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## Form 990

## **Return of Organization Exempt From Income Tax**

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

OMB No 1545-0047

2015

Open to Public

Department of the Treasury Internal Revenue Service

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

Inspection ▶ Information about Form 990 and its instructions is at www.irs.gov/form990. For the 2015 calendar year, or tax year beginning 2015, and ending 20 C Name of organization KENTUCKY FRIED CHICKEN FOUNDATION INC D Employer identification number Check if applicable: Address change Doing business as 61-1337601 Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number Name change Initial return 1900 COLONEL SANDERS LN 502-874-6417 City or town, state or province, country, and ZIP or foreign postal code Final return/terminated LOUISVILLE, KY, 40213 Amended return G Gross receipts \$ 1,829,159 F Name and address of principal officer: **KATHLEEN GOSSER** Application pending H(a) is this a group return for subordinates? Yes No. 1900 COLONEL SANDERS LN, LOUISVILLE, KY 40213 H(b) Are all subordinates included? Tyes No. If "No," attach a list. (see instructions) 501(c)(3) 501(c) ( ) ◀ (insert no.) ☐ 4947(a)(1) or Tax-exempt status Website: ▶ WWW.KFCFOUNDATION.ORG H(c) Group exemption number ▶ Form of organization. Corporation Trust Association L Year of formation M State of legal domicile KY Part I 1 Briefly describe the organization's mission or most significant activities: THE KENTUCKY FRIED CHICKEN FOUNDATION. AN INDEPENDENT NON-PROFIT ORGANIZATION, IS PASSIONATE ABOUT PROVIDING CHARITABLE SUPPORT TO Activities & Governance KFC U.S. RESTAURANT TEAMS THROUGH EDUCATION AND CRISIS ASSISTANCE PROGRAMS. 2 Check this box ▶☐ if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) . . . . . . . . 3 9 Number of independent voting members of the governing body (Part VI, line 1b) 4 9 5 Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 2 Total number of volunteers (estimate if necessary) . . . . . . 6 10 7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0 Net unrelated business taxable income from Form 990-T, line 34 7b 0 Prior Year **Current Year** 8 Contributions and grants (Part VIII, line 1h) . 2,122,966 1,805,553 Program service revenue (Part VIII, line 2g) n Investment income (Part VIII, column (A), lines 3, 4, and 7d) . 19,808 23,606 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) . . . 0 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 2,142,774 1,829,159 Grants and similar amounts paid (Part IX, column (A), lines 1-3) . . . . . 1,157,000 1,288,933 14 Benefits paid to or for members (Part IX, column (A), line 4) . . 0 O Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 168,885 173,854 16a Professional-fundralsing fees (Part IX, column (A), line 11e) . . O otal fundraising expenses (Part IX, column (D), line 25) 43 86 22 24 8 71 1/2/2 2 ြော်မှု expenses (၉ဆိုဂျိုX) ငဝါပ်ကျာ (A), lines 11a–11d, 11f–24e) 17 191,929 462,638 otal expenses. Add lines 1377 (must equal Part IX, column (A), line 25) 18 1,517,814 1,925,425 19 Revenue less expenses. Subtract line 18 from line 12 -96<u>,266</u> 624,960 Assets or 1 Balances OGDEN, YI **Beginning of Current Year End of Year** 20 Total assets (Part X, line 16) 5,637,671 5,220,965 21 Total liabilities (Part X, line 26) 722,159 261,854 22 Net assets or fund balances. Subtract line 21 from line 20 4,915,512 4,959,111 Part II Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Sign Signature of officer Here KRISTA SNIDER, SECRETARY Type or print name and title Print/Type preparer's name Date PTIN Paid Check 🔽 7/12/16 LAURA FORBES self-employed P00972342 Preparer Firm's name Firm's EIN ▶ Use Only Firm's address ▶\_ 3014 HILLTOP CT, PROSPECT, KY 40059 502-403-7006 Phone no May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y

Form 990 (2015)

Part		
	Check if Schedule O contains a response or note to any line in this Part III	📮
1	Briefly describe the organization's mission:	
	COLONEL HARLAND SANDERS WAS PASSIONATE ABOUT HELPING PEOPLE BE THEIR BEST SELVES THROUGH	
	EDUCATION. NOTHING GETS CLOSER TO THE CORE OF HIS VALUES THAN THE REACH EDUCATIONAL GRANT	
	PROGRAM AND THE REACH HIGH- HIGH SCHOOL EQUIVALENCY PROGRAM, WHICH ARE IMPACTING HUNDREDS OF	
2	(Continued on Schedule O, Statement 1)  Did the organization undertake any significant program services during the year which were not listed on the	
_	prior Form 990 or 990-EZ?	☑ No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program	
	services?	✓ No
	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as mean	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to	others
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 1,795,389 including grants of \$ 1,288,500 ) (Revenue \$	))
	THE REACH EDUCATIONAL GRANT PROGRAM HELPS HOURLY TEAM MEMBERS AND SHIFT SUPERVISORS OF ANY AGE	, ,
	AT KFC U.S. RESTAURANTS PURSUE THEIR EDUCATIONAL DREAMS AT ACCREDITED FOUR-YEAR AND TWO-YEAR	
	COLLEGES, AS WELL AS TRADE/VOCATIONAL SCHOOLS WINNERS CAN RECEIVE UP TO \$2,500 EACH YEAR AND MAY	
	REAPPLY EACH YEAR.	
4b	(Code: ) (Expenses \$ 20,127 including grants of \$ 0 ) (Revenue \$	))
	FOR KFC RESTAURANT EMPLOYEES WHO DIDN'T GRADUATE FROM HIGH SCHOOL, THE REACH HIGH - HIGH SCHOOL	
	EQUIVALENCY PROGRAM, IN PARTNERSHIP WITH GED TESTING SERVICES, IS A PATHWAY TO ACHIEVING THEIR	
	DREAMS EVERY ELIGIBLE KFC RESTAURANT EMPLOYEE WHO SEEKS ASSISTANCE THROUGH REACH HIGH IS	
	ADMITTED INTO THIS FREE, ALL-INCLUSIVE PROGRAM THAT PROVIDES UNLIMITED ACCESS TO GED PREPARATION	
	AND TESTING.	
4c		)
	THE KFC FAMILY FUND IS AVAILABLE EXCLUSIVELY TO KFC U.S. RESTAURANT EMPLOYEES WHO HAVE BEEN	
	DIRECTLY IMPACTED BY A SEVERE HARDSHIP, CRISIS, OR CATASTROPHIC INCIDENT THAT WAS BEYOND THEIR	
	CONTROL. THE PURPOSE OF THE PROGRAM IS TO PROVIDE TEMPORARY, LIMITED FINANCIAL RELIEF. WHILE MONEY	
	CAN'T ELIMINATE THE SORROW, IT CAN HOPEFULLY ELIMINATE SOME OF THE ADDED STRESS THAT OFTEN	
	ACCOMPANIES IT.	
4d	Other program services (Describe in Schedule O.)	
-74	(Expenses \$ 0 including grants of \$ 0) (Revenue \$ 0)	
4e	Total program service expenses ► 1,815,949	
	TOTAL DIOGRAM SELVICE CAPCINGS P 1/2 12 1 1	

