	-0-	-0-	-0-
a b	Management	36,000 -0-	9,000	9,000	18,000
C	Accounting	3,800	1,200	1,400	1,200
d	Lobbying [-0-	-0-	-0-	-0-
0	Professional fundraising services. See Part IV, line 17	-0-			-0-
f g	Investment management fees Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	-0-	-0-	-0-	-0-
12	Advertising and promotion	28,393	1,124	2,902	24,367
13	Office expenses	2,248	500	500	1,248
14	Information technology	-0-	-0-	-0-	0-
15	Royalties	-0-	-0-	-0-	-0-
16	Occupancy	-0-	-0-	-0-	-0-
17 18	Travel	-0-	-0-	-0-	-0-
40	for any federal, state, or local public officials	-0-	-0-	-0-	
19 20	Conferences, conventions, and meetings	1,319	1,319	-0-	-0-
21	Interest	-0- -0-	-0- -0-	-0- -0-	-0-
22	Depreciation, depletion, and amortization	6,116	5,403	713	-0-
23	Insurance	1,188	594	594	-0-
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
а	Ceremonies Expense	2,323	2,323	-0-	-0-
b	Dues Expense	265	-0-	265	_
C	Monument Maintenance Expense	6,150	6,150	-0-	-0-
d e	Government Fees Expense All other expenses	15	-0-	15	-0-
25	Total functional expenses. Add lines 1 through 24e	-0- 145,317	-0- 85,113	-0-	-0
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here if following SOP 98-2 (ASC 958-720)	143,317	-0-	15,389	44,815

Balance Sheet Part X Check if Schedule O contains a response or note to any line in this Part X (A) (R) Beginning of year End of year 1 567 420 2 699,660 699,327 2 Savings and temporary cash investments 3 -0--0-3 4 4 -0--0-5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. 5 -0--0-Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary 6 -0--0-7 -0--0-2,766 8 6,471 8 9 Prepaid expenses and deferred charges . . . -0-9 -0-10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a Less: accumulated depreciation 10b 67.005 222,879 10c 217,271 h -0-11 -0-Investments—publicly traded securities 11 12 Investments—other securities. See Part IV, line 11 -0--0-12 13 -0-Investments—program-related. See Part IV, line 11 -0-13 14 14 -0--0-Other assets. See Part IV, line 11 15 15 -0--0-16 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 925,725 923,636 17 17 229 38 -0-18 18 -0-19 19 -0--0-20 20 -0--0-21 21 Escrow or custodial account liability. Complete Part IV of Schedule D. -0--0-Loans and other payables to current and former officers, directors, 22 trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L. 22 -0--0-23 23 Secured mortgages and notes payable to unrelated third parties -0--0-24 Unsecured notes and loans payable to unrelated third parties . . . -0-24 -0-Other liabilities (including federal income tax, payables to related third 25 parties, and other liabilities not included on lines 17-24). Complete Part X 25 -0--0-26 Total liabilities. Add lines 17 through 25 26 229 38 Organizations that follow SFAS 117 (ASC 958), check here ▶ ☐ and Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 28 28 29 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☑ and complete lines 30 through 34. 30 Capital stock or trust principal, or current funds 30 -0--0-31 Paid-in or capital surplus, or land, building, or equipment fund . . . 31 -0--0-32 Retained earnings, endowment, accumulated income, or other funds . 32 -0--0-33 33 923,598 925,496 34 34 Total liabilities and net assets/fund balances 925,725 923,636

