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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	July 1 ,	2014, and end	ling Jui	ne 30	, 20 15			
В	Check if	applicable	C Name of organization Kentucky Part	nership for Families and	Children, Inc.		D Employer identification number				
	Address	change	Doing business as				61-1377268				
	Name ch	nange	Number and street (or P.O. box if mail is	s not delivered to street addre	ess) Room/s	suite	E Telepho	ne number			
	Initial ret	um	207 Homes Street, First Floor					502-875-1320			
	Final retu	m/terminated	City or town, state or province, country,	, and ZIP or foreign postal coo	de	-		•			
	Amende	d return	Frankfort, KY 40601				G Gross re	eceipts \$ 1	,317,664		
	Applicat	ion pending	F Name and address of principal officer	Carol W. Cecil, Executiv	ve Director	H(a) is this a g	roup return for		☑ No		
		, ,	same as above			H(b) Are all	subordinate	s included? Tes	☐ No		
	Tax-exe	mpt status	✓ 501(c)(3)) ◀ (insert no.) ☐ 4947(a	a)(1) or 527	If "N	lo," attach a	a list. (see instruction	ıs)		
J	Website			<u> · · · · · · · · · · · · · · · · · ·</u>		H(c) Group	exemption	number ▶			
ĸ	Form of	organization	✓ Corporation ☐ Trust ☐ Association	n ☐ Other ▶	L Year of form	nation 1998	M State	of legal domicile	KY		
Р	art I	Summ	ary		•						
	1		scribe the organization's mission	or most significant act	tivities: To ni	urture hope th	rough: EC	UCATION to			
æ		-	s, their families, the professionals	-					of life		
Activities & Governance			en, youth and young adults; and RE								
E	2		is box ▶□ if the organization dis								
Š	3		of voting members of the governi				3		20		
ಶ	4		of independent voting members of			b)			20		
es	5		nber of individuals employed in c				5		19		
ξ	6		nber of volunteers (estimate if neo				6		40		
Act	7a		elated business revenue from Par		12		7a		0		
-	b		ated business taxable income fro				7b		<u>_</u>		
	 					Prior Y		Current Ye	<u>-</u>		
Revenue	8	Contribu	tions and grants (Part VIII, line 1h))			762,497	1	,317,547		
	9		service revenue (Part VIII, line 2g	•					10111011		
	10	_	nt income (Part VIII, column (A), li				147		117		
æ	11		enue (Part VIII, column (A), lines	CON (7)	11e)	-	20				
	12	Total rev	nue_add lines 8 through 11 (mus	et equal-Parts/III colum	n (A) Ima 32)		762,664	1	,317,664		
_	13	Grants a	nd similar amounts paid (Part IX,	column (A) lines 1=3)		1	141,337	'	90,256		
	14	Renefits	paid to or for members (Part IX, o	COLUMN (A) FIEB 41 J Z	016 3		141,007		30,200		
"	14-		other compensation, employee ber	3 C 4 1) lines 5–10)		397,983		364,063		
šė	16a		onal fundraising fees (Part IX, colu			}	337,300		304,000		
Expenses	Ь	Total fur	draising expenses (Part IX, colum	n (D) line 25)					7.77		
Ä	17		penses (Part IX, column (A), lines				186,900		792,665		
	18		enses. Add lines 13–17 (must eq	•	line 25)		726,220	1	,246,984		
	19	-	less expenses. Subtract line 18 f				36,444		70,680		
- S	+				· · · · · · · · · · · · · · · · · · ·	Beginning of C					
sets or	20	Total as	ets (Part X, line 16)				56,064		126,827		
Ass	21		ollities (Part X, line 26)				151		234		
Net Ass	22		ts or fund balances. Subtract line	e 21 from line 20			55,913	1	126,593		
	art II		ture Block			_L	- 00,010		120,000		
U	nder pena		ry, I declare that I have examined this retu	urn, including accompanying s	schedules and sta	atements, and to	the best of	my knowledge and	belief, it is		
			lete. Declaration of preparer (other than of					,			
			ast W Cas	······································			2.111	0 11 o	-		
Si	gn	Sigi	ature of officer			D	ate	2110			
	ere		(avol W. Cecil								
		Typ	or print name and title	,,							
<u> </u>	nid	Print/T	pe preparer's name	reparer's signature	/ 0.1	Date	Charle	C , PTIN			
	aid	williar	n R. Tichenor, CPA	Min K. diel	in farting	,2/15/16	Check self-em		0780		
	repare	,		LP	<u> </u>		m's EIN ▶	61-10193			
U:	se On	עי עי	iddress ► 1700 Eastpoint Parkway,		(40223	7	one no.	(502) 245-07			
Ma	ay the I		s this return with the preparer sho						No No		
_			ction Act Notice, see the separate		'	t. No 11282Y			90 (2014)		

Form 990 (2014)