Part IV	Checklist	of Red	quired	<b>Schedules</b>
	44	10	44	

			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	<u> </u>	_	<del>                                     </del>
4	candidates for public office? If "Yes," complete Schedule C, Part I	3_	_	~
4	<b>Section 501(c)(3) organizations.</b> 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		,
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	3	~
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		v
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, 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		·
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	-	
С	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		
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		~
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	~	_
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	_	
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		<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		~
14 a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		~
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		
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		·
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		<u> </u>
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		<u> </u>
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		·
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		·
			000	(0045)

<b>-</b>	<b>A</b> 1 1 1.	st of Required Schedules (continued)
Part IV	I 'DACKII	et at Dagilirad Sabadillae (cantinilad)
	CHECKIL	al di beduired acdeudies (COMMOEO)

	, , , , , , , , , , , , , , , , , , , ,			(2015)
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? <b>Note.</b> All Form 990 filers are required to complete Schedule O.	38	~	
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? <i>If "Yes," complete Schedule R, Part VI </i>	37		~
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		<b>&gt;</b>
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	35a		
34 35a	or IV, and Part V, line 1	34 35a		7
33	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		~
32	complete Schedule N, Part II	32		~
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>	31		~
30 31	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		V
с 29	was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	28c		V
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>	28b		~
28 a	Part IV instructions for applicable filing thresholds, conditions, and exceptions):  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		- V
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> Was the organization a party to a business transaction with one of the following parties (see Schedule L,	27		V
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		,
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		,
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		v
b c	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		
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		v
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		~
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	~	_
	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," complete Schedule H  If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?  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? <i>If</i> "Yes," complete Schedule I, Parts I and II	20a 20b 21		~
			103	140

## Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V	<u> </u>		
			Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 6			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
C	Did the organization comply with backup withholding rules for reportable payments to vendors and			
	reportable gaming (gambling) winnings to prize winners?	1c	~	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2	1-1		# 0 × 25
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? .	2b	~	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			200
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		~
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority			
	over, a financial account in a foreign country (such as a bank account, securities account, or other financial			
	account)?	4a		
b	If "Yes," enter the name of the foreign country: ▶	*		<b>X</b>
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts	* 2		300
	(FBAR).		123	5
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	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	C.		
_	gifts were not tax deductible?	6b	`.u'	
7	Organizations that may receive deductible contributions under section 170(c).  Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	1	4.	-
а	and services provided to the payor?	ننتت 7a		
L.	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7a 7b		
b	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	70		
·	required to file Form 8282?	7c		~
đ	If "Yes," indicate the number of Forms 8282 filed during the year			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		· ·
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? .	7f	1	~
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		~
ň	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		~
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:		Į	
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			
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.)			
	<u> </u>			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?  If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b	12a		<u> </u>
b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.  Is the organization licensed to issue qualified health plans in more than one state?	13a	$-\!\!+\!\!\!-$	
а	Note. See the instructions for additional information the organization must report on Schedule O.	, Ja	$\dashv$	<u> </u>
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			
С	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a	$\dashv$	1
			-	
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b	J	

Form 99	0 (2015)
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Part	Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, 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						
Section	on A. Governing Body and Management	<u> </u>		<u> </u>			
			Yes	No			
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 9						
	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	疆					
	committee, explain in Schedule O.			3			
b	<u> </u>						
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with	33	THE.				
•	any other officer, director, trustee, or key employee?	2_	~	<u> </u>			
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? .			١.			
4	·	3		<u></u>			
4 5	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?	5		7			
6	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		1			
7a	Did the organization have members of stockholders, or other persons who had the power to elect or appoint	-					
	one or more members of the governing body?	7a		<b>/</b>			
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			<del>                                     </del>			
	stockholders, or persons other than the governing body?	7b		V			
8	Did the organization contemporaneously document the meetings held or written actions undertaken during		-				
	the year by the following:						
а	The governing body?	8a	1				
b	Each committee with authority to act on behalf of the governing body?	8b	>				
9	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		~			
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Reven	ue C					
40			Yes	No			
10a b	Did the organization have local chapters, branches, or affiliates?	10a		~			
b	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	40h					
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	10b 11a	~	<del> </del> -			
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	IIa		<u> </u>			
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a	1				
b	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,"			<u> </u>			
	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	7				
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	_				
b	Other officers or key employees of the organization	15b	_	L			
160	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).						
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	40-		اـــِـا			
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	16a		•			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the						
	organization's exempt status with respect to such arrangements?	16b					
Secti	on C. Disclosure						
17	List the states with which a copy of this Form 990 is required to be filed ▶ See Schedule O, Statement 2						
18	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section	501(	c)(3)s	only)			
	available for public inspection. Indicate how you made these available. Check all that apply.	•		• • • • • • • • • • • • • • • • • • • •			
	☐ Own website ☐ Another's website ☑ Upon request ☐ Other (explain in Schedule O)						
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interesting the conflict of the con	erest <sub>l</sub>	policy	, and			
	financial statements available to the public during the tax year.						
20	State the name, address, and telephone number of the person who possesses the organization's books and re-	cords:	<b>•</b>				
	KRISTA SNIDER, (502)874-6417						