om 990	0 (2014)				Pag	₃₀ 12
Part	XI Reconciliation of Net Assets					
	Check if Schedule O contains a response or note to any line in this Part XI	<u> </u>	<u></u>			
1	Total revenue (must equal Part VIII, column (A), line 12)	1			14	3,161
2	Total expenses (must equal Part IX, column (A), line 25)	2			14	<u>5,317</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			(2	,156)
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4			92	5,496
5	Net unrealized gains (losses) on investments	5				258
6	Donated services and use of facilities	6				-0-
7	Investment expenses	7				-0-
8	Prior period adjustments	8				-0-
9	Other changes in net assets or fund balances (explain in Schedule O)	9				-0-
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line					
	33, column (B))	10			92	3,598
Part	XII Financial Statements and Reporting					
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>			\Box
				``	/es	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other		_ [
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain i	n	- }		
	Schedule O.			- }		
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2	a .	/	
	If "Yes," check a box below to indicate whether the financial statements for the year were com	piled d	or 🗀	$\neg \Gamma$		
	reviewed on a separate basis, consolidated basis, or both:					
	☑ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis			- 1		
b	Were the organization's financial statements audited by an independent accountant?		. 2	b 📗		✓
	If "Yes," check a box below to indicate whether the financial statements for the year were audit	ed on	a 🗌			
	separate basis, consolidated basis, or both:		ļ		Ì	
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o					
	of the audit, review, or compilation of its financial statements and selection of an independent account	intant?	} 2	c .	/	
	If the organization changed either its oversight process or selection process during the tax year, ex	plain	in			
	Schedule O.				ļ	
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth i	in		1	

Form **990** (2014)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section

▶ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service

4947(a)(1) nonexempt charitable trust.

OMB No. 1545-0047

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

Employer identification number 61-1356926 **Kentucky Law Enforcement Memorial Foundation** 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.) 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: 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 331/3% 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 331/3% 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.) 10 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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, its 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. Enter the number of supported organizations . Provide the following information about the supported organization(s). (i) Name of supported organization (ii) EIN (iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-9 listed in your governing support (see other support (see above or IRC section document? instructions) instructions) (see instructions)) Yes No (A) (B) (C) (D)

(E)

Total

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.)

Section	on A. Public Support							
Calen	dar 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 include any "unusual grants.")	121,594	132,173	125,459	129,988	142,067	651,281	
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf	-0-	-0-	-0-	-0-	-0-	-0-	
3	The value of services or facilities furnished by a governmental unit to the organization without charge	-0-	-0-	-0-	-0-	-0-	0-	
4	Total. Add lines 1 through 3	121,594	132,173	125,459	129,988	142,067	651,281	
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)							
6	Public support. Subtract line 5 from line 4.						651,281	
	on B. Total Support		<u></u>			I I	031,201	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total	
7	Amounts from line 4	121,594	132,173	125,459	129,988	142,067	651,281	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	1,806	52,846	51,940	38,501	(9,403)	135,690	
9	Net income from unrelated business activities, whether or not the business is regularly carried on	-0-	-0-	-0-	-0-	-0-	-0-	
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	-0-	-0-	-0-	-0-	-0-	-0-	
11	Total support. Add lines 7 through 10			<u>×</u> _			786,971	
12	Gross receipts from related activities, etc	. (see instruction	ons)			12	(7,276	
13	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	, or fifth tax ye	ear as a section		
	organization, check this box and stop he	re				<u>.</u>	▶ 🗆	
Secti	on C. Computation of Public Support	rt Percentag	е					
14	Public support percentage for 2014 (line		-			14	82.8 %	
15	Public support percentage from 2013 Scl					15	<u>81.5 %</u>	
16a								
_	box and stop here. The organization qua 331/3% support test—2013. If the organization	•		_				
b	check this box and stop here. The organ							
17a	10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported							
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza	013. If the orga	anization did no	ot check a box	on line 13, 16	ia, 16b, or 17a,		
	Explain in Part VI how the organization me supported organization	eets the "facts	s-and-circums	tances" test. T	he organizatio	n qualifies as a		
18	Private foundation. If the organization di instructions	d not check a	box on line 13,	, 16a, 16b, 17a	, or 17b, chec	k this box and	see	

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.)