	90 (2014)		1	Page 3
Part	Checklist of Required Schedules			
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"		Yes	No
	complete Schedule A	1	1	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		1
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		✓
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		1
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues,			
	assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		1
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors		· · - ·	
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			
	"Yes," complete Schedule D, Part I	6		✓
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		/
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes,"			
	complete Schedule D, Part III	8		✓
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		✓
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.	9	J. 195	Associa
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	110	 	
_	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		1
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	<u> </u>	1
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		<u> </u>	<u> </u>
	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	
h	Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if	120		<u> </u>
	the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		✓
14 a		14a		✓
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	ľ		
	fundraising, business, investment, and program service activities outside the United States, or aggregate	ļ		١.
	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b	ļ	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		1	1
4-	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<u> </u>	1
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on		1	,
40	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 "Ves." complete Schedule G. Part III	10		

20 a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .

b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

20a

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		~
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	✓	
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		✓
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		√
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24b 24c		√
d 25a	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? Section 501(c)(3), 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		√
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		✓
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		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27	_	√
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 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a 28b		√
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		1
29 30	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		√
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		V
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		√
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		√
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a	 	▼
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," 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? 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		✓
	19? Note. All Form 990 filers are required to complete Schedule O	38	<u>√</u>) (55
		For	m サタじ	(2014)

Part				-
	Check if Schedule O contains a response or note to any line in this Part V	<u></u>		
4 -			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
Ь	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С	reportable gaming (gambling) winnings to prize winners?	4		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	1c	✓	
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 19			
ь	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	<u></u>	
-	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		1
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		Ť
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		✓
b	If "Yes," enter the name of the foreign country: ▶			
	See instructions for filing requirements for 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		√
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		✓
c 6a	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		-
va	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		1
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	oa		V
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	\ \frac{1}{2}		
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	_	1
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was			
	required to file Form 8282?	7c		✓
d	If "Yes," indicate the number of Forms 8282 filed during the year			ļ
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	ļ	/
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?.	7f		1
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h		1
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the	<u> /n</u>		-
•	sponsoring organization have excess business holdings at any time during the year?	8	<u> </u>	1
9	Sponsoring organizations maintaining donor advised funds.	۳		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	<u> </u>	1
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		1
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12]		
b	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:			
a	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	against amounts due or received from them.)	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b	128		✓
13	Section 501(c)(29) qualified nonprofit health insurance issuers.	1		
а	Is the organization licensed to issue qualified health plans in more than one state?	13a	 	1
_	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			
	the organization is licensed to issue qualified health plans			
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	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O .	14b		

orm		

Part '	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S Check if Schedule O contains a response or note to any line in this Part VI	ee ins	tructi	ions.
Section	on A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.			
ь 2	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
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .	3		1
4 5 6 7a	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Did the organization become aware during the year of a significant diversion of the organization's assets? Did the organization have members or stockholders? Did the organization have members, stockholders, or other persons who had the power to elect or appoint	5 6		√ √ √
b	one or more members of the governing body?	7a 7b		1
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	<u>√</u>	<u> </u>
ь 9	Each committee with authority to act on behalf of the governing body?	8b	✓	
	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-	Diddle anneant a barrier barri	10	Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?	10a		✓
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a		1
ь	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			<u> </u>
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a		1
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give use 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 15	Did the organization have a written document retention and destruction policy?	14		✓
а	The organization's CEO, Executive Director, or top management official	15a		/
	Other officers or key employees of the organization	15b		1
16a	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			·
	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			
04	organization's exempt status with respect to such arrangements?	16b		<u>i </u>
Secti 17	on C. Disclosure List the states with which a copy of this Form 990 is required to be filed ► Kentucky			
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section available for public inspection. Indicate how you made these available. Check all that apply.	n 501	c)(3)s	only)
19	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial 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 Carol W. Cecil, 207 Holmes Street, Frankfort, KY 40601, (502) 875-1320	cords	: >	

	000	(004.4)	
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Form **990** (2014)

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.

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

Check this boy if neither the exponentian new entraders are already associated and account officer director as to attach as the exponential and a second a second and a second a second and a second and a second and a second and a second and

Check this box if neither the organization no	r any related	d orga	aniz	atıo	n c	ompe	nsa	ted any curren	t officer, director	r, or trustee.	
				(0	C)						_
(A)	(B)				ition			(D)	(E)	(F)	
Name and Title	Average	(do not check more than one box, unless person is both an				Reportable	Reportable	Estimated			
	hours per					or/trust		compensation	compensation from	amount of	
	week (list any hours for	95	5	Q	~	욕포	Ţ	from the	related	other	
	related	흑	strtu	Officer	e Ve	콩	Former	organization	organizations (W-2/1099-MISC)	compensation from the	
	organizations	ctal	tior	٦	퓛	st c	4	(W-2/1099-MISC)	<u> </u>	organization	
	below dotted line)	Individual trustee or director	Institutional trustee		Key employee) Jano				and related organizations	
		i i	ารเ		6	ens				organizations	
		Ĭ	8			Highest compensated employee					
	<u> </u>		-				_				
(1) Carol W. Cecil	35										
Executive Director		ļ		✓	<u> </u>			53,537	0		0
(2) Beki Alley	1			ŧ				1			
Board Chair		✓		✓				0	0		0
(3) Lena Morehead	11										
Board Vice Chair		✓		✓				0	0		0
(4) Calvonia Radford	11			}	İ						
Treasurer		✓		✓				0	0		0
(5) Christy Sheridan	11										
Secretary	ļ	✓	<u>L</u>	1				0	0		_0
(6) Allie Caleb Rigsby	11										
Member as Large		1		✓			ļ	. 0	0		0
(7) Sonya Westerman	1		İ						į		
Director	<u> </u>	✓					<u> </u>	0	0		0
(8) Todd Shultz	1			ŀ							
Director		✓						0	0		0
(9) Renita Murphy	11	ļ			ļ						
Director		/			L			0	0		0
(10) Pennie Tackett	1				İ	ļ					
Director		✓			L		L_	0	0		0
(11) Brittany Riggs	1 1]							ł		
Director	<u> </u>	✓	<u> </u>					0	0		0
(12) Karen Prater	1 1]									
Director		✓				<u> </u>	L	0	0		0
(13) Maggie Krueger	1										
Director		✓		L			L	0	0		0
(14) LaTonya Ford	1]									
Director		✓	<u></u>]		<u> </u>		0	0		0