Part VII	Compensation of Officers, Direct	ors, Trustees, k	Key Employees, Highest	Compensated Empl	oyees, 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 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 box if neither the organization	n nor any relate	d org	aniz	atio	n c	ompe	nsa	ted any currer	t officer, directo	r, or trustee.
(A) Name and Title	(B) Average hours per week (list any	box, office	unles er and	Pos neck ss pe	rson	e than o is both or/trust	an ee)	(D) Reportable compensation	(E) Reportable compensation from related	(F) Estimated amount of other
	hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
KATHLEEN GOSSER	2									
PRESIDENT	0	1		~				0	0	o
CYNTHIA KOPLOS	1									<del>"</del>
TREASURER	0	~		~				0	О	0
JOHN DWYER	1									
DIRECTOR (PARTIAL YEAR)	0	~						0	0	0
DAVID SPARKS	1									-
DIRECTOR	0	~						0	0	0
PETER WASILEVICH	1	ĺ					ļ			
DIRECTOR	0	~				ļ		0	0	0
JANET KUHN	1		1							
DIRECTOR (PARTIAL YEAR)	0	~	$oxed{oxed}$	L.				0	0	0
JOHN KURNICK	1									
DIRECTOR	0	~		_	<u> </u>	ļ	_	0	0	0
TONY CAMERON	1									
DIRECTOR	0	~		<u> </u>				0	0	0
JUSTIN STEWART	1 1					[				
DIRECTOR	0	~	$\vdash$	_		<u> </u>		0	0	0
KRISTA SNIDER	40									
SECRETARY/MANAGING DIRECTOR	0	<u> </u>	_	"				96,953	0	10,827
DEBBIE ROLLINS	40			١.,				•		
ASST SECRETARY	0		-	-				45,221	0	5,460
					-					

(A) Name and title		(B) Average hours per week (list any	box, office	Position (do not check more that box, unless person is be officer and a director/tr					(D)  Reportable compensation from	(E)  Reportable compensation frelated	n from	Esti amo	(F) mated ount of ther
		hours for related organizations below dotted line)	ndividua or directo	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizati (W-2/1099-i	ons	compe froi organ and	ensation in the nization related izations
	<del></del>	-	_								+		·
		<del>                                     </del>	_										
<del></del>		-											·-
							·					_	
			ļ								_		
		-											
1b c	Sub-total	-		•	•			<b>&gt; &gt; &gt;</b>	142,174		0		16,2
<u>d</u> 2	Total (add lines 1b and 1c)  Total number of individuals (including bu reportable compensation from the organ	ut not limited	d to th					<b>▶</b> e) w	ho received mo	ore than \$1	00,000 00,000	of	16,2
3	Did the organization list any former or employee on line 1a? If "Yes," complete							emp	bloyee, or high	est compe	ensated	3	Yes N
4	For any individual listed on line 1a, is the organization and related organizations individual	e sum of re	portal	ble d	com	npei	nsatio						
5	Did any person listed on line 1a receive of for services rendered to the organization		•				-		Ÿ	ation or inc			
Section	on B. Independent Contractors												
1	Complete this table for your five highest compensation from the organization. Reyear.	•		•								•	n's tax
	(A) Name and business add	dress							(B) Description of se	ervices	(	(C) Compensa	ition
CLAR	RK & RIGGS, 1705 W JEFFERSON ST, LOUIS	VILLE, KY 40	)203		_			PR	INTING, DESIG	N, SHIPPINO			230,5
					_								
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who			Taran.

Form **990** (2015)

Part	VIII	Statement of Revenue Check if Schedule O contain	e a response or not	e to any line in this	Part VIII	-	
		Orieck if Scriedale O Contain	s a response of mot	(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
Contributions, Gifts, Grants and Other Similar Amounts	1a b c d e f	Federated campaigns	1c   1d   1e   5, e   1f   1,805,5				
	h	Total. Add lines 1a-1f	<u></u>	1,805,553			Season Se
Program Service Revenue	2a b c d	All other program service reve	Business Cod		A Mile	I managaran managaran da kanagaran managaran m	
Prog	g	Total. Add lines 2a-2f	<del>. <u></u> )</del>	<b>&gt;</b> 0		<u> </u>	
	3 4 5	Investment income (including and other similar amounts) Income from investment of tax-error Royalties	<b>.</b>	23,606	0	0 0	_23,606 0
	6a b c d 7a	Gross rents Less: rental expenses Rental income or (loss) Net rental income or (loss) Gross amount from sales of assets other than inventory	0	0			
	c d	Less. cost or other basis and sales expenses .  Gain or (loss) .  Net gain or (loss)	0	0			
Other Revenue	8a	Gross income from fundraisinevents (not including \$ of contributions reported on line See Part IV, line 18	0 e 1c).	·			
Othe	С	Less: direct expenses  Net income or (loss) from fund Gross income from gaming ac See Part IV, line 19	b draising events . I	<b>&gt;</b>			
	b c 10a	Less: direct expenses Net income or (loss) from gan Gross sales of inventory, returns and allowances .	ning activities	<b>&gt;</b>			
	b c	Less: cost of goods sold .  Net income or (loss) from sale  Miscellaneous Revenue		> de			
	11a b c d	All other revenue  Total. Add lines 11a-11d .	<u> </u>	<b>&gt;</b> 0	<del></del>		
	12	Total revenue See instruction	ns I	1 820 150	.l	١	23 606

## Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(	(4) organizations must complete all columns.	All other organizations must complete column (A).	

	Check if Schedule O contains a response or note to any line in this Part IX						
	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	0	0				
2	Grants and other assistance to domestic individuals. See Part IV, line 22	1,288,933	1,288,933				
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, trustees, and key employees	0 162,404	108,158	46,126	8,120		
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0		
7 8	Other salaries and wages	0	0	0			
9	section 401(k) and 403(b) employer contributions)  Other employee benefits	0	0	0			
10 11 a	Payroll taxes	11,450 0	7,629	3,248	573		
b b	Legal	1,275 22,051	0	22,051	0		
d e f	Lobbying	0	0	0	0		
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	67,500			0		
12 13	Advertising and promotion	8,103 38,027	8,103 23,145	14,882	0		
14 15 16	Information technology	1,350 0	1,350 0	0	0		
17 18	Travel	4,852	2,702	2,150	0		
19 20	Conferences, conventions, and meetings Interest	3,497	0	3,497	0		
21 22	Payments to affiliates	0	0	0	0		
23 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.)	2,955	0	2,955	0		
a b	WALL OF DREAMS GRAPHIC DESIGN	257,357 21,525	257,357 21,525	0	0		
c d e	HIGH SCHOOL EQUIVALENCY PROGRAM SCHOLARSHIP DISCOUNT All other expenses	20,127 9,420 4,599	20,127 9,420 0	0	0		
25 26	Total functional expenses. Add lines 1 through 24e  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)	1,925,425		······································			
	· · · · · · · · · · · · · · · · · · ·				Form <b>990</b> (2015)		

