

Fosm **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2016

| Inder section 501(c), 527, or 4947(a)(1) | of the Internal Revenue | Code (except priva | ite foundat |
|--|-------------------------|---------------------|-------------|
| ► Do not enter social security | numbers on this form a | as It may be made i | public. 🌱 |

Open to Public

| arres | | THE SERVICE INTO INTO ABOUT FORM 990 and its instructions is at www.in | | | 20 45 | .1011 | | | | | | |
|--|---|---|---|---|-------------------------|------------------|--|--|--|--|--|--|
| <u>A</u> | For the | e 2016 calendar year, or tax year beginning July 1 , 2016, and endi | ng Ju | ne 30 | , 20 17 | | | | | | | |
| В | Check i | f applicable. C Name of organization Kentucky Partnership for Families and Children, Inc. | | U Employ | er Identification n | uiunet | | | | | | |
| | Address | change Doing business as | | | 61-1377268 | | | | | | | |
| | Name c | hange Number and street (or P.O. box if mail is not delivered to street address) Room/s | ulte | E Telephone number | | | | | | | | |
| | initial return 207 Holmes Street, First Floor 502-875-1320 | | | | | | | | | | | |
| | Final return/terminated City or town, state or province, country, and ZIP or foreign postal code | | | | | | | | | | | |
| | Amende | od return Frankfort, KY 40601 | | G Gross re | ecelpts \$ | 901,026 | | | | | | |
| $\overline{\Box}$ | Application pending F Name and address of principal officer: Carol W. Cecil, Executive Director H(a) is this a group return for subordinates? Yes V No | | | | | | | | | | | |
| _ | , фроц | same as above | | | s included? 🔲 Yes | | | | | | | |
| _ | Tay-ava | mpt status: | | | a list. (see instructio | | | | | | | |
| <u>; </u> | Website | ^ | M/cl Groun | exemption | number > | • | | | | | | |
| <u>K</u> | | p: ► www.kypartnership.org organization: Corporation Trust Association Other ► L Year of forms | | | of legal domicile: | KY | | | | | | |
| Đ | art I | Summary Corporation Must Association Otto | 1990 | I III State | or legal corribile. | N1 | | | | | | |
| | | | duna bana th | rough, FF | NICATION 40 | | | | | | | |
| • | 1 | Briefly describe the organization's mission or most significant activities: To nu | , | | | | | | | | | |
| Activities & Governance | 1 | individuals, their families, the professionals that serve them, and the public; ADVOC | | | | of life | | | | | | |
| Τa | 1 . | for children, youth and young adults; and REACHING OUT to groups that do not cur | | | | | | | | | | |
| Ş | 2 | Check this box ▶☐ If the organization discontinued its operations or disposed | of more that | n 25% of | its net assets. | | | | | | | |
| Ĝ | 3 | Number of voting members of the governing body (Part VI, line 1a) | <i>.</i> | . 3 | | 23 | | | | | | |
| <u>بر</u> | 4 | Number of Independent voting members of the governing body (Part VI, line 1b) |) | 4 | | 23 | | | | | | |
| Ë | 5 | Total number of individuals employed in calendar year 2016 (Part V, line 2a) | | . 5 | | 9 | | | | | | |
| ₹ | 6 | Total number of volunteers (estimate if necessary) | | 6 | | 40 | | | | | | |
| Ş | 7a | Total unrelated business revenue from Part VIII, column (C), Ilne 12 | MED. | . 7a | | 0 | | | | | | |
| | Ь | Net unrelated business taxable income from Form 990-T, line 34 | | <u> </u> | | 0 | | | | | | |
| | | | Prior Y | ear | Current Ye | ar | | | | | | |
| • | 8 | Contributions and grants (Part VIII, line 1h) | 7 ZUIB | 942,996 | | 900,932 | | | | | | |
| Revenue | 9 | Program service revenue (Part VIII, line 2g) | | ŎŽ | | | | | | | | |
| ş | 10 | | 71 117 | 109 | | 94 | | | | | | |
| æ | 11 | Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) | N, U | 103 | | | | | | | | |
| | 12 | Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) | | 042 105 | | 001.026 | | | | | | |
| | 13 | | | 943,105 | | 901,026 | | | | | | |
| | | Grants and similar amounts paid (Part IX, column (A), lines 1–3) | | 104,167 | | 140,014 | | | | | | |
| | 14 | Benefits paid to or for members (Part IX, column (A), line 4) | | | | | | | | | | |
| S | 15 | Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) | | 360,646 | | 370,605 | | | | | | |
| Expenses | 16a | Professional fundraising fees (Part IX, column (A), line 11e) | Third the Control of | and the same and | Harmonia Calabas | | | | | | | |
| 옸 | b | Total fundraising expenses (Part IX, column (D), line 25) ▶ | | 140. 21 | | | | | | | | |
| ш | 17 | Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) | | 317,186 | <u> </u> | 558,380 | | | | | | |
| | 18 | Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) . | | 781,999 | | 1,068,999 | | | | | | |
| | 19 | Revenue less expenses. Subtract line 18 from line 12 | | 161,106 | | <u>(167,973)</u> | | | | | | |
| Assets or Balances | 1 | | Beginning of C | urrent Year | End of Ye | ar | | | | | | |
| 훩첄 | 20 | Total assets (Part X, line 16) | | 287,933 | | 120,009 | | | | | | |
| | | Total liabilities (Part X, line 26) | | 234 | | 283 | | | | | | |
| F | 22 | Net assets or fund balances. Subtract line 21 from line 20 | | 287,699 | | 119,726 | | | | | | |
| Pa | art II | Signature Block | | | | | | | | | | |
| Un | der pena | alties of perjury, I declare that I have examined this return, including accompanying schedules and stat | ements, and to | the best of | my knowledge and | belief, it is | | | | | | |
| | | et, and complete. Declaration of preparer (other than officer) is based on all information of which prepare | | | , | | | | | | | |
| | • | In Card on Card | | 5/1 | 4/18 | | | | | | | |
| Sig | ın | Signature of officer | D | ate | | | | | | | | |
| He | _ | Carol W. Coul Executive | Direct | mr | | | | | | | | |
| | . • | Type or print name and title | VICE | <u>, , , , , , , , , , , , , , , , , , , </u> | | | | | | | | |
| _ | | 17 | Date , , | | - PTIN | | | | | | | |
| Pa | | William Palan | 5/14/18 | Check | ᇦᄣᅦ | | | | | | | |
| | epare | | | self-em | | 50780 | | | | | | |
| Us | e On | | | m's EIN ▶ | 61-10193 | | | | | | | |
| | | Firm's address ► 1700 Eastpoint Parkway, Suite 270, Louisville, KY 40223 | Ph | one no. | (502) 245-0 | | | | | | | |
| _ | | RS discuss this return with the preparer shown above? (see instructions) | <u> </u> | | | s No | | | | | | |
| For | Paper | work Reduction Act Notice, see the separate instructions. Cat. | No. 11282Y | | Form | 990 (2016) | | | | | | |