Larc	Section A. Officers, Directors, Trust	lees, key E	Impro	yees		C)	ugnes	St C	ompensated E	mpioyees (continue	<u>:a)</u>		
	(A) Name and title	(B) Average hours per	box,	unles	Pos neck ss pe	ntion more	e than o is both or/trust	an	(D) Reportable compensation	(E) Reportabl compensation		Estir	(F) mated ount of	
		week (list any hours for related organizations below dotted (ine)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-M		compe fror organ and r	ther ensation in the nization related izations	
(15) Ca	applin Sadler or	1	1						0		0			0
(16) Br	andon Kelley	11												
Directo (17) Pa	or attı Dempsey	1	/	<u> </u>				 	0		0			0
Directo	or		1						0		0			0
	aren Thompson	11												_
Directo (19) Mo	elissa Goins	1	\ <u> </u>						0		0		-	. 0
Directo	or		/			<u> </u>		L	0		0			0
(20) Da	arrell Locke	11	/											
	ngela Winkfield	1	 			-			0		0			0
Directe	or		✓	_				_	0		0			0
(22)			ł											
(23)														
(24)														
(25)														
1b	Sub-total		<u>.</u> .	i	<u>. </u>	<u>. </u>			53,537					
C	Total from continuation sheets to Part							•						
d	Total (add lines 1b and 1c)							<u>></u>	53,537	·	00.000			
	reportable compensation from the organi		יו טינ	1056	<i>-</i> 1151	leu	above	3) W	nio received in	ore man pr	50,000	UI		
•	Did the experience list any former of	4 :		4.			1						Yes	No
3	Did the organization list any former of employee on line 1a? If "Yes," complete to							emp	ployee, or nigr	iest compe	nsated 	3	 	1
4	For any individual listed on line 1a, is the													
	organization and related organizations	greater th	an \$	150,	,000	0? /	f "Ye	s,"	complete Scl	nedule J fo	r such			
5	Did any person listed on line 1a receive of		 ompe	nsa	tion	fro	· · m any	, un	 related organi	 zation or inc	 Iividual	4		✓
	for services rendered to the organization	? If "Yes," o	comp	lete	Scl	hed	ule J	for s	such person	<u></u>	· ·	5		1
Section 1	on B. Independent Contractors Complete this table for your five highest	00000000	ed in	don	ond	lont	contr	oot	ara that ranch	ad mara tha	- ¢100	000 06		
·	compensation from the organization. Repyear.													X
	(A) Name and business add	fress							(B) Description of s	services		(C) Compens	ation	
							_							
								t						
	Total number of independent contractor	ors (includi	na hi	ut n	not	lımi	ted to	 	nose listed ab	ove) who				
-	received more than \$100,000 of compens							- "	.see noted do	, ******	i			

Part	VIII	Statement of Revenue				
		Check if Schedule O contains a response or note				
			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Grants nounts	1a	Federated campaigns 1a				
i i	b	Membership dues 1b				
S, C	C	Fundraising events 1c 9,84	3			
ar,	d	Related organizations 1d]			
Contributions, Gifts, Grants and Other Similar Amounts	e	Government grants (contributions) 1e 1,261,439 All other contributions, gifts, grants,	<u>5</u>			
ibuti Other	,	and similar amounts not included above 1f 46,26	<u>B</u>			
ig g	g	Noncash contributions included in lines 1a-1f ⁻ \$				
	h	Total. Add lines 1a–1f ▶	1,317,547			
g l		Business Code				
- Şe	2a					
ě	b					
څ	С					
Ser	d					
æ	е					
Program Service Revenue	f	All other program service revenue .	.]			
4	g	Total. Add lines 2a–2f		÷		
	3	Investment income (including dividends, interest,				
		and other similar amounts)	117	117	0	0
	4	Income from investment of tax-exempt bond proceeds ▶				
	5	Royalties				
		(i) Real (ii) Personal				
	6a	Gross rents	7			
	b	Less rental expenses	7 1			1
	С	Rental income or (loss)	7			
	d	Net rental income or (loss)				
	7a	Gross amount from sales of (i) Securities (ii) Other assets other than inventory				
	b	Less cost or other basis	-			
		and sales expenses .	」			
	C	Gain or (loss)			· · · · · · · · · · · · · · · · · · ·	ļ <u></u>
	d	Net gain or (loss)				
anue	8a	Gross income from fundraising				
Other Reve		events (not including \$ of contributions reported on line 1c).				
her		See Part IV, line 18 a				
ō		Less: direct expenses b				
		Net income or (loss) from fundraising events . ►				
	9a	Gross income from gaming activities.				
		See Part IV, line 19 a	_			
		Less: direct expenses b				
	•	Net income or (loss) from gaming activities ▶	 			
	10a	Gross sales of inventory, less returns and allowances a				
	b	Less: cost of goods sold b	7 1			
	c	Net income or (loss) from sales of inventory ▶				
		Miscellaneous Revenue Business Code				
	11a		7			
	b					
	c		 			
	d	All other revenue	 			
	е	Total. Add lines 11a-11d	1			
	12	Total revenue. See instructions ▶	1,317,664	-		