Part X Balance Sheet

		Check if Schedule O contains a response or note to any line in this Pa	rt X		
			(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing	0	1	0
	2	Savings and temporary cash investments	5,152,933	2	4,781,762
i	3	Pledges and grants receivable, net	481,779	3	434,165
	4	Accounts receivable, net	0	4	0
	5	Loans and other receivables from current and former officers, directors,		想達	
		trustees, key employees, and highest compensated employees.		慧。	
		Complete Part II of Schedule L		5	0
S	6	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	0	6	
ě	7	Notes and loans receivable, net	0	7	0
Assets	8	Inventories for sale or use	0	8	0
`	9	Prepaid expenses and deferred charges	2,959	<u> </u>	3,230
	10a	Land, buildings, and equipment: cost or	2,707		5,230
		other basis. Complete Part VI of Schedule D 10a	* 5		
	b	Less: accumulated depreciation 10b	Andrew	10c	
	11	Investments—publicly traded securities	0		0
	12	Investments—other securities. See Part IV, line 11	0	12	0
	13	Investments—program-related. See Part IV, line 11	0	13	0
	14	Intangible assets	0	14	0
	15	Other assets. See Part IV, line 11	0	15	1,808
	16	Total assets. Add lines 1 through 15 (must equal line 34)	5,637,671	16	5,220,965
	17	Accounts payable and accrued expenses	79,079	17	109,354
	18	Grants payable	643,080	18	152,500
	19	Deferred revenue	0	19	0
	20	Tax-exempt bond liabilities	0	20	0
	21	Escrow or custodial account liability. Complete Part IV of Schedule D.	0	21	0
Se	22	Loans and other payables to current and former officers, directors,		İ	
II		trustees, key employees, highest compensated employees, and			
Liabilities		disqualified persons. Complete Part II of Schedule L	0	22	
=	23	Secured mortgages and notes payable to unrelated third parties	0	23	0
	24	Unsecured notes and loans payable to unrelated third parties	0	24	0
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X	0		0
		of Schedule D		25	
_	26	Total liabilities. Add lines 17 through 25	722,159	26	261,854
S		Organizations that follow SFAS 117 (ASC 958), check here ▶ ✓ and complete lines 27 through 29, and lines 33 and 34.			
ဦ	27	Unrestricted net assets	4 70E 420	27	4 740 452
<u>ala</u>	27 28	Temporarily restricted net assets	4,705,620 209,892		4,749,652 209,459
8	29	Permanently restricted net assets	207,872		
Net Assets or Fund Balances	25	Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and	<u> </u>	23	0
Ē		complete lines 30 through 34.			
õ	30	Capital stock or trust principal, or current funds		30	
set	31	Paid-in or capital surplus, or land, building, or equipment fund		31	·
As	32	Retained earnings, endowment, accumulated income, or other funds.		32	
et	33	Total net assets or fund balances	4,915,512		4,959,111
Z	34	Total liabilities and net assets/fund balances	5,637,671		5,220,965

Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI	•			V
1	Total revenue (must equal Part VIII, column (A), line 12)	1		1,82	9,159
2	Total expenses (must equal Part IX, column (A), line 25)	2		1,92	5,425
3	Revenue less expenses. Subtract line 2 from line 1	3		-9	6,266
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	_	4,91	5,512
5	Net unrealized gains (losses) on investments	5			0
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		13	9,865
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		4,95	9,111
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	· · ·	<u></u>		
				Yes	No
1	Accounting method used to prepare the Form 990:  Cash Accrual Other	<del>-,-,-</del>			
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plain in			
	Schedule O.		2a		
<b>2</b> a	2a Were the organization's financial statements compiled or reviewed by an independent accountant?				~
	If "Yes," check a box below to indicate whether the financial statements for the year were com	plied or			
	reviewed on a separate basis, consolidated basis, or both:				
_	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis		2b	7	
b	Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audit	od on a	20		
	separate basis, consolidated basis, or both:	eu on a			
	✓ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				
_	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for o	versiaht			
Ç	of the audit, review, or compilation of its financial statements and selection of an independent account	intant?	2c	<u> </u>	
	If the organization changed either its oversight process or selection process during the tax year, ex				
	Schedule O.				
32	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth in			
Ja	the Single Audit Act and OMB Circular A-133?		3a		/
b	The second secon				
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a		3b		
			For	n 990	(2015)

#### **SCHEDULE A** (Form 990 or 990-EZ)

Name of the organization

## **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 Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990. OMB No 1545-0047

2015

Open to Public Inspection

**Employer identification number** 

KENT	UCKY FRIED CHICKEN FOUNDATION	ON INC		_		61-13	37601
Par	Reason for Public Cha	rity Status (All	organizations must	comple	te this p	art.) See instruction	ons.
	rganization is not a private founda		•		-		
	A church, convention of church						
	A school described in section						
	A hospital or a cooperative hospital						<u>-</u>
4	A medical research organization	-	onjunction with a nosp	oitai desc	ribea in s	section 170(b)(1)(A)	(III). Enter the
_	hospital's name, city, and state		a a Ula mana and combine market				والمراجعة المناسب المسائم
	An organization operated for section 170(b)(1)(A)(iv). (Complete Section 170(b)(1)(A)(iv).	plete Part II.)	-				ai unit described ii
	A federal, state, or local govern						
7	An organization that normally described in section 170(b)(1)			port from	a gover	nmental unit or fron	n the general public
8	A community trust described in			Part II )			
	An organization that normally				from con	tributions members	thin fees and gross
9	receipts from activities related						
	support from gross investme						
	acquired by the organization a						•
10	☐ An organization organized and	operated exclus	sively to test for public	c safety.	See <b>sect</b> i	ion 509(a)(4).	
	An organization organized and						out the purposes o
	one or more publicly supported	l organizations d	escribed in section 50	<b>09(a)(1)</b> o	r section	509(a)(2). See secti	ion 509(a)(3). Checl
	the box in lines 11a through 11	d that describes	the type of supporting	organiza	tion and c	complete lines 11e, 1	1f, and 11g.
а	☐ Type I. A supporting organiz						
	the supported organization(s organization. You must con			ct a majo	rity of the	e directors or trustee	es of the supporting
b	☐ Type II. A supporting organiz	zation supervise	d or controlled in conf	nection w	uth its su	pported organizatior	n(s), by having
	control or management of th						
	organization(s). You must co	omplete Part IV,	, Sections A and C.				
С	☐ Type III functionally integra						y integrated with,
	its supported organization(s)	·					
d	☐ Type III non-functionally in						
	that is not functionally integr						an attentiveness
	requirement (see instructions	•	-				I T 101
е	Check this box if the organiz functionally integrated, or Ty						ı, туре III ————
f	Enter the number of supported of						
g	Provide the following information						
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9	(iv) is the c	organization or governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
			above (see instructions))		ment?	instructions)	instructions)
				Yes	No		:
				163	140		
(A)							
(D)							
(B)							
(C)							
(D)				<del> </del>	<del>                                     </del>		
(D)				ļ			
(E)							
			<b>建设工 教教</b>		, , ,		
T-4-1		Sec. 1	13/11/15 15/15/15	1 3 20 00	I - 11 1	i	1