| Form 99 | 0 (2016) Page | 2 |
|---------|---|---------|
| Part | Statement of Program Service Accomplishments Check if Schedule O contains a response or note to any line in this Part III | 7 |
| 1 | Briefly describe the organization's mission: | <u></u> |
| • | To improve the quality of education for children, youth, and young adults facing emotional, social and behavioral challenges and to | |
| | encourge the healthy functioning of their families. | |
| | | |
| 2 | Did the organization undertake any significant program services during the year which were not listed on the | _ |
| | prlor Form 990 or 990-EZ? |) |
| _ | 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? |) |
| | if "Yes," describe these changes on Schedule O. | |
| 4 | Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other the total expenses, and revenue, if any, for each program service reported. | |
| 4a | (Code:) (Expenses \$ 1,000,667 including grants of \$) (Revenue \$ 841,033) | _ |
| | To improve the quality of education for children, youth, and young adults facing emotional, social and behavioral challenges and to | |
| | encourge the healthy functioning of their families. | |
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| | | |
| 4b | (Code:) (Expenses \$including grants of \$) (Revenue \$) | |
| | | |
| | *************************************** | |
| | *************************************** | |
| | | |
| | *************************************** | |
| | | |
| | | |
| | | |
| 4c | (Code:) (Expenses \$including grants of \$) (Revenue \$) | _ |
| | | |
| | ~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~ | |
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| | | |
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| | | |
| 4d | Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$) | |
| 4e | Total program service expenses ► 1,000,667 | |



| | o tears) | | | <u> </u> |
|------|---|-----|-------|----------|
| Part | IV Checklist of Required Schedules | | Yes | No |
| 1 | Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A | 1 | 1 | |
| 2 | Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? | 2 | | ✓ |
| 3 | Did the organization engage in direct or Indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I | 3 | | ✓ |
| 4 | Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II | 4 | | 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 | | 1 |
| 7 | Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II | 7 | | 1 |
| 8 | Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III | 8 | | 1 |
| 9 | Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If "Yes," complete Schedule D, Part IV | 9 | | ✓ |
| 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, VIII, IX, or X as applicable. | | | |
| | 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 | | √ |
| | 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 | | ✓ |
| | 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 | | 1 |
| | Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 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. | 11e | | √ √ |
| 12 a | Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII | 12a | | 1 |
| b | Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional | 12b | | 1 |
| 13 | Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E | 13 | | 1 |
| 14 a | | 14a | ļ | ✓_ |
| b | Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV | 14b | | 1 |
| 15 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV | 15 | | 1 |
| 16 | Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV. | 16 | | 1 |
| 17 | Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions) | 17 | | 1 |
| 18 | Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II | 18 | | 1 |
| 19 | Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III | 19 | | 1 |
| | | | - gar | 1 2001 |

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|-------------|---|------------|----------|----------|
| Part | Checklist of Required Schedules (continued) | | | |
| 20 a | Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H | 000 | Yes | No |
| | If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? | 20a 20b | | - |
| 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 | | | , |
| 22 | Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on | 21 | | ✓ |
| 23 | Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III | 22 | ✓ | ļ |
| 20 | 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 | | / |
| 24 a | Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a | 24a | | 1 |
| b | Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? | 24b | | 1 |
| С | Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? | 24c | | 1 |
| ď | Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? | 24d | | 1 |
| 25a | 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 | 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 | | 1 |
| 26 | Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II | 26 | | 1 |
| 27 | Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III | 27 | | 1 |
| 28 | Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions): | | | |
| 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 | | 1 |
| C | 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 | Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M | 29 | | 7 |
| 30 | 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 | | | ∀ |
| 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. | 32 | | |
| 34 | Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, | 33 | | 1 |
| | or IV, and Part V, line 1 | 34 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 | | | |
| 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 | 35b | | 1 |
| 37 | Did the organization conduct more than 5% of its activities through an entity that is not a related organization | 36 | | √ |
| | and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI | 37 | | 1 |
| 38 | Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O. | 38 | ✓ | <u> </u> |
| | | | 1990 | (2016) |