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must con	plete all columns. Al	l other organization:	s must complete co	lumn (A).				
Check if Schedule O contains a response or note to any line in this Part IX									
	t include amounts reported on lines 6b, 7b, , 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								
2	Grants and other assistance to domestic								
	individuals. See Part IV, line 22	90,256	90,256						
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16								
4 5	Benefits paid to or for members								
6	trustees, and key employees	53,537	52,193	1,344					
7 8	Other salaries and wages	243,808	237,689	6,119					
9	Other employee benefits	44,004	44,395	(391)	· · · · · · · · · · · · · · · · · · ·				
10	Payroll taxes	22,714	22,232	482					
11	Fees for services (non-employees):	,							
a	Management								
b	Legal	-			<u>-</u>				
d	Lobbying								
e	Professional fundraising services. See Part IV, line 17	-	· · · · · · · · · · · · · · · · · · ·						
f	Investment management fees								
g	Other. (If line 11g amount exceeds 10% of line 25, column								
	(A) amount, list line 11g expenses on Schedule O.)	40,706	33,358	7,248					
12	Advertising and promotion	6,973	6,799	174					
13	Office expenses	103,603	93,145	10,458					
14 15	Information technology								
16	Occupancy	18,216	15,390	2,826					
17	Travel	49,224	0	49,224					
18	Payments of travel or entertainment expenses for any federal, state, or local public officials	,							
19	Conferences, conventions, and meetings .								
20	Interest								
21	Payments to affiliates								
22	Depreciation, depletion, and amortization .	4,266	0	4,266					
23	Insurance	13,291	13,291	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	Newsletters	2,039	2,039	0					
b	Training	553,068	552,372	696					
C	Other Employee Expenses	42	42	0					
d	Miscellaneous	1,237	0	1,237					
e 25	All other expenses Total functional expenses. Add lines 1 through 24e	1 240 604	4 402 204	92.000					
25 26	Joint costs. Complete this line only if the	1,246,984	1,163,301	83,683					
	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) if joint costs from a combined in column in the column in								

34

Total liabilities and net assets/fund balances . . .

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 Cash—non-interest-bearing 27,567 1 (143,490)2 2 Savings and temporary cash investments 24,198 257,315 3 3 Pledges and grants receivable, net 4 5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. 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 instructions). Complete Part II of Schedule L 6 Assets 7 7 8 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment; cost or other basis. Complete Part VI of Schedule D 10a 48,796 10b 4,299 10c Less: accumulated depreciation b 35,794 13,002 11 11 Investments—publicly traded securities 12 12 Investments-other securities, See Part IV, line 11 . 13 13 Investments—program-related. See Part IV, line 11... 14 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 34) . . . 56,064 16 126,827 17 17 Accounts payable and accrued expenses 151 18 18 19 19 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. Loans and other payables to current and former officers, directors, 22 Liabilities trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties . . . 24 24 Unsecured notes and loans payable to unrelated third parties . . . 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 Total liabilities. Add lines 17 through 25 26 151 26 234 Organizations that follow SFAS 117 (ASC 958), check here ▶ Balances complete lines 27 through 29, and lines 33 and 34. 27 Unrestricted net assets 24,827 27 125,980 28 Temporarily restricted net assets 31,086 28 613 29 29 or Fund Organizations that do not follow SFAS 117 (ASC 958), check here ▶ ☐ and complete lines 30 through 34. **Net Assets** 30 Capital stock or trust principal, or current funds 30 31 31 Paid-in or capital surplus, or land, building, or equipment fund . . . 32 32 Retained earnings, endowment, accumulated income, or other funds. 33 55,913 33 126,593

126,827

34

56,064

_	-	
Page	- 1	

	<u> </u>			1 43	90 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		1,31	7,664
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,24	6,984
3	Revenue less expenses. Subtract line 2 from line 1	3	<u> </u>	7	0,680
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		5	5,913
5	Net unrealized gains (losses) on investments	5			
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			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		12	6,593
Part	XII Financial Statements and Reporting	-			
	Check if Schedule O contains a response or note to any line in this Part XII				<u> 7</u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash Accrual Other Modified Cash				
	If the organization changed its method of accounting from a prior year or checked "Other," ex	olaın ın	1		Ì
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		✓_
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled or			
	reviewed on a separate basis, consolidated basis, or both:		1 1		
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	✓	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	ed on a			
	separate basis, consolidated basis, or both:				
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for over	_	1 1		
	of the audit, review, or compilation of its financial statements and selection of an independent account	ntant?	2c	✓	
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın ın			
	Schedule O.				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
	the Single Audit Act and OMB Circular A-133?		3a	✓	
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits.	3b	✓	
			Form	n 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 4947(a)(1) nonexempt charitable trust.