Secti	on A. Public Support						
Calen	dar 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 include any "unusual grants.")	ļ <u>.</u>					
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the			ł			}
_	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an unrelated trade or business under section 513		ļ				
4	Tax revenues levied for the						
	organization's benefit and either paid to or expended on its behalf		<u> </u>				
5	The value of services or facilities						
	furnished by a governmental unit to the					:	
•	organization without charge				 		
6 7a	Total. Add lines 1 through 5						
70	received from disqualified persons .			1	İ		
b	Amounts included on lines 2 and 3			· · · · · · · · · · · · · · · · · · ·			
D	received from other than disqualified		1		}		1
	persons that exceed the greater of \$5,000				}		
	or 1% of the amount on line 13 for the year] .			
С	Add lines 7a and 7b						
8	Public support (Subtract line 7c from]		
	line 6.)				<u> </u>		1
	on B. Total Support				1 22 2	·······	
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	<u> </u>	<u> </u>		<u></u>		
10a	Gross income from interest, dividends, payments received on securities loans, rents,						
	royalties and income from similar sources .						
b	Unrelated business taxable income (less			 		ļ	
•	section 511 taxes) from businesses]	
	acquired after June 30, 1975	į.	1				
c	Add lines 10a and 10b						-
11	Net income from unrelated business						
	activities not included in line 10b, whether		İ	ļ			
	or not the business is regularly carried on						
12	Other income. Do not include gain or		1		ļ		
	loss from the sale of capital assets			1			
13	(Explain in Part VI.)		ļ	 	 		
13	and 12.)			1			}
14	First five years. If the Form 990 is for the	ne organization	n's first, secon	d, third, fourth	n, or fifth tax vo	ear as a secti	ion 501(c)(3)
_	organization, check this box and stop he	-			-		
Secti	on C. Computation of Public Suppo	rt Percentag	je				
15	Public support percentage for 2014 (line					15	%
16	Public support percentage from 2013 Sc			<u> </u>	<u> </u>	16	%
	on D. Computation of Investment In						·
17	Investment income percentage for 2014	•	• •	•			%_
18	Investment income percentage from 201:					18	%
19a	331/s% support tests - 2014. If the organ 17 is not more than 331/s%, check this box						
_	331/s% support tests—2013. If the organi		_			_	_
Ь	line 18 is not more than 331,3%, check this						
20	Private foundation. If the organization d	-	_				_
_==	Ivaniadani ii tile organization u	oneck a	DON OIT IIITE 14	, 100, 01 130, 1	5.100K (1113 DUX	200 III3U	

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.)

Canti	Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete P	an v	·)	
Secti	on A. All Supporting Organizations		Yes	No
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.	1	103	110
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).	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.	3a		-
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.	3b		
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.	3c		
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.	4a		
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.	4b		
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.	4c		
5 a	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).	5a		
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?	5b		
6 6	Substitutions only. Was the substitution the result of an event beyond the organization's control? 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.	5c		
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).	7		
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).	8		
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 .	9a		
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.	9b		
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.	9c		
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.	10a		
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C. Form 4720, to	l T	!	

determine whether the organization had excess business holdings.

10b

11. Has the organization accepted a git or contribution from any of the following parsons? 2 A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below. The governing body of a supported organization? 3 A family member of a person described in (a) above? 2 A 35% controlled certify of a person described in (g) a blove? 3 A 55% controlled certify of a person described in (g) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. Section B. Type I Supporting Organizations 1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly apport or elect at least a majority of the organization gline to require the regular payorit or elect at least a majority of the organization electrons or trustees at all times during the tax year? If "No," describe in Part VI how the supported organizations have the power to regularly supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organization of the organization and what conditions or restrictions. If any, applied to such powers during the tax year. 2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organizations. If any supported organization is that providing such benefit carried out the purposes of the supporting organizations. 3 Did the organization provide to each of its supported organizations of the supported organization and what controlled the supporting organizations. 4 Ves No. 4 Were any El Supporting Organizations as expected organizations are majority of the directors or trustees during the tax year and any supported organization and (soc) soc) and the organization is accounted organization and (soc) soc) and the organization is accounted organization and (soc) soc) and the organization is accounted organization and (soc) soc) and the organizati	Part	Supporting Organizations (continued)			
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2 Activities Test. Answer (a) and (b) below. a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities. b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organizations. Answer (a) and (b) below. 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			see in:	structi	ions).
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activities but for the organization's involvement. 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each		of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
 3 Parent of Supported Organizations. Answer (a) and (b) below. a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI. b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each 					
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trustees of each of the supported organizations? <i>Provide details in Part VI.</i> b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3	Parent of Supported Organizations. Answer (a) and (b) below.			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	а		_		
		•	3a	ļ	<u> </u>
	þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes." describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2014			Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical	jan	izations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying			
other Type III non-functionally integrated supporting organizations must co	mpl	ete Sections A through E	
Section 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		
Section 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):			
a Average monthly value of securities	1a	1	
	1b		
b Average monthly cash balances c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other	10		·· · ·
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		1
7 Recoveries of prior-year distributions	7	· · · · · · · · · · · · · · · · · · ·	
8 Minimum Asset Amount (add line 7 to line 6)	8		
Section 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		
7 Check here if the current year is the organization's first as a non-functional instructions).	ly-in	tegrated Type III support	ting organization (see