Form **990** (2016)

| Part | | | | _ |
|---------|---|----------------|-----------------|--------------|
| | Check if Schedule O contains a response or note to any line in this Part V | <u> </u> | | <u> </u> |
| 4 | 5 to the second | 2 Const | Yes | No |
| 1a | Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable | | 134. 13. 14. | |
| b | Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable | | | |
| · | reportable gaming (gambling) winnings to prize winners? | 1c | | 10 days |
| 2a | Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax | | ě s | |
| | Statements, filed for the calendar year ending with or within the year covered by this return 2a 2a | | | |
| ь | If at least one is reported on line 2a, did the organization file all required federal employment tax returns? . | 2b | 7 | |
| ~ | Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) | | Ė | |
| 3a | Did the organization have unrelated business gross income of \$1,000 or more during the year? | За | | 7 |
| 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 | | | Į |
| | account)? | 4a | | √ |
| b | If "Yes," enter the name of the foreign country: ▶ | | . V. | 建 数 |
| | See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts | | e j | |
| | (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 | | 1 |
| С | If "Yes" to line 5a or 5b, did the organization file Form 8886-T? | 5c | | <u> </u> |
| 6a | Does the organization have annual gross receipts that are normally greater than \$100,000, and did the | | | ١. |
| | 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 | | } |] |
| _ | gifts were not tax deductible? | 6b | 1-2000000 | 1000 |
| 7 | Organizations that may receive deductible contributions under section 170(c). | | | |
| 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? | | | |
| _ | If "Yes," did the organization notify the donor of the value of the goods or services provided? | 7a 7b | | 1 |
| b C | Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was | 10 | | |
| ŭ | required to file Form 8282? | 7c | | 1 |
| d | 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 | 2.23.23 | 1 |
| f | Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . | 7 f | | 1 |
| g | If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? | 7g | | 1 |
| ĥ | If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? | 7h | | 1 |
| 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 | | 1 |
| 9 | Sponsoring organizations maintaining donor advised funds. | | | |
| а | Did the sponsoring organization make any taxable distributions under section 4966? | 9a | <u> </u> | 1 |
| . ь | Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? | 9b | Salak | V |
| 10 | Section 501(c)(7) organizations. Enter: | | 2 d | |
| a | Initiation fees and capital contributions included on Part VIII, line 12 | - | -4 | 0 |
| _ b | Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities . [10b] | - 1988 | | |
| 11 a | Section 501(c)(12) organizations. Enter: Gross income from members or shareholders | | • | 1 |
| b | Gross income from other sources (Do not net amounts due or paid to other sources | - | | |
| _ | against amounts due or received from them.) | | | 7 |
| 12a | Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? | 12a | 500 | |
| b | If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b | | | |
| 13 | Section 501(c)(29) qualified nonprofit health insurance issuers. | | | |
| 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. | | 3.7 | |
| b | Enter the amount of reserves the organization is required to maintain by the states in which | A | | |
| | the organization is licensed to issue qualified health plans | SA (** | 3.0 | |
| C | Enter the amount of reserves on hand | 1 | | |
| 14a | Did the organization receive any payments for Indoor tanning services during the tax year? | 14a | └ | 1 |
| h | If "Ves " has it filed a Form 720 to report these payments? If "No " provide an explanation in Schedule O | 14h | ı | 1 |

| | 90 (201 | | | | | Page 6 |
|----------|-----------------|--|----------------------------------|------------------|-----------------|-------------|
| Part | VI | Governance, Management, and Disclosure For each "Yes" response to lines 2 three | | | | |
| | | response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes | | | | _ |
| Sect | on A | Check if Schedule O contains a response or note to any line in this Part VI Governing Body and Management | <u> </u> | · · · | | <u>. LJ</u> |
| 0000 | OII A | Coverning body and Management | | | Yes | No |
| 1a | Ente | r the number of voting members of the governing body at the end of the tax year | 1a 23 | 12. 2 | 1 25 5 | 1.5 |
| | | ere are material differences in voting rights among members of the governing body, or | | The s | | 100 |
| | | e governing body delegated broad authority to an executive committee or similar | | 10 | | 1.4 |
| | com | mittee, explain in Schedule O. | | | | |
| b | | | 1b 23 | 1 | 1 | <u>'</u> - |
| 2 | any (| any officer, director, trustee, or key employee have a family relationship or a business repther officer, director, trustee, or key employee? | | 2 | | 1 |
| 3 | | the organization delegate control over management duties customarily performed by or unvision of officers, directors, or trustees, or key employees to a management company or other | | 3 | | / |
| 4 | | ne organization make any significant changes to its governing documents since the prior Form 990 | | 4 | | ✓ |
| 5 | Did t | he organization become aware during the year of a significant diversion of the organization | n's assets? . | 5 | | 1 |
| 6 7a | | he organization have members or stockholders? | | 6 | | / |
| ' a | one | he organization have members, stockholders, or other persons who had the power to e or more members of the governing body? | | 7. | | / |
| ь | | any governance decisions of the organization reserved to (or subject to approval | | 7a | - | <u> </u> |
| 8 | stoc | cholders, or persons other than the governing body? | | 7b | See s | √ |
| | | ear by the following: | ertaken during | | | |
| а | The | governing body? | | 8a | √ | 多數灣 |
| b | | committee with authority to act on behalf of the governing body? | | 8b | 7 | _ |
| 9 | is the | ere any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot | be reached at | | <u> </u> | |
| | | rganization's mailing address? If "Yes," provide the names and addresses in Schedule O | | 9 | | <u>/</u> |
| Secti | on B. | Policies (This Section B requests information about policies not required by the | Internal Reven | ue C | | |
| 10a | Di4+ | ne organization have local chapters, branches, or affiliates? | | | Yes | No |
| b | If "Ye | ie organization have local chapters, branches, or affiliates? s," did the organization have written policies and procedures governing the activities of | | 10a | | ✓_ |
| _ | affilia | tes, and branches to ensure their operations are consistent with the organization's exemp | such chapters, et purposes? | 10b | | |
| 11a | | ne organization provided a complete copy of this Form 990 to all members of its governing body before | | 11a | | 1 |
| b | | ribe in Schedule O the process, if any, used by the organization to review this Form 990. | • | | | |
| 12a | Did t | ne organization have a written conflict of interest policy? If "No," go to line 13 | | 12a | DATE SALES | → |
| b | Were | officers, directors, or trustees, and key employees required to disclose annually interests that could give | rise to conflicts? | 12b | | |
| С | Did t | he organization regularly and consistently monitor and enforce compliance with the po- tibe in Schedule O how this was done | olicy? If "Yes," | 12c | | |
| 13 | | ne organization have a written whistleblower policy? | | 13 | | √ |
| 14 | Did t | ne organization have a written document retention and destruction policy? | | 14 | | 1 |
| 15 | indep | he process for determining compensation of the following persons include a review an endent persons, comparability data, and contemporaneous substantiation of the deliberation a | and decision? | | | |
| a | | rganization's CEO, Executive Director, or top management official | | 15a | | ✓_ |
| b | Othe | officers or key employees of the organization | | 15b | <i>मिर्का स</i> | √ |
| 16a | Did t | s" to line 15a or 15b, describe the process in Schedule O (see instructions). | | | | |
| IVa | with a | he organization invest in, contribute assets to, or participate in a joint venture or similal taxable entity during the year? | | 16a | | ₹ |
| b | partic organ | es," did the organization follow a written policy or procedure requiring the organization ilpation in joint venture arrangements under applicable federal tax law, and take steps to sization's exempt status with respect to such arrangements? | safeguard the | 16b | | |
| | on C. | Disclosure | | | | |
| 17 18 | Secti | ne states with which a copy of this Form 990 is required to be filed ► Kentucky on 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and oble for public inspection. Indicate how you made these available. Check all that apply. | d 990-T (Section | 501(| c)(3)s | only) |
| 19 | Desc | wn website \(\subseteq \) Another's website \(\overline{\overline{\chi}} \) Upon request \(\subseteq \) Other (explain in Schein in S | edule O) ts, conflict of inte | erest | policy | /, and |