➤ Attach to Form 990 or Form 990-EZ.

Department of the Treasury Internal Revenue Service Information about Name of the organization

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

OMB No 1545-0047

2014

Open to Public Inspection

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		Partnership for Families and Chi				_	61-137	
Pai		Reason for Public Char						ns.
he o	organ	ization is not a private foundat	tion because it is	s: (For lines 1 through	11, chec	k only on	ie box.)	
1		A church, convention of church			bed in se	ction 17	0(b)(1)(A)(i).	
2		school described in section						
3		hospital or a cooperative hos	pital service org	anization described in	n section	170(b)(1)(A)(iii).	
4		medical research organizatio	n operated in co	njunction with a hosp	ital desci	ribed in s	ection 170(b)(1)(A)(iii). Enter the
	h	iospital's name, city, and state	: :					
5		An organization operated for t	he benefit of a	college or university	owned o	r operate	d by a government	al unit described in
		ection 170(b)(1)(A)(iv). (Comp				•	, ,	
6	$\Box A$	A federal, state, or local govern	ment or govern	mental unit described	ın sectio	n 170(b)	(1)(A)(v).	
7		In organization that normally i						the general public
-		lescribed in section 170(b)(1)(u go		gonorai pasiio
8	_	community trust described in			Dart II \			
	_				-			
9		An organization that normally i						
		eceipts from activities related						
		support from gross investment				•		x) Irom businesses
		icquired by the organization af		· ·		•	•	
		An organization organized and	-	•	•			
11		An organization organized and	•	•	•			
		one or more publicly supported	~					
		he box in lines 11a through 11c			-		=	*
а		Type I. A supporting organiza						
		the supported organization(s)			ct a majo	rity of the	e directors or trustee	es of the supporting
		organization. You must com	plete Part IV, S	ections A and B.				
þ		Type II. A supporting organiz	ation supervised	d or controlled in cont	nection w	ith its su	oported organization	n(s), by having
		control or management of the	e supporting org	anization vested in th	e same p	ersons th	nat control or manag	e the supported
		organization(s). You must co	mplete Part IV,	Sections A and C.				
C] Type III functionally integra						y integrated with,
		its supported organization(s)	(see instructions	s). You must complet	te Part IV	, Section	ns A, D, and E.	
d		Type III non-functionally int	egrated. A supp	porting organization o	perated i	n connec	tion with its support	ed organization(s)
		that is not functionally integra						an attentiveness
		requirement (see instructions). You must cor	mplete Part IV, Secti	ons A an	d D, and	Part V.	
е		Check this box if the organize						I, Type III
		functionally integrated, or Typ	pe III non-functio	onally integrated supp	orting or	ganizatio	n.	
f	En	ter the number of supported o	rganizations .					
g	Pr	ovide the following information	about the supp	orted organization(s).				<u> </u>
	(i) N	ame of supported organization	(ii) EIN	(iii) Type of organization	(iv) is the o	rganization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1-9 above or IRC section		ir governing ment?	, , ,	other support (see
				(see instructions))			instructions)	instructions)
				, , , , , , , , , , , , , , , , , , , ,	Yes	No		
(A)								-
~; 								
B)					·			
_							<u> </u>	
C)								
					 			
D)								
E)		· · · · · · · · · · · · · · · · · · ·						
<u>-/</u>								
T-4-								

Part	Support Schedule for Organiza (Complete only if you checked th						
	Part III. If the organization fails to	qualify unde	r the tests lis	ted below, pl	ease comple	te Part III.)	
	on A. Public Support						
Calen	idar 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.")	692,276	910,022	636,571	762,497	1,317,547	4,318,913
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge					-	
4	Total. Add lines 1 through 3	692,276	910,022	636,571	762,497	1,317,547	4,318,913
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.						4,318,913
	ion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	692,276	910,022	636,571	762,497	1,317,547	4,318,913
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	244	282	205	147	117	995
9	Net income from unrelated business activities, whether or not the business is regularly carried on	244	202	203	147	117	333
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)	o	0	1,809	20	0	1,829
11	Total support. Add lines 7 through 10						4,321,737
12	Gross receipts from related activities, etc	•	•			12	·
13	First five years. If the Form 990 is for the	•			-		
C	organization, check this box and stop he			<u> </u>	· · · · ·		
14	ion C. Computation of Public Support Public support percentage for 2014 (line)			1 column (f)		14	99.93 %
15	Public support percentage for 2014 (inter-			1, COIDITIT (1))		15	99.91 %
16a	331/3% support test—2014. If the organic box and stop here. The organization qua	zation did not	check the box	on line 13, and	line 14 is 33 ¹	3% or more, cl	neck this
b	331/3% support test—2013. If the organ check this box and stop here. The organ					15 is 33½% 	or more, . ► □
17a	10%-facts-and-circumstances test—2010% or more, and if the organization me Part VI how the organization meets the "forganization".	ets the "facts-	and-circumsta ımstances" tes	nces" test, che	eck this box an	id stop here. E	xplain in
b	10%-facts-and-circumstances test—2 15 is 10% or more, and if the organiza Explain in Part VI how the organization in supported organization	tion meets the neets the "fact:	e "facts-and-ci s-and-circums	rcumstances" tances" test. T	test, check th he organizatio	nis box and st on n qualifies as a	p here.
18	Private foundation If the organization d						