Part) Supporting Organi	zations (continued)				
Secti	Section D - Distributions Current						
1_	Amounts paid to supported organizations to accomplish						
2	Amounts paid to perform activity that directly furthers exe	rted					
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations				
4	Amounts paid to acquire exempt-use assets						
5	Qualified set-aside amounts (pnor IRS approval required)						
6	Other distributions (describe in Part VI). See instructions.						
7	Total annual distributions. Add lines 1 through 6.	<u> </u>					
8	Distributions to attentive supported organizations to which	h the organization is res	ponsive				
	(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						
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable 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:						
a							
b	1						
C							
d	· · · · · · · · · · · · · · · · · · ·						
	From 2013						
f	Total of lines 3a through e						
g	Applied to underdistributions of prior years						
<u>h</u>	Applied to 2014 distributable amount			· · · · · · · · · · · · · · · · · · ·			
<u>i</u> _	Carryover from 2009 not applied (see instructions)						
<u>j</u> _	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			<u></u>			
4	Distributions for 2014 from Section						
	D, line 7: \$						
<u>a</u>	Applied to underdistributions of prior years						
<u> </u>	Applied to 2014 distributable amount						
_ <u>c</u>	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).						
	<u> </u>			· - · ·			
6	Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see						
	instructions).			u.			
7	Excess distributions carryover to 2015. Add lines 3j			,			
	and 4c.						
8	Breakdown of line 7:						
а							
b							
С							
d	Excess from 2013						
е	Excess from 2014						

Part VI	orm 990 or 990-EZ) 2014 Supplemental Information Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and	ī
Part VI	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions.)	•
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	•	*
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SCHEDULE D (Form 990)

Supplemental Financial Statements

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

OMB No. 1545-0047 20**14**

Department of the Treasury Attach to Form 990.

Internal Revenue Service Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Employer identification number Name of the organization Kentucky Law Enforcement Memorial Foundation Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year 2 Aggregate value of contributions to (during year) 3 Aggregate value of grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 5 funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose ☐ Yes ☐ No Conservation Easements. Part II Complete if the organization answered "Yes" to Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) ☐ Preservation of a certified historic structure Protection of natural habitat Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements . 2a 2b b Number of conservation easements on a certified historic structure included in (a) C Number of conservation easements included in (c) acquired after 8/17/06, and not on a 2d Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the 3 tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? ☐ Yes ☐ No Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 8 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Part III Complete if the organization answered "Yes" to Form 990, Part IV, line 8. If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included in Form 990, Part VIII, line 1 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: **b** Assets included in Form 990, Part X .