State the name, address, and telephone number of the person who possesses the organization's books and records: ▶

Carol W. Cecil, 207 Holmes Street, 1st Floor, Frankfort, KY 40601, (502) 875-1320

| | _ |
|------|---|
| Dage | 7 |

| Form | 000 | 1004 | 0 |
|------|-----|------|---|
| | | | |

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See Instructions for definition of "key 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 no | r any relate | d org | aniz | atio | n c | ompe | nsa | ted any curren | t officer, director | r, or trustee. |
|---|--|----------|-----------------------|-----------|--------------|--|----------|--|---|--|
| (A) | (B) | | | (e Pos | C) ittlon | | | (D) | (E) | (F) |
| Name and Title | Average | | | | | than o | | Reportable | Reportable | Estimated |
| | hours per | | | | | or/trust | | compensation | compensation from | amount of |
| | week (list any hours for related organizations below dotted line) | | institutional trustee | Officer | Key employee | Highest compensated employee | Former | from the organization (W-2/1099-MISC) | related organizations (W-2/1099-MISC) | other compensation from the organization and related organizations |
| (1) Carol W. Cecil | 55 | | | | | | | | | |
| Executive Director | | | | ✓ | L | | L | 55,498 | 0 | 0 |
| (2) Maggie Krueger | 1 1 | | | | 1 | | | | | |
| Board Chair | | V | | ✓ | | | L | 0 | 0 | 0 |
| (3) Antonio Taste | 11 | | | ١. | l | | ĺ | | | |
| Board Vice Chair | | ✓ | | ✓ | | | L | 0 | 0 | 0 |
| (4) Christy Sheridan | 11 | | | ١. | ļ | | | | | |
| Board Treasurer | | ✓ | | ✓ | | | | 0 | 0 | 0 |
| (5) Eva Wilkerson | 11 | | | | | | | | | |
| Board Secretary | | <u> </u> | | 1 | <u> </u> | | <u> </u> | 0 | 0 | 0 |
| (6) Brandon Kelley | ļ <u>1</u> | ١, | 1 | ١, | Ì | | 1 | 1 | | |
| Member at Large | | ✓ | _ | 1 | | | <u> </u> | 0 | 0 | 0 |
| (7) Sonya Westerman | 11 | 1 | | | | | | _ | | _ |
| Director | ļ | | ┝ | - | | - | | 0 | 0 | 0 |
| (8) Natasha Hephner | 11 | 1 | l | | | | 1 | | | _ |
| Director (O) Asia hata MSIII | - | - | ├ | - | ╁ | \vdash | - | 0 | 0 | 0 |
| (9) Michele Williams | 1 | 1 | | ĺ | | | | | 0 | 0 |
| Director (10) Todd Shultz | 1 | - | - | - | | | - | | | |
| Director | | 1 | l | | ı | | | 0 | 0 | o |
| (11) Eva Lambert | 1 | <u> </u> | \vdash | \vdash | ╁ | | - | 1 | · · · · · · · · · · · · · · · · · · · | <u> </u> |
| Director | | 1 | ŀ | ŀ | 1 | | 1 | l o | 0 | 0 |
| (12) Beki Alley | 1 | <u> </u> | \vdash | ┢┈ | ╁┈ | | ┢ | <u>-</u> | | <u>~</u> |
| Director | † ' | 1 | | l | { | 1 | | ١ | | 0 |
| (13) Penny Smith | 1 | <u> </u> | T | T | T | T | 1 | 1 | 1 | <u>-</u> |
| Director | † - | 1 | 1 | 1 | 1 | } | 1 | ٥ | | 0 |
| (14) Karen Prater | 1 | | | | | 1 | Г | | <u> </u> | |
| Director | † | 1 | | | 1 | 1 | 1 | 0 | o | o |
| | · ······ | | | | | | | | | Form 990 (2016) |