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.)

	if the organization fails to qualify	under the te	SIS listed Deli	w, please co	implete Fart	11.)	
	on A. Public Support		<u> </u>				
_	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.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities						
	furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid						
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5						
7a							
	received from disqualified persons .					1	
b	Amounts included on lines 2 and 3						
-	received from other than disqualified						
	persons that exceed the greater of \$5,000						1
	or 1% of the amount on line 13 for the year						
C	Add lines 7a and 7b						
8	Public support (Subtract line 7c from		1				
	line 6.)					1	
Secti	on B. Total Support				· · · · · · · · · · · · · · · · · · ·		•
	dar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9	Amounts from line 6	```	1,,				1
10a			 				
	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		1	 		1	
11	Net income from unrelated business		1			 	
	activities not included in line 10b, whether	ļ					
	or not the business is regularly carried on		1				
10	Other income. Do not include gain or	<u> </u>	+		 		
12	loss from the sale of capital assets	1					
	(Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11,		+	 	1		
	and 12.)	ļ					
14	First five years. If the Form 990 is for the	he organization	n's first, secor	nd, third, fourt	h, or fifth tax v	ear as a section	on 501(c)(3)
• •	organization, check this box and stop he	•			-		
Sect	ion C. Computation of Public Suppo						
15	Public support percentage for 2014 (line			13, column (fl)		. 15	%
16	Public support percentage from 2013 Sc		-				%
	ion D. Computation of Investment In				<u> </u>		
17	Investment income percentage for 2014			by line 13, colu	ımn (f))	. 17	%
18	Investment income percentage from 201:					. 18	%
19a	331/3% support tests—2014. If the organ						
.Ju	17 is not more than 331,8%, check this box						
b			-				_
J	line 18 is not more than 331/2%, check this						
20	Private foundation. If the organization d		_				
				, , ,			

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.)

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.			
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		
За	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	3b		,
С	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		
С	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)			
5a	purposes. 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).	4c		
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?	5a 5b		
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		9b		
С		9c		
10a	(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 determine whether the organization had excess business holdings.)	10b		

Part	V Supporting Organizations (continued)			
			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?]
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
h	below, the governing body of a supported organization? A family member of a person described in (a) above?	11a		
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11b 11c		
	on B. Type I Supporting Organizations	_110	1	
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.			
_		1		
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 organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.			
Saati	on C. Type II Supporting Organizations	2		
Secu	on C. Type II Supporting Organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed		163	
	the supported organization(s).	1		
Secti	on D. All Type III Supporting Organizations		V	NI-
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	-		
	supported organizations played in this regard.	3		
Secti	on E. Type III Functionally-Integrated Supporting Organizations	1 -	L	l .
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	inetru	ction	e)
· a	The organization satisfied the Activities Test. Complete line 2 below.		01,0,,,	3).
b	☐ The organization is the parent of each of its supported organizations. <i>Complete line 3 below</i> .			
C	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see in:	structi	ons).
2	Activities Test. Answer (a) and (b) below.		Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those 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.	20	 	ļ
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	2a	 	
-	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 organization's involvement.	2b	 	
3 a	Parent of Supported Organizations. <i>Answer (a) and (b) below.</i> 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? <i>Provide details in Part VI.</i>	30		
L	· · · · · · · · · · · · · · · · · · ·	3a	-	\vdash
Ь	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		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Org	jani	zations	
1 Check here if the organization satisfied the Integral Part Test as a qualifying other Type III non-functionally integrated supporting organizations must con-			
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		
b Average monthly cash balances	1b		
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 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		
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	6		
 emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functional instructions). 		tegrated Type III support	ting organization (see

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e			
2	Amounts paid to perform activity that directly furthers exe	rted		
	organizations, in excess of income from activity			
	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
	Amounts paid to acquire exempt-use assets			
5	Qualified set-aside amounts (prior IRS approval required)			<u> </u>
6	Other distributions (describe in Part VI). See instructions.			
	Total annual distributions. Add lines 1 through 6.			
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	ction 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:			
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			
<u>i</u>	Carryover from 2009 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3i from 3f.		·····	
4	Distributions for 2014 from Section			
	D, line 7: \$			
<u>a</u>	Applied to underdistributions of prior years			
b	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).			
7	Excess distributions carryover to 2015. Add lines 3			·
•	and 4c.			
8	Breakdown of line 7:			
а				
b				
С				
d	Excess from 2013			
е	Excess from 2014			

Part VI	Page 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.)
Dart II dia	
Part II, Line	10, Service income from workshops, conferences, and training seminars
	······································

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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.