Part	III Organizations Maintaining									
3	Using the organization's acquisition, collection items (check all that apply):	•	ther recor	ds, chec	k any of th	e follov	ving that are a	significa	int us	e of its
а	☐ Public exhibition		d] Loan	or exchang	e prog	rams			
b	☐ Scholarly research		0	☐ Other	,					
C	Preservation for future generations	3								
4	Provide a description of the organizat XIII.		and expla	in how t	hey further	the org	ganization's exc	empt pui	pose	in Part
5	During the year, did the organization assets to be sold to raise funds rather								Yes	□ No
Part	IV Escrow and Custodial Arra	angements.								
	Complete if the organization 990, Part X, line 21.	answered "Yes							n Fo	orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?								Yes	☐ No
b	If "Yes," explain the arrangement in Pa	art XIII and compl	ete the fo	llowing ta	able:					
		•		_				Amount		
C	Beginning balance					10	;			
d	Additions during the year					10	i i			-
е	Distributions during the year					16	•			
f	Ending balance					11				
2a	Did the organization include an amou					ustodia	l account liabili	ty? □	Yes	☐ No
	If "Yes," explain the arrangement in P									$\bar{\Box}$
Par										
	Complete if the organization	answered "Yes	" to Forr	n 990. P	art IV. line	10.				
		(a) Current year	(b) Pro		(c) Two year		(d) Three years ba	ck (e) Fo	our yea	rs back
1a	Beginning of year balance		 				·	_		
b	Contributions		 		L					
c	Net investment earnings, gains, and losses									
d	Grants or scholarships		 							*****
9	Other expenditures for facilities and		 							
•	programs	ļ	ļ				i			
f	Administrative expenses	<u> </u>	1					-		
	•		 							
g	End of year balance	L		- /i 1-	L column (c	\\ bala				
2	Provide the estimated percentage of the			e (iiile 19	, column (a)) Heid	as.			
a	Board designated or quasi-endowme		%							
b	Permanent endowment >	%								
C	Temporarily restricted endowment									
0-	The percentages in lines 2a, 2b, and 2						1			
3a	Are there endowment funds not in th	e possession of the	ne organi	zation th	at are neid	and ad	iministered for	tne	1-4	
	organization by:							12	Ye	s No
	(i) unrelated organizations							. 3a	-	
	(ii) related organizations							. <u>3a(</u>	ii)	
b	If "Yes" to 3a(ii), are the related organ							. 3	<u> </u>	Ш
4	Describe in Part XIII the intended use		on's endo	wment f	unds.					
Part	VII Land, Buildings, and Equip									
	Complete if the organization	answered "Yes	" to For	n 990, F	Part IV, line	11a.	See Form 990), Part X	<u>, line</u>	10.
	Description of property	(a) Cost or o (investr			or other basis other)		Accumulated lepreciation	(d) E	Book va	alue
1a	Land		-0-		-0-					0-
b	Buildings		-0-		-0-		-0-			-0-
c	Leasehold improvements		-0-		-0-		-0-			-0-
ď	Equipment		-0-		14,132		12,494			1,638
е	Other		-0-		270,144	-	54,511			215,633
Total.	. Add lines 1a through 1e. (Column (d) r	must equal Form 9		C. columi)c.) .				217,271

Part VII	investments—Other Securities.	-1 45/ 7 t - F	000 Dad IV II-	. 44b O Farm	000 Day V II 40
	Complete if the organization answered	1 Yes to Form		T	
	(a) Description of security or category (including name of security)		(b) Book value		nod of valuation: of-year market value
(1) Financial	derivatives				
(2) Closely-h	eld equity interests				
(3) Other					
(A)				ļ	-
(B)	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~			<u></u>	
(C)					·
(D)					
(E)				ļ	
(F)			 		
(G)				ļ	
(H)					
	b) must equal Form 990, Part X, col. (B) line 12.) ▶			<u> </u>	
Part VIII	Investments - Program Related.	-1 40.4 11 A Farma	000 Dark N. Um	. 44 - O Farms	000 David V. Ilina 40
-	Complete if the organization answered	Yes" to Form		,	
	(a) Description of investment		(b) Book value		nod of valuation. of-year market value
(1)					
(2)				<u> </u>	· ·
(3)				 	<u> </u>
<u>(4)</u>				 	
<u>(5)</u>				 	
<u>(6)</u>			*****		
<u>(7)</u> (8)				 	**· · · · · · · · · · · · · · · · · · ·
_(9)				<u> </u>	
Total (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX	Other Assets.				*
	Complete if the organization answered	d "Yes" to Form	990. Part IV. lin	e 11d. See Form	990. Part X. line 15.
	(a) Desc				(b) Book value
(1)					
(2)					
(3)					
(4)			·		
(5)					
(6)		<u></u>			
(7)					
(8)					
(9)					
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B)	line 15.)	· · · · · ·	. <u>.</u> ▶	
Part X	Other Liabilities.		- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·- ·-		
	Complete if the organization answered line 25.	d "Yes" to Form	990, Part IV, lin	e 11e or 11f. See	Form 990, Part X,
1.	(a) Description of liability	(b) Book value			
(1) Federal II	ncome taxes		<u> </u>		
(2)					
(3)					
(4)			7		
(5)					
(6)					
(7)					
(8)					
(9)					
	b) must equal Form 990, Part X, col. (B) line 25.) ▶				
2. Liability fo	r uncertain tax positions. In Part XIII, provide the	e text of the footno	te to the organization	n's financial stateme	nts 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