| Part | VII Section A. Officers, Directors, Trus | lees, Key E | mplo | yees | s, aı | nd F | lighe | st C | ompensated E | mployees | (contir | nued) |
|---------|--|-----------------------------|--------------------------------|-----------------------|----------|--------------|---------------------------------|-------------|------------------|-------------------------|--|------------------------------------|
| | | | | | | C) | | | | | | |
| | (A) | (B) | /// | -4 -L | | ition | e than o | | (D) | (E) | | (F) |
| | Name and title | Average | | | | | ls both | | Reportable | Reportal | elc | Estimated |
| | | hours per | office | ar arv | | | or/trus | | compensation | compensation related | | amount of other |
| | | week (list any hours for | 익方 | 둜 | ਪ੍ਰ | ক | 육포 | 7 | from the | organizati | | compensation |
| | | related | 물통 | 7 | Officer | 2 | 등등 | Former | organization | (W-2/1099-I | | from the |
| | | organizations | SE. | ion | | 夏 | 8 Å | " | (W-2/1099-MISC) | | | organization and related |
| | | below dotted | 1 2 | 함 | i | Key employee | Į | | l | | | organizations |
| | | | Individual trustee or director | Institutional trustee | 1 |] " | Highest compensated employee | | 1 | | | J |
| | | | | 8 | L | L | a a | L | | | | |
| (15) La | Tanya Ford | 11 | | l | | | l | | l | | | |
| Direct | | ļ | 1 | _ | <u> </u> | L | | <u> </u> | 0 | | 0 | 0 |
| | iah Gerson | 11 | | | | l | | | ľ | 1 | | _ |
| Direct | | | / | <u> </u> | | - | | ├- | 0 | | 0 | |
| | at Wyatt | 11 | | ì | | | Ì | Ì | 1 | Ì | _ | _ |
| Direct | | | 1 | - | | | | | 0 | } | 0 | 0 |
| | alvonia Radford | 11 | | | 1 | 1 | ì | | _ | 1 | _ | |
| Direct | and the state of | | - | - | - | | | ├ | 0 | | 0 | 0 |
| ~~~ | | 11 | 1 | | 1 | 1 | | } | | } | ^ | |
| Directi | or nren Thompson | 1 | - | - | | - | - | - | 0 | | 0 | 0 |
| Directo | | | 1 | | j | | 1 | } | 0 | } | o | o |
| | ·· _ · | 1 | ` - | - | - | - | | - | <u>-</u> | | | |
| Direct | | | 1 | , , | | [| 1 | | 0 | | o | o |
| | arrell Locke | 1 | | М | _ | | | | | | | |
| Direct | | | 1 | | | | 1 | ł | 0 | | o | o |
| (23) Je | nnifer Withrow | 1 | | | | | | | | | | |
| Direct | | ***** | [✓ | li | | | İ | l | 0 | | 0 | o |
| (24) Li | sa Clark | 1 | | | | | | | | | | |
| Directo | | | ✓ | | | | | | 0 | | 0 | 0 |
| (25) | | | | | | | | | | | | |
| | | L | | | لبا | L | <u> </u> | <u> </u> | | | | |
| 1b | Sub-total | | | | | | • | | 55,498 | | | |
| C | Total from continuation sheets to Part | | | | | | | > | | | | |
| d | Total (add lines 1b and 1c) | | | | | | | | 55,498 | | | |
| 2 | Total number of individuals (including but | not limited | to th | ose | teil e | ed | above |) W | ho received m | ore than \$1 | 00,00 | 00 of |
| | reportable compensation from the organi | zation > | | | | | | | 0 | | | |
| 3 | Did the organization list any former of | ficer direc | tor c | e to | | | kov e | | loves or bigh | oot comp | mooto | Yes No |
| 3 | employee on line 1a? If "Yes," complete s | | | | | - | - | mp | noyee, or riigr | est compe | msale | 4337443 33525 335454 |
| 4 | | | | | | | | | | · · · · | , , | 3 / |
| 4 | For any individual listed on line 1a, is the organization and related organizations | | | | | | | | | | | |
| | Individual | Alearet m | ан ф | 130, | UUU | 11 11 | re | S, | complete Sch | edule J IC | n suc | Secretary Property and Contract of |
| 5 | Did any person listed on line 1a receive of | | ··· | , nont | Hon | · · | ~ an | | rolated arabal | otion or in | dividu | 4 / |
| 5 | for services rendered to the organization | | | | | | | | | | uiviuu | ACCRETATION STATEMENTS |
| Section | n B. Independent Contractors | | | | | 1000 | | - | don pordon | | <u> </u> | 5 / |
| 1 | Complete this table for your five highest | compensate | ed Inc | dene | end | ent | contr | ecto | ore that receive | nd more the | an \$10 | 30,000 of |
| • | compensation from the organization. Rep | | | | | | | | | | | |
| | year. | | | | | | ۵.٥,۱۵ | ر | , our original | | | , gu, neation o tun |
| | (A) | | | | | | | Γ | (B) | | <u> </u> | (C) |
| | Name and business add | ress | | | | | | L | Description of s | ervices | <u> </u> | Compensation |
| | | | | | | | | <u> </u> | | | - | |
| | | | | | | | | ├─ | | | | |
| | | | | | | | | +- | | | | |
| | | | | | | | | - | | | | |
| 2 | Total number of independent contractor | rs (Includir | ng bu | it n | ot l | lmit | ed to | th | ose listed ab | ove) who | | |
| | received more than \$100,000 of compens | | | | | | | | | • | | |