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) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	4 404 450	(50.404	1 414 207	2.422.077	1 005 553	7.40/.050
_		1,194,153	659,181	1,414,206	2,122,966	1,805,553	7,196,059
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	1,194,153	659,181	1,414,206	2,122,966	1,805,553	7,196,059
5	The portion of total contributions by						
	each person (other than a	\$					
	governmental unit or publicly						
	supported organization) included on			9404 A			
	line 1 that exceeds 2% of the amount shown on line 11, column (f)						2 200 5/4
		Charles and Control	AND THE RESERVE AND ADDRESS OF THE PARTY AND A	* Marie Marie	Shiperstate and the	A STATE OF THE PARTY OF THE PAR	2,009,561
6 Socti	Public support. Subtract line 5 from line 4. on B. Total Support	Salve Charles	discontinues of the state of th	Service and Service	emilderentalerben mehrer en a.	Charleson de about a ten	5,186,498
	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7	Amounts from line 4	1,194,153			1	<del></del>	7,196,059
8	Gross income from interest, dividends,	1,174,133	037,101	1,111,200	2,122,700	1,000,000	17170,007
0	payments received on securities loans,						
	rents, royalties and income from similar						
	sources	25,854	15,842	3,949	19,808	23,606	89,059
9	Net income from unrelated business						
•	activities, whether or not the business	Ì				<b>!</b>	
	is regularly carried on	0	o	0	o	o	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	्रिकुत्र स्थानस्य	1	* er = \$		1	7,285,118
12	Gross receipts from related activities, etc					12	0
13	First five years. If the Form 990 is for t		n's first, secon	id, third, fourth	n, or fifth tax y	ear as a sectio	n 501(c)(3)
	organization, check this box and stop he			<u></u>			🕨 🗆
	on C. Computation of Public Suppo	rt Percentag	je			T I	
14	Public support percentage for 2015 (line					14	71 19 %
15	Public support percentage from 2014 Sc	hedule A, Part	II, line 14 .			15	73 57 %
16a	331/3% support test—2015. If the organ	ization did not	check the box	on line 13, and	a line 14 is 33	1/3% or more, c	
	box and stop here. The organization qua						
b	331/3% support test—2014. If the organ check this box and stop here. The organ					3 13 18 33 73 70	
							. • 🗇
17a	10%-facts-and-circumstances test—2						
	10% or more, and if the organization me						
	Part VI how the organization meets the						
	organization						. ▶ □
b	10%-facts-and-circumstances test-2	2014. If the org	anization did n	ot check a bo	x on line 13, 16	ba, 16b, or 17a	, and line
	15 is 10% or more, and if the organization	ation meets the	e facts-and-c	ircumstances"	test, check ti	nis dox and st	op nere.
	Explain in Part VI how the organization r supported organization					ni qualilles as a	<b>.</b> —
40	Private foundation. If the organization of					ck this hovered	
18	instructions						
	moduciona	· · · · ·	<u> </u>			· · · · ·	<u> </u>

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

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

Section	on A. Public Support						
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(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		ļ				
	to or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the			1			
	organization without charge						
6	Total. Add lines 1 through 5			·			
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons .						
b	Amounts included on lines 2 and 3						
_	received from other than disqualified		İ				]
	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>
Secti	on B. Total Support						
Calen	dar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9	Amounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans, rents,				}	-	
	royalties and income from similar sources .						
b	Unrelated business taxable income (less			1			
	section 511 taxes) from businesses						
	acquired after June 30, 1975			<b>-</b>		ļ	
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether	ļ					
	or not the business is regularly carried on	-	<u> </u>	ļ			
12	Other income. Do not include gain or						
	loss from the sale of capital assets (Explain in Part VI.)						
40	• •		<del> </del>	<del> </del>	<del> </del>	<del></del>	<del> </del>
13	<b>Total support.</b> (Add lines 9, 10c, 11, and 12.)						
4.4	First five years. If the Form 990 is for the	L organizatio	n'e firet secon	d third fourth	or fifth tax v	l par as a soctio	n 501(c)(3)
14	organization, check this box and <b>stop he</b>						
Socti	on C. Computation of Public Suppo			<del></del>	• • • • •	<del></del>	· · · ·
				13 column (fl)		15	
15 46	Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f)						
16 Secti	on D. Computation of Investment In			<u> </u>	<u> </u>		
	Investment income percentage for 2015			ov line 13. colu	mn (fl)	17	%
17 18	Investment income percentage for 2013						<del></del>
	331/3% support tests—2015. If the organ	nization did no	t check the ho	x on line 14 a		nore than 331/3	
19a	17 is not more than 331/3%, check this box						
L	331/3% support tests—2014. If the organic						
b	line 18 is not more than 331/3%, check this	box and stop	here. The organ	nization qualifie	s as a publicly s	supported orga	nization $ ightharpoonup$
20	Private foundation. If the organization d						
_20	Iouniadion i no organization d						

#### Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on 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.)

#### **Section A. All Supporting Organizations**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and If you checked 11a or 11b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- C Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b** Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes." complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 73 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
  - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

			T
g y		Yes	No
is d	1		
er	2 3a	<u> </u>	Ecol.
d e	3a	200	***
3)	3b 3c	يا بحالت	
lf	4a		
n n	4b	<u> </u>	
n d 3)			
" V	4c	ξ.	
n; n	5a		
У	5b 5c		
o d or	6		
or h	7		
?	8		
e d	9a		
h	9b		
ıt n	9c		
n d	10a		
0	10b		

Part	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)	1		
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		
	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.	11c	L	
Secti	on B. Type I Supporting Organizations			
		<u></u>	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 <b>Part VI</b> 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 <b>Part VI</b> how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.	2		
Secti	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	TELLY.	,	1
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	150 m		14
	or management of the supporting organization was vested in the same persons that controlled or managed	-^-, (- - <del></del>	- Bourn	6, S., T
	the supported organization(s).	1		<u> </u>
Secti	on D. All Type III Supporting Organizations			
_			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax		-4	
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1	7 250	
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	بمتسيف	أحسنت
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	****		أصدا
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		L
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 <b>Part VI</b> the role the organization's supported organizations played in this regard.	-		
Soot	on E. Type III Functionally-Integrated Supporting Organizations	3		L
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see	nstru	ctions	s):
а	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (	see ins	tructi	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			<u> </u>
u	the supported organization(s) to which the organization was responsive? If "Yes," then in <b>Part VI identify</b>			
	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.	2a	******	
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 organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or		<u> </u>	
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	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		L

instructions).