Part	Reconciliation of Revenue per Audited Financial Statements with Revenue per Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	Return.	
	Total revenue, gains, and other support per audited financial statements	11	
1	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
2	Net unrealized gains (losses) on investments	1 1	
а	Donated services and use of facilities	-	
b	Recoveries of prior year grants	1	
c d	Other (Describe in Part XIII.)	1	
9	Add lines 2a through 2d	20	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	 	
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a	1	
b	Other (Describe in Part XIII.)	1	
-	Add lines 49 and 4b	1 4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	
Part		er Return.	
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities]	
b	Prior year adjustments]	
C	Other losses]	
d	Other (Describe in Part XIII.)]	
0	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a	4	
b	Other (Describe in Part XIII.)	4 .	
c	Add lines 4a and 4b	4c	· · · - · · ·
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	
	XIII Supplemental Information.		5 114 "
	te the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2l t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional II		, Part A, line
۲, ۱۰ ۵۱	t XI, lines 20 and 4b, and 1 at XII, lines 20 and 4b. Also complete this part to provide any additional in	nomation.	

	······································		

Schedule D (Fo	rm 990) 2014	Page 5
Part XIII	Supplemental Information (continued)	

SCHEDULEI (Form 990)

Governments, and Individuals in the United States Grants and Other Assistance to Organizations,

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.

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

2014	Open to Public	Inspection
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► Attach to Form 990.

Schedule I (Form 990) (2014) Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, **%**□ (h) Purpose of grant or assistance Employer identification number √ Yes 61-1356926 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and (g) Description of non-cash assistance Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of valuation (book, FMV, appraisal, other) . Cat. No. 50055P Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. (e) Amount of non-cash assistance . . Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (d) Amount of cash grant Enter total number of other organizations listed in the line 1 table (c) IRC section if applicable the selection criteria used to award the grants or assistance? For Paperwork Reduction Act Notice, see the instructions for Form 990. General Information on Grants and Assistance (P) EIN Kentucky Law Enforcement Memorial Foundation 1 (a) Name and address of organization or government Department of the Treasury Internal Revenue Service Name of the organization Part I Part II E ල ন € 9 E € **©** 9 12 9

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. Schedule I (Form 990) (2014)
Part III Grants an

(a) Type of grant or assistance (b) Number recipients	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 Peace Officer Family Scholarships	25	\$28,000			
2 Peace Officer Medical Grants	6	14,000			
3 Peace Officer Emergency Relief Grants	***	11,500			
4 Peace Officer Death Grants	2	4,000			
ro.					
9					
7					
Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.	the information	equired in Part I, lin	e 2, Part III, colum	(b), and any other addit	ional information.
The eligibility for and use of funds is validated and overseen by the CEO of the Law Enforcement Agency of the affected officer and/or their survivor(s).	seen by the CEO of	he Law Enforcement A	gency of the affected	officer and/or their survivor(s).
					Schedule I (Form 990) (2014)

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

Complete to provide information for responses to specific questions on Form 990 or 990-EZ or to provide any additional information.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Kentucky Law Enforcement Memorial Foundation

► Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. Employer identification number Name of the organization 61-1356926

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