Form 990 (2016)

| Par | t VIII | Statement of Reve | enue | | | | | | |
|---------------------------------|----------|---|--------------|--------------------------|-----------------|--|--|---|--|
| | | Check if Schedule C | contains) | a res | ponse or note t | | | <u></u> | <u> </u> |
| | | | | | | (A) Total revenue | (B) Related or exempt function revenue | (C) Unrelated business revenue | (D) Revenue excluded from tax under sections 512-514 |
| 캶 | 1a | Federated campaigns | B | 1a | | | | | |
| Grants | b | Membership dues . | | 1b | | | | | |
| %, ≰ | С | Fundraising events . | | 1c | 10,011 | | | - | |
| S is | d | Related organizations | | 1d | | |) . | , | |
| ons, Giff Similar | е | Government grants (cor | | 10 | 841,033 | | | l) | } |
| Contributions, and Other Sim | ļ f | All other contributions, g | | ļ |] | | ի |][|] |
| | 1 | and similar amounts not inc | | 1f | 49,888 | |] | ! ' | |
| Ĕğ | 9 | Noncash contributions Inclu | | | | L | <u>}</u> |] | 1 |
| <u>2 g</u> | h | Total. Add lines 1a-1 | <u>f</u> | <u> </u> | <u> </u> | 900,932 | | <u> </u> | <u></u> |
| ᇐ | | | | | Business Code | L | | ļ | L |
| eke | 2a | | | | | | | | <u> </u> |
| 92 93 | b | | | | | | | | |
| ξ | C | | | | <u> </u> | | | <u> </u> | <u> </u> |
| ဖွဲ့ | d | | | | | | | | |
| 뎚 | f | All other program ser | vico rovoni | | | | | | |
| Program Service Revenue | g | Total. Add lines 2a-2 | | | L | | | | l |
| | 3 | Investment income and other similar amo | (including | | | | | | |
| | 4. | Income from investmen | • | · · mnt h | and proposeds | 94 | 94 | 0 | ļ <u>_</u> |
| | 5 | | I OI IAX-GAG | npt bt | ond procesus | | | | |
| : | " | noyanos | (i) Real | <u>: :</u> | (ii) Personal | | | CONTRACTOR | |
| | 6a | Gross rents | | | | | | | |
| | b | Less: rental expenses | | · | | | | | |
| | С | Rental income or (loss) | | | | | | | |
| | d | Net rental income or | (loss) | | > | PENSON AS VINCTURAL AS ATS | SELECTION OF THE SECOND SECOND | Z. S. | Control of the Contro |
| | 7a | Gross amount from sales of | (I) Securit | ies | (li) Other | | State of | | (1007) # 2000 Aug |
| |] | assets other than inventory | | | | | | | |
| | b | Less: cost or other basis | | | | | | | |
| | } | and sales expenses . | | | | | | | |
| | C | Gain or (loss) | L | | L | | | | |
| | d | Net gain or (loss) . | | | <u> </u> | | Pro Telephone Programme | PRINCIPLE CONTRACTOR | |
| ē | 8a | Gross income from fu | ındralaina | | | | | | |
| evenue | Va | events (not including \$ | inutaising | | | | | | |
| | | of contributions reporte | ed on line 1 | <u>~</u> | | A STATE OF THE STA | | | |
| × | | | | ა _ე . . a. | | | | | |
| Other R | ь | Less: direct expenses | 3 | . b | | | The state of the s | | |
| 0 | c | Net income or (loss) f | | . ~ isina | events . | A STATE ASSESSMENT SERVICE | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | | |
| | 9a | Gross income from ga | | | | | | | |
| | <u> </u> | See Part IV, line 19 . | | · a | | | | | |
| | b | Less: direct expenses | | | | | | | |
| | С | Net Income or (loss) f | | | vities 🕨 | | | | |
| | 10a | Gross sales of in | | less | | | | | |
| | | returns and allowance | | · a | | | | | |
| | b | Less; cost of goods s | | . b | L | | | East Marine | - The State of the |
| | <u>c</u> | Net income or (loss) f | | ot inv | | | | Edition of the second | February and many 2000 |
| | 145 | IVIISCOIIANOUS H | AAAUN9 | | Business Code | | | | Link Strait |
| | 11a b | *************************************** | | | | | | | |
| | C | · | | | | | | | |
| | d | All other revenue . | | | | | | | |
| | e | Total. Add lines 11a- | 11d | • | | | | | FI-THE MINES |
| | 12 | Total revenue. See in | | • | | 901.026 | 40 | | HUMBER & MARKET |