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

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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

Employer identification number Kentucky Partnership for Families and Children, Inc. Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts 1 Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) . Aggregate value at end of year 4 5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? ☐ Yes ☐ No Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose 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 historically important land area ☐ Protection of natural habitat ☐ Preservation of a certified historic structure 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 a Total number of conservation easements 2a Total acreage restricted by conservation easements Number of conservation easements on a certified historic structure included in (a) . . . 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 Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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. Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. 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 sımılar 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:

Part								
3	Using the organization's acquisition, a collection items (check all that apply):	accession, and oth	ner recor	ds, chec	k any of the	e follow	ving that are a	significant use of its
а	☐ Public exhibition		d [Loan	or exchang	e progr	ams	
b	☐ Scholarly research		е [☐ Other	•			
С	☐ Preservation for future generations	;						
4	Provide a description of the organizat XIII.	ion's collections a	ınd expla	in how th	hey further	the org	anization's exe	mpt purpose in Part
5	During the year, did the organization							
	assets to be sold to raise funds rather		ined as p	art of the	e organizati	on's co	llection?	☐ Yes ☐ No
Part								
	Complete if the organization	answered "Yes"	' to Forn	n 990, P	art IV, line	9, or r	eported an ar	nount on Form
	990, Part X, line 21.							
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 comple	ete the fo	llowing ta	able:		<u> </u>	Amount
_	Danier - halana					-		Amount
C	Beginning balance					1c		
d	Additions during the year					1d		
e	Distributions during the year					1e		
f	Ending balance					1f		
2a	Did the organization include an amour							-
	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the ex	planatio	n has been	provide	ed in Part XIII	<u> </u>
Pari		anawarad "Vaa"	, to Lean	- 000 0) 	10		
	Complete if the organization	(a) Current year	(b) Prid		(c) Two year		(d) Three years ba	ck (e) Four years back
	Dan and a farment at a second	(a) Current year	(0) File	or year	(C) TWO year	S Dack	(u) Trifee years ba	CK (e) Four years back
1a	Beginning of year balance			-				
b	Contributions							
С	Net investment earnings, gains, and losses							
								
ď	Grants or scholarships							
е	Other expenditures for facilities and programs							
f	Administrative expenses			<u> </u>				
g	End of year balance							
2	Provide the estimated percentage of t	he current vear en	d balanc	e (line 10	column (a)) held :	as:	
a	Board designated or quasi-endowmer		%	o (o 19	,, 00,0,,,,,	,,,		
b	Permanent endowment ▶	%	/ •					
C	Temporarily restricted endowment ▶							
	The percentages in lines 2a, 2b, and 2		0%.					
3a	Are there endowment funds not in the			zation tha	at are held	and ad	ministered for	the
	organization by:							Yes No
	(i) unrelated organizations							. 3a(i)
	(ii) related organizations							. 3a(ii)
b	If "Yes" to 3a(II), are the related organ							. 3b
4	Describe in Part XIII the intended uses							· · · · · · · · · · · · · · · · · · ·
Part	VI Land, Buildings, and Equip	ment.						
	Complete if the organization		" to Forr	n 990, F	Part IV, line	11a. S	See Form 990	, Part X, line 10.
	Description of property	(a) Cost or ot (investm	her basis	(b) Cost of	or other basis	(c)	Accumulated epreciation	(d) Book value
1a	Land	.	-					
b	Buildings							
С	Leasehold improvements							
d	Equipment				48,796		35,794	13,002
е	Other							
Total.	Add lines 1a through 1e. (Column (d) r	nust equal Form 9	90, Part 2	K, columi	n (B), line 10	Oc.) .		13,002

	Complete if the organization answere	u ies to run	ili 990, Fart IV, ilile	11b. See Form	990, Part X, line 12.
	(a) Description of security or category (including name of security)		(b) Book value		hod of valuation -of-year market value
l) Financial	derivatives				
) Closely-h	eld equity interests			-	
3) Other					
(A)	······································				· · · · · · · · · · · · · · · · · · ·
(B)				,	
(C)					
(D)					
(E)					
(F)					· · · · · · · · · · · · · · · · · · ·
(G)					
(H)					
otal. (Column (t	o) must equal Form 990, Part X, col. (B) line 12.) ▶				
Part VIII	Investments—Program Related.		<u> </u>		
	Complete if the organization answere	d "Yes" to For	m 990 Part IV line	11c See Form	990 Part X line 13
	(a) Description of investment	4 100 10101	(b) Book value	T	hod of valuation
	(a) beautiful of investment		(b) Book value		of-year market value
(1)					
(2)					
(3)					
(4)					-
(5)					
(6)			<u>.</u>		
(7)					
(8)					••
(9)	15 000 0 17 100 1	<u></u>			
	b) must equal Form 990, Part X, col. (B) line 13.) ▶				
Part IX	Other Assets.				
	Complete if the organization answere		m 990, Part IV, line	e 11d. See Form	
	(a) Desc	ription			(b) Book value
(1)					
(2)					
(3)		· · · · · · · · · · · · · · · · · · ·			
(4)					
(5)					
(6)					
(7)					
(8)					
					<u></u>
(9)	·				
(9) Fotal. (Colui	mn (b) must equal Form 990, Part X, col. (B)	line 15.)	<u> </u>	<u> ▶</u>	
(9)	Other Liabilities.				
(9) Fotal. (Colui	Other Liabilities. Complete if the organization answere		m 990, Part IV, line		Form 990, Part X,
(9) Fotal. (Colui Part X	Other Liabilities. Complete if the organization answere line 25.	d "Yes" to For			Form 990, Part X,
(9) Fotal. (Colui Part X	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability				Form 990, Part X,
(9) Fotal. (Colui Part X I. (1) Federal in	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	d "Yes" to For	m 990, Part IV, line		Form 990, Part X,
(9) Fotal. (Column Part X I. (1) Federal in (2)	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	d "Yes" to For	m 990, Part IV, line		Form 990, Part X,
(9) Fotal. (Column Part X I. (1) Federal in (2) (3)	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	d "Yes" to For	m 990, Part IV, line		Form 990, Part X,
(9) Fotal. (Coluination of the Column (Column	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	d "Yes" to For	m 990, Part IV, line		Form 990, Part X,
(9) Fotal. (Column Part X 1. (1) Federal in (2) (3) (4) (5)	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	d "Yes" to For	m 990, Part IV, line		Form 990, Part X,
(9) Fotal. (Column Part X 1. (1) Federal in (2) (3) (4) (5)	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	d "Yes" to For	m 990, Part IV, line		Form 990, Part X,
(9) Fotal. (Column Part X 1. (1) Federal in (2) (3) (4) (5)	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	d "Yes" to For	m 990, Part IV, line		Form 990, Part X,
(9) Fotal. (Column Part X 1. (1) Federal in (2) (3) (4) (5) (6) (7)	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	d "Yes" to For	m 990, Part IV, line		Form 990, Part X,
(9) Fotal. (Column Part X 1. (1) Federal in (2) (3) (4) (5) (6) (7) (8)	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	d "Yes" to For	m 990, Part IV, line		Form 990, Part X,
(9) Fotal. (Column Part X 1. (1) Federal in (2) (3) (4) (5) (6) (7) (8) (9)	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability income taxes	d "Yes" to For	m 990, Part IV, line		Form 990, Part X,
(9) Fotal. (Column (Co	Other Liabilities. Complete if the organization answere line 25. (a) Description of liability	d "Yes" to For		e 11e or 11f. See	