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 co			
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):	<u> </u>		:
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 emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functiona	lly-ir	tegrated Type III support	ing organization (see

Part		) Supporting Organi	zations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
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	_ <del>.</del>
4	Amounts paid to acquire exempt-use assets			
5_	Qualified set-aside amounts (prior IRS approval required)	<del></del>		
6	Other distributions (describe in Part VI). See instructions.		<del></del>	
7	Total annual distributions. Add lines 1 through 6.			<del></del>
8	Distributions to attentive supported organizations to whic	h the organization is res	ponsive	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2015 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-2015	(iii) Distributable Amount for 2015
1	Distributable amount for 2015 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2015			į
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2015:			
а	<u> </u>			
b				
С				
d	From 2013			
е	From 2014			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2015 distributable amount		·	
i	Carryover from 2010 not applied (see instructions)			
<u>j</u>	Remainder. Subtract lines 3g, 3h, and 3ı from 3f.			
4	Distributions for 2015 from Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2015 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6	Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7	Excess distributions carryover to 2016. Add lines 3j and 4c.			
8	Breakdown of line 7:			
а	· ·			
b				
С	Excess from 2013			
d	Excess from 2014			
е	Excess from 2015			

Part VI

Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

#### **SCHEDULE D** (Form 990)

Supplemental Financial Statements

► Complete if the organization answered "Yes" on 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

Department of the Treasury Internal Revenue Service

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

Open to Public Inspection

KENT	ICKY FRIED CHICKEN FOUNDATION INC		61-1337601
Par	Organizations Maintaining Donor Ad	vised Funds or Other Similar Fur	nds or Accounts.
	Complete if the organization answered	"Yes" on 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) .		
4	Aggregate value at end of year		
5	Did the organization inform all donors and dono		
	funds are the organization's property, subject to t	he organization's exclusive legal contr	ol? 🗌 Yes 🗌 No
6	Did the organization inform all grantees, donors,	and donor advisors in writing that gra	nt funds can be used
	only for charitable purposes and not for the bene	efit of the donor or donor advisor, or t	for any other purpose
			· · · · · · · · · · · · Yes 🗌 No
Par		"\\" - " - "   Farma 000   Dout  \"           7	
	Complete if the organization answered		•
1	Purpose(s) of conservation easements held by the		Karletaka da albataa a ka abila a b
	Preservation of land for public use (e.g., recreation)		
	Protection of natural habitat	☐ Preservation of	f a certified historic structure
•	Preservation of open space Complete lines 2a through 2d if the organization h	and a sustified concentation contribute	on in the form of a concentation
2	easement on the last day of the tax year.	leid a qualified conservation contributi	Held at the End of the Tax Year
_	-		
a	Total acreage restricted by conservation easemer		
b	Number of conservation easements on a certified		
c d	Number of conservation easements included in		
u			· ·   2d
3	Number of conservation easements modified, tran		
•	tax year ►	<b>3</b> ,	3
4	Number of states where property subject to cons	ervation easement is located ►	
5	Does the organization have a written policy re	egarding the periodic monitoring, ins	spection, handling of
	violations, and enforcement of the conservation e	asements it holds?	· · · · · · Tes I No
6	Staff and volunteer hours devoted to monitoring, inspec	cting, handling of violations, and enforcing	conservation easements during the year
	<b>&gt;</b>		
7	Amount of expenses incurred in monitoring, inspect	ing, handling of violations, and enforcing	conservation easements during the year
	<b>▶</b> \$		
8	Does each conservation easement reported on line		<u> </u>
			— ··· — ···
9	In Part XIII, describe how the organization reports		
	balance sheet, and include, if applicable, the text organization's accounting for conservation easem		nancial statements that describes the
Dar			Cothor Similar Access
Par	Complete if the organization answered	· · · · · · · · · · · · · · · · · · ·	
	If the organization elected, as permitted under S		
14	works of art, historical treasures, or other similar	· · · · · · · · · · · · · · · · · · ·	
	public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under		
-	works of art, historical treasures, or other similar		
	public service, provide the following amounts rela	· ·	
	(i) Revenue included on Form 990, Part VIII, line	1	▶ \$
	(ii) Assets included in Form 990, Part X		
2	If the organization received or held works of ar		
	following amounts required to be reported under		
а	Revenue included on Form 990, Part VIII, line 1		▶ \$
b	Assets included in Form 990, Part X	, <u>,</u>	<b>. ▶</b> \$

Part	Urganizations Maintaining (	Collections of A	Art, HIS	toricai i	reasures,	or Oti	ner Similar As	ssets (con	tinued)
3	Using the organization's acquisition, a collection items (check all that apply):	ccession, and ot	her reco	rds, chec	k any of th	e follow	ring that are a s	significant i	use of its
а	☐ Public exhibition		d	☐ Loan	or exchang	e progr	ams		
b	☐ Scholarly research		е	☐ Other	•				
C	☐ Preservation for future generations								
4	Provide a description of the organization XIII.	on's collections a	and expl	ain how t	ney further	the org	anization's exer	mpt purpos	e in Par
5	During the year, did the organization sassets to be sold to raise funds rather t	than to be mainta						_	□ No
Part		_							
	Complete if the organization a 990, Part X, line 21.								-orm
1a	Is the organization an agent, trustee, included on Form 990, Part X?								☐ No
b	If "Yes," explain the arrangement in Pa	rt XIII and comple	ete the fo	ollowing ta	able:		<u> </u>		
							A	mount	
C	Beginning balance					1c			
d	Additions during the year					1d			
e	Distributions during the year					1e	<del> </del>		
f	Ending balance					1f	account liability	.0 □ <b>V</b>	
2a	If "Yes," explain the arrangement in Pa						•	_	_
Par		It Alli. Check hen	e ii tiie e	хріанаціо	i iias Deeii	provide	d On Part Alli .	• • •	
rai	Complete if the organization	answered "Yes	" on Fo	rm 990 F	Part IV line	10			
	Complete ii the organization	(a) Current year		or year	(c) Two year		(d) Three years bac	k (e) Four ye	ars back
1a	Beginning of year balance		<u>`</u>				,, ,		
b	Contributions		-					<del> </del>	<del></del> -
c	Net investment earnings, gains, and				<del></del>			+	
	losses					1			
d	Grants or scholarships							+	
e	Other expenditures for facilities and	_						+	
_	programs					ļ			
f	Administrative expenses					1			<del></del> -
g	End of year balance								
2	Provide the estimated percentage of the	e current vear er	d balan	ce (line 1o	. column (a	)) held a		<del></del>	
a	Board designated or quasi-endowmen	-	%	(	, , - , - , - , - , - , - , - , - ,	,,			
b	Permanent endowment ▶	%							
C	Temporarily restricted endowment ▶	%							
	The percentages on lines 2a, 2b, and 2	c should equal 1	00%.						
3a	Are there endowment funds not in the			ization the	at are held	and adr	ninistered for th	ne	
	organization by:							Y	es No
	(i) unrelated organizations							3a(i)	$\neg$
	(ii) related organizations							3a(ii)	
b	If "Yes" on line 3a(II), are the related or	ganızations listed	as requ	ired on So	chedule R?			3b	
4	Describe in Part XIII the intended uses	of the organization	on's end	owment f	unds.				•
Par	VI Land, Buildings, and Equip	ment.							
	Complete if the organization	answered "Yes	" on Fo	rm 990, I	Part IV, line	<u> 11a. S</u>	See Form 990,	, Part X, Iir	e 10.
	Description of property	(a) Cost or of (investment)		1	or other basis ther)		Accumulated preciation	(d) Book	/alue
	Land					1			_
b	Buildings								<del>-</del> · .
c	Leasehold improvements					<del></del>			
d	Equipment			1	•	<del></del> _			
e	Other			1					
	Add lines 1a through 1e. (Column (d) m	ust equal Form 9	90. Part	X. columr	(B), line 10	)c.)			