| | Statement of Functional Expenses | lete all selumns / | VII ather examination | e must complete oc | luma (A) |
|----------|--|-----------------------|------------------------------------|---|--------------------------------|
| Secu | on 501(c)(3) and 501(c)(4) organizations must con | | | | |
| Do no | Check if Schedule O contains a respon of Include amounts reported on lines 6b, 7b, | | | (C) | |
| | b, and 10b of Part VIII. | (A) Total expenses | (B) Program service expenses | (C) Management and general expenses | (D) Fundratsing 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 | 140,014 | 140,014 | | |
| 3 | Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 18 | 140,014 | 140,014 | | |
| 4 5 | Benefits paid to or for members Compensation of current officers, directors, trustees, and key employees | 55,498 | 52,700 | 2,798 | |
| 6 | Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) | | | | |
| 7 8 | Other salaries and wages | 252,584 | 239,850 | 12,734 | |
| 9 | Other employee benefits | 42,459 | 40,729 | 1,730 | |
| 10 | Payroll taxes | 20,064 | 21,585 | (1,521) | |
| 11 | Fees for services (non-employees): | | | | |
| a | Management | | | | |
| b | Legal | | | | |
| C | Accounting | | | | |
| d | Lobbying | | | | |
| θ f | Professional fundraising services. See Part IV, line 17 | | | | |
| 9 | Investment management fees | | | | |
| | (A) amount, list line 11g expenses on Schedule O.) | 3,304 | 2,578 | 726 | |
| 12 | Advertising and promotion | 10,707 | 4,767 | 5,940 | |
| 13 | Office expenses | 64,752 | 62,797 | 1,955 | |
| 14 | Information technology | | | | |
| 15 | Royalties | | | | |
| 16 | Occupancy | 16,349 | 16,349 | 0 | |
| 17 18 | Travel | 168,535 | 137,828 | 30,707 | |
| | for any federal, state, or local public officials | | | | |
| 19 | Conferences, conventions, and meetings . | | | | |
| 20 | Interest | | | ···································· | |
| 21 | Payments to affiliates | | | | |
| 22 | Depreciation, depletion, and amortization . | 3,747 | 0 | 3,747 | |
| 23 | Insurance | | | | |
| 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 | Payroll Fees | 1,566 | 0 | 1,566 | |
| b | Miscellaneous | 1,249 | 1,249 | 0 | |
| c d | Training | 288,171 | 280,221 | 7,950 | |
| е | All other expenses | | | | |
| 25 | Total functional expenses. Add lines 1 through 24e | 1,068,999 | 1,000,667 | 68,332 | |
| 26 | Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundralsing solicitation. Check here following SOP 98-2 (ASC 958-720) | | | | E 990 more |

| | art X | Balance Sheet | | | | | |
|-----------------------------|-------|---|--|-----------------------|---|-------------|--|
| | | Check if Schedule O contains a response or | note to any line i | in this Pa | art X | | <u> </u> |
| | | | | | (A) Beginning of year | | (B) End of year |
| | 1 | Cash-non-interest-bearing | | | 225,838 | 1 | (4,033) |
| | 2 | Savings and temporary cash investments | | | 52,422 | _ | 114,106 |
| | 3 | Pledges and grants receivable, net | | | | 3 | |
| | 4 | Accounts receivable, net | | | | 4 | |
| | 5 | Loans and other receivables from current and t | former officers, di | rectors, | | | |
| | | trustees, key employees, and highest co Complete Part II of Schedule L | mpensated emp | oloyees. | | 5 | £) -\$ |
| ध | 6 | Loans and other receivables from other disqualified pers 4958(f)(1)), persons described in section 4958(c)(3)(B), an sponsoring organizations of section 501(c)(9) volun organizations (see instructions). Complete Part II of Sche | d contributing emplo tary employees' be | yers and meficlary | 15.352 | 6 | |
| Assets | 7 | Notes and loans receivable, net | | | | 7 | |
| ¥ | 8 | Inventories for sale or use | | | | 8 | |
| | 9 | Prepaid expenses and deferred charges | | | | 9 | |
| | 10a | Land, buildings, and equipment: cost or | | | | | |
| | | other basis. Complete Part VI of Schedule D | 10a | 52,806 | | | |
| | b | Less: accumulated depreciation | 10b | 42,870 | 9,673 | 10c | 9,936 |
| | 11 | Investments—publicly traded securities | | | | 11 | |
| | 12 | Investments-other securities. See Part IV, line 1 | | | | 12 | |
| | 13 | Investments-program-related. See Part IV, line | | | | 13 | |
| | 14 | Intangible assets | | | | 14 | |
| | 15 | Other assets. See Part IV, line 11 | | | | 15 | |
| | 16 | Total assets. Add lines 1 through 15 (must equa | | | 287,933 | 16 | 120,009 |
| | 17 | Accounts payable and accrued expenses | | | 234 | 17 | 283 |
| | 18 | Grants payable | | | | 18 | |
| | 19 | Deferred revenue | | | | 19 | |
| | 20 | Tax-exempt bond liabilities | | | | 20 | |
| | 21 | Escrow or custodial account liability. Complete F | | | the production of the land of | 21 | art of other Parish with a few and Parish at the |
| Liabilities | 22 | Loans and other payables to current and for | | | | | |
| Ė | | trustees, key employees, highest compens | | - | | | |
| jab | | disqualified persons. Complete Part II of Schedu | | | | 22 | |
| - | 23 | Secured mortgages and notes payable to unrela | • | | | 23 | |
| | 24 | Unsecured notes and loans payable to unrelated | • | | | 24 | |
| | 25 | Other liabilities (including federal income tax, parties, and other liabilities not included on lines of Schedule D | | | | 25 | |
| | 26 | Total liabilities. Add lines 17 through 25 | | • • | 224 | | 202 |
| | | Organizations that follow SFAS 117 (ASC 958) | | and | 234 | | 283 |
| Seo | | complete lines 27 through 29, and lines 33 and | i 34. | | | | |
| la | 27 | Unrestricted net assets | | | 306,692 | | 117,963 |
| ä | 28 | Temporarily restricted net assets | | | (18,993) | | 1,763 |
| P | 29 | Permanently restricted net assets | 10) -b1-b b | · · | 0 | 29 | 0 |
| Net Assets or Fund Balances | | Organizations that do not follow SFAS 117 (ASC 95 complete lines 30 through 34. | | _ | | | |
| ets | 30 | Capital stock or trust principal, or current funds | | | | 30 | |
| SS | 31 | Paid-in or capital surplus, or land, building, or ed | | | | 31 | |
| ¥ A | 32 | Retained earnings, endowment, accumulated inc | | | | 32 | ļ |
| ž | 33 | Total net assets or fund balances | | | 287,699 | | 119,726 |
| | 34 | Total liabilities and net assets/fund balances . | · · · · · · | • • • • | 287,933 | 34 | 120,009 Form 990 (2016) |
| | | | | | | | Form 330 (2016) |