Part			Return.	
	Complete if the organization answered "Yes" to Form 990, F	Part IV, line 12a.		
1	Total revenue, gains, and other support per audited financial statements		1	1,317,664
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b	المناسق	
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	2d		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,317,664
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		- 25. T	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	-<\$25	
b	Other (Describe in Part XIII.)	4b		
C	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line		5	1,317,664
Part			er Return.	
	Complete if the organization answered "Yes" to Form 990, F	Part IV, line 12a.		
1	Total expenses and losses per audited financial statements		1	1,246,984
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		S. Car	
а	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
С	Other losses	2c		
d	Other (Describe in Part XIII.)	2d	- 1 5 ' 7 ' 7 ' 5 ' 7 ' 5 ' 5 ' 5 ' 5 ' 5 '	
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	1,246,984
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		77	1/2 10/00 1
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	23.2	
b	Other (Describe in Part XIII.)	4b	1 1	
c	Add lines 4a and 4b		4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, lin		5	1,246,984
Part	XIII Supplemental Information.		I	1/2 10/00 1
	e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a an XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part	to provide any additional i	nformation.	·
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Schedule D (For	m 990) 2014	Page 5
Part XIII	Supplemental Information (continued)	
		·

SCHEDULE I (Form 990)

Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

2014 Open to Public Inspection

Employer Identification number

OMB No. 1545-0047

► Attach to Form 990.

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

Schedule I (Form 990) (2014) Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, °N □ (h) Purpose of grant or assistance √Yes 61-1377268 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. (e) Amount of non-cash assistance (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. 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? General Information on Grants and Assistance For Paperwork Reduction Act Notice, see the Instructions for Form 990. Kentucky Partnership for Families and Children, Inc. (p) EIN 1 (a) Name and address of organization or government Part II Part N 티 2 ව 3 (2) 9 E 8 9 9

Schedule I (F	Schedule I (Form 990) (2014)				L	Page 2
Part III	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.	nestic Individua space is needed.	ls. Complete if the	organization answe	ered "Yes" to Form 990,	Part IV, line 22.
	(a) Type of grant or assistance	(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 Assist	1 Assistance to attend conferences and trainings	722	25,548	64,708 FMV	FMV	Paid Travel & Training Expenses
8						
က						
4						
LC.						
9						
7						
Part IV	Supplemental Information. Provide the inform	he information re	quired in Part I, line	2, Part III, column	nation required in Part I, line 2, Part III, column (b), and any other additional information.	ional information.
Part 1, Line	Part 1, Line 1: KYPFC maintains complete records for all individuals receiving assistance.	individuals receivin	g assistance.			
						14 1007 1000

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

Department of the Treasury Internal Revenue Service ► Attach to Form 990 or 990-EZ.
► Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Open to Public Inspection

Name of the organization Employer identification number Kentucky Partnership for Families and Children, Inc. 61-1377268 Form 990, Part VI, Section B, Line 11b: Return reviewed by Executive Director. Form 990, Part XII, Line 1: Modified cash basis of accounting. Certain revenues and the related assets are recognized when received rather than when earned, and certain expenses are recognized when paid rather than when the obligations are incurred. Consequently neither contributions receivable from donors nor accounts payable to vendors, and their related effects on the change in net assets are recognized. However, depreciation for capitalized assets and liabilities for payroll related taxes payable are recognized.

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization	Employer identification number
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