Part VII	Investments - Other Securitie Complete if the organization an		rm 990, Part IV, lin	e 11b. See Form	990, Part X, line 12.
_	(a) Description of security or catego (including name of security)		(b) Book value	(c) Met	hod of valuation -of-year market value
(1) Financial	derivatives				· · · · · · · · · · · · · · · · · · ·
	neld equity interests				
(3) Other	. ,				
(A)					<u> </u>
(B)					
(C)					
(D)					
(E)					
(F)					
(G)					
(H)					
Total. (Column (	b) must equal Form 990, Part X, col. (B) line 12.) ▶	<b>&gt;</b>			
Part VIII	Investments-Program Relate	ed.			
	Complete if the organization an	swered "Yes" on Fo	rm 990, Part IV, lin	e 11c. See Form	990, Part X, line 13.
	(a) Description of investment		(b) Book value	, ,	thod of valuation -of-year market value
(1)		·-			
(2)			<del> </del>	·	·
(3)			<del> </del>	<del></del>	
(4)		<del></del>			<del></del>
(5)		<del>.</del>	<u> </u>	<del> </del>	
(6)					
(7)					
(8)				-	<del></del>
(9)	(b) must equal Form 990, Part X, col. (B) line 13)				
Part IX	Other Assets.	<u></u>	<u> </u>	<u> </u>	
raitix	Complete if the organization ar	swered "Yes" on Fo	rm 990 Part IV lin	e 11d. See Form	990 Part X line 15
	Complete ii the organization ai	(a) Description			(b) Book value
(1)					(-,
(1)					
(3)		-			<del></del>
(4)			· · · · · · · · · · · · · · · · · · ·	***************************************	
(5)					
(6)					
(7)					
(8)					
(9)					
	ımn (b) must equal Form 990, Part X,	col. (B) line 15.)			
Part X	Other Liabilities. Complete if the organization ar	· · · · · · · · · · · · · · · · · · ·	orm 990, Part IV, lin	ne 11e or 11f. See	e Form 990, Part X,
4	line 25.	(b) Book value	<del></del>		<del></del>
1. (1) Enderel	(a) Description of liability	(b) Book value			
	Ticome taxes		0		
(2)					
(3)					
(4)	<del> </del>	<del></del>			
(5)					
(6)			<del></del>		
(7)					
(8)					
	(h) must equal Form 000, Part V and (P) line 25 1		<del></del>		
	(b) must equal Form 990, Part X, col. (B) line 25.) I r uncertain tax positions. In Part XIII, pro		0	n'a financial stateme	ante that removes the
organization	r uncertain tax positions. In Part XIII, pro 's liability for uncertain tax positions und	der FIN 48 (ASC 740). Ch	eck here if the text of	the footnote has bee	n provided in Part XIII

Part	XI Reconciliation of Revenue per Audited Financial Stateme	ents '	With Revenue per	Return	1.
	Complete if the organization answered "Yes" on Form 990,	Part I	V, line 12a.		
1	Total revenue, gains, and other support per audited financial statements			1	1,849,593
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			32	
а	Net unrealized gains (losses) on investments	2a	0		
b	Donated services and use of facilities	2b	20,434	3 1	
С	Recoveries of prior year grants	2c	0		
d	Other (Describe in Part XIII.)	2d	0	12	
е	Add lines <b>2a</b> through <b>2d</b>			2e	20,434
3	Subtract line 2e from line 1	<u>.</u> .		3	1,829,159
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			<b>養食</b>	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	0		
b	Other (Describe in Part XIII.)	4b	0		
C	Add lines <b>4a</b> and <b>4b</b>			4c	0
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line	12.)		5	1,829,159
Part			With Expenses pe		
Part	Complete if the organization answered "Yes" on Form 990,	Part I	With Expenses pe V, line 12a.		
Part		Part I	With Expenses pe V, line 12a.		
	Complete if the organization answered "Yes" on Form 990,	Part I	With Expenses pe V, line 12a.	r Retu	ırn.
1	Complete if the organization answered "Yes" on Form 990, Total expenses and losses per audited financial statements	Part I	With Expenses pe V, line 12a.	r Retu	ırn.
1 2	Complete if the organization answered "Yes" on Form 990, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:	Part I	With Expenses pe	r Retu	ırn.
1 2 a	Complete if the organization answered "Yes" on Form 990, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	Part I 2a 2b 2c	With Expenses per V, line 12a	r Retu	ırn.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c 2d	With Expenses per V, line 12a.  20,434  0 0 -139,865	r Retu	ırn.
1 2 a b	Complete if the organization answered "Yes" on Form 990, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c 2d	With Expenses per V, line 12a.  20,434  0 0 -139,865	r Retu	ırn.
1 2 a b c	Complete if the organization answered "Yes" on Form 990, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c 2d	With Expenses per V, line 12a.  20,434  0 0 -139,865	r Retu	1,805,994
1 2 a b c d e	Complete if the organization answered "Yes" on Form 990, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c 2d	With Expenses per V, line 12a.  20,434  0 0 -139,865	1 2e	1,805,994 -119,431
1 2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments	2a 2b 2c 2d	With Expenses per V, line 12a.  20,434  0  -139,865	1 2e	1,805,994 -119,431
1 2 a b c d e 3	Complete if the organization answered "Yes" on Form 990, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities Prior year adjustments Other losses	2a 2b 2c 2d	With Expenses per V, line 12a.  20,434  0  -139,865	1 2e	1,805,994 -119,431
1 2 a b c d e 3 4	Complete if the organization answered "Yes" on Form 990, Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: Donated services and use of facilities	2a 2b 2c 2d 4a 4b	With Expenses per V, line 12a.  20,434  0 0 -139,865	1 2e	1,805,994 -119,431

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

Schedule D, Part X, Line 2 - KENTUCKY FRIED CHICKEN FOUNDATION, INC. IS EXEMPT FROM FEDERAL, KENTUCKY, AND LOCAL INCOME TAXES AS A NOT-FOR-PROFIT ORGANIZATION DESCRIBED UNDER SECTION 501(C)(3) OF THE INTERNAL REVENUE CODE. THE FOUNDATION IS CLASSIFIED AS AN ORGANIZATION THAT IS NOT A PRIVATE FOUNDATION WITHIN THE MEANING OF SECTION 509(A) AND QUALIFIES FOR DEDUCTIBLE CONTRIBUTIONS AS PROVIDED IN SECTION 170(B)(1)(A)(VI). ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS INCLUDED IN THE FINANCIAL STATEMENTS. THE FOUNDATION FILES AN INFORMATIONAL RETURN WITH THE U S. GOVERNMENT. AS OF DECEMBER 31, 2015 AND 2014, THE FOUNDATION DID NOT HAVE ANY ACCRUED INTEREST OR PENALTIES RELATED TO INCOME TAX LIABILITIES, AND NO INTEREST OR PENALTIES HAVE BEEN CHARGED TO OPERATIONS FOR THE YEARS THEN ENDED

Schedule D, Part XII, Line 2d - SCHOLARSHIP RECOVERIES

# SCHEDULEI (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" on Form 990, Part IV, line 21 or 22.

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

OMB No. 1545-0047

2015

Open to Public Inspection

**Employer identification number** 

**%**□ Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form (h) Purpose of grant or assistance ✓ Yes 61-1337601 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and . . . . . . . . . 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed (g) Description of non-cash assistance (e) Amount of non- (f) Method of valuation cash assistance (book, FMV, appraisal, other) 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 (p) EIN KENTUCKY FRIED CHICKEN FOUNDATION INC 1 (a) Name and address of organization or government Part Part II 6 (12)  $\Xi$ <u>0</u> <u>\$</u> 9 0 (1) ල 3 (8) <u></u>

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

Part III can be duplicated it additional space is needed.	I space is needed	3.			
(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 REACH EDUCATIONAL GRANTS	609	1.288.500	0	0 N/A	A/N
2 COLONEL'S SCHOLARS SCHOLARSHIPS	162	405,000	0	0 N/A	N/A
3 KEC FAMILY FLIND ASSISTANCE	_	433	0	0 N/A	V/N
4					
· · ·					
9					
7			; ;		

ORGANIZATION'S INSTRUCTIONS. ALL GED FUNDS ARE PAID DIRECTLY TO THIRD PARTY CONTRACTORS. FAMILY FUND CHECKS ARE NOT ISSUED TO THE RECIPIENT OF Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. Schedule I, Part I, Line 2 - ALL SCHOLARSHIP CHECKS ARE ISSUED TO THE COLLEGE OR UNIVERSITY OF THE STUDENT AND DISBURSED ACCORDING TO THE THE AID BUT INSTEAD TO A THIRD PARTY, SUCH AS A FUNERAL HOME OR LANDLORD

#### 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.

► 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.

20**15** 

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

KENTUCKY FRIED CHICKEN FOUNDATION INC

Employer identification number

61-1337601

Form 990, Part VI, Section A, Line 2 - CYNTHIA KOPLOS AND PETER WASILEVICH - BUSINESS RELATIONSHIP

Form 990, Part VI, Section B, Line 11b - A COPY OF THE ORGANIZATION'S FORM 990 (INCLUDING ALL APPLICABLE SCHEDULES) AS ULTIMATELY FILED WITH THE IRS WAS PROVIDED TO EACH MEMBER OF THE ORGANIZATION'S FINANCE COMMITTEE FOR INITIAL REVIEW AND COMMENT AND THEN TO THE ENTIRE GOVERNING BODY FOR FINAL REVIEW AND COMMENT PRIOR TO ITS FILING WITH THE IRS

Form 990, Part VI, Section B, Line 12c - ALL ORGANIZATION PERSONNEL AND MEMBERS OF THE GOVERNING BODY ARE COVERED UNDER THE ORGANIZATION'S CONFLICT OF INTEREST POLICY. IN THE EVENT THAT A CONFLICT OF INTEREST ARISES, ORGANIZATION PERSONNEL AND MEMBERS OF THE GOVERNING BODY ARE REQUIRED TO REPORT IT TO THE PRESIDENT. DISCLOSURE OF A POTENTIAL CONFLICT AND THE DECISION REGARDING THE ACTION ARE NOTED IN THE ORGANIZATION'S MINUTES. A MEMBER OF THE GOVERNING BODY WITH A CONFLICT OF INTEREST MAY BE REQUIRED TO RECUSE HIM OR HERSELF FORM VOTING ON SUCH PARTICULAR MATTERS.

Form 990, Part VI, Section B, Line 15 - THE MANAGING DIRECTOR'S COMPENSATION WAS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS COMPARABILITY DATA WAS USED TO DETERMINE COMPENSATION AND DELIBERATIONS WERE CONTEMPORANEOUSLY DOCUMENTED BY THE GOVERNING BODY THE PROCESS WAS LAST CONDUCTED IN 2015 THE ASSISTANT SECRETARY'S COMPENSATION WAS REVIEWED AND APPROVED BY THE BOARD OF DIRECTORS. COMPARABILITY DATA WAS USED TO DETERMINE COMPENSATION AND DELIBERATIONS WERE CONTEMPORANEOUSLY DOCUMENTED BY THE GOVERNING BODY. THE PROCESS WAS LAST CONDUCTED IN 2015.

Form 990, Part VI, Section C, Line 19 - GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICIES AND FINANCIAL STATEMENTS ARE NOT REQUIRED DISCLOSURES PURSUANT TO IRC SECTION 6104 THEREFORE, THESE DOCUMENTS ARE ONLY DISCLOSED AT THE DISCRETION OF THE BOARD OF DIRECTORS UPON REQUEST.

Form 990, Part XI, Line 9 - SCHOLARSHIP RECOVERIES