| Pari | XI Reconciliation of Net Assets | | | | |
|------|--|-------------|-----------|----------|--------------------|
| | Check if Schedule O contains a response or note to any line in this Part XI | · · · | . <u></u> | | |
| 1 | Total revenue (must equal Part VIII, column (A), line 12) | 1 | | 90 | 1,026 |
| 2 | Total expenses (must equal Part IX, column (A), line 25) | 2 | | 1,08 | 8,999 |
| 3 | Revenue less expenses. Subtract line 2 from line 1 | 3 | | (167 | 7,973) |
| 4 | Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) | 4 | | 28 | 7,699 |
| 5 | Net unrealized gains (losses) on investments | 5 | | | |
| 8 | 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 | | 11 | 9,726 |
| Part | XII Financial Statements and Reporting | | | | _ |
| | Check if Schedule O contains a response or note to any line in this Part XII | <u> </u> | · | • • | <u> </u> |
| | | | | Yes | No |
| 1 | Accounting method used to prepare the Form 990: ☐ Cash ☐ Accrual ☑ Other Modified Cash | | 7.2 | 74.N | |
| | If the organization changed its method of accounting from a prior year or checked "Other," ex | piain in | | | |
| _ | Schedule O. | | | | |
| 2a | Were the organization's financial statements compiled or reviewed by an independent accountant? | | 2a | وفعود | √ •××××× |
| | If "Yes," check a box below to indicate whether the financial statements for the year were com- | ollea or | 7-42 | | |
| | reviewed on a separate basis, consolidated basis, or both: | | | | |
| | Separate basis Consolidated basis Both consolidated and separate basis | | 20 | | |
| 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 audite separate basis, consolidated basis, or both: | o 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 organization. | corpiabt | | 1 | |
| С | of the audit, review, or compilation of its financial statements and selection of an independent account | | 2c | | |
| | If the organization changed either its oversight process or selection process during the tax year, ex | | 20 | 34 24 | e Cao |
| | Schedule O. | Piani iii | | | |
| 3а | | forth in | 2025 | | |
| Ja | the Single Audit Act and OMB Circular A-133? | | За | 1 | |
| b | If "Yes," did the organization undergo the required audit or audits? If the organization did not under | rao the | Ja | <u> </u> | |
| | required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a | | зь | ļ | 1 |
| | | | | 990 | (2016) |
| | | | | | ~~, |

Form 990 (2016)

Page 12

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.

OMB No. 1545-0047 2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Name of the organization Employer Identification number 61-1377268 Kentucky Partnership for Families and Children, Inc. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is; (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). [7] An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) R ☐ A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33½% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 33½% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV. Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A. D. and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III, Type functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (I) Name of supported organization AN FIN (Iii) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of (described on lines 1-10 listed in your governing support (see other support (see document? above (see Instructions)) instructions) Instructions) Yes No (A) (B) (C) (D) (E)

Total

| | <u></u> | | | | | | |
|----------|--|--------------------------|--|---|------------------|----------------|---|
| Part | | | | | | | |
| | (Complete only if you checked to | he box on line | 5, 7, or 8 of | Part I or if the | e organizatio | n failed to qu | alify under |
| | Part III. If the organization fails to | o qualify unde | er the tests lis | ted below, p | lease comple | te Part III.) | |
| Secti | on A. Public Support | | | ··· | | | |
| | dar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and | | (2) 23.13 | | | | |
| • | membership fees received. (Do not | | | | | | |
| | include any "unusual grants.") | C20 574 | 762 407 | 1 217 547 | 942,996 | 900,932 | 4,560,543 |
| 2 | Tax revenues levied for the | 636,571 | 762,497 | 1,317,547 | 842,550 | 300,932 | 4,300,343 |
| ~ | 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 | 1 | | | | | |
| | organization without charge | | | | | | |
| 4 | Total. Add lines 1 through 3 | 636,571 | 762,497 | 1,317,547 | 942,996 | 900,932 | 4,560,543 |
| 5 | The portion of total contributions by | | | | | | |
| | each person (other than a | | | | | | |
| | governmental unit or publicly | | | | | | |
| | supported organization) included on | | | | | | 1 |
| | line 1 that exceeds 2% of the amount | | | | | | |
| | shown on line 11, column (f) | | A STATE | | | | |
| 6 | Public support. Subtract line 5 from line 4 | | 2003 750P3F | | | | 4,560,543 |
| | on B. Total Support | The second second second | SCHOOL STREET, | CONTRACTOR | CHICA STRUMENTO | | .,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, |
| | dar year (or fiscal year beginning in) | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 7 | Amounts from line 4 | 636,571 | 762,497 | 1,317,547 | 942,996 | | 4,560,543 |
| 8 | Gross income from interest, dividends, | 030,371 | 702,437 | 1/01//04/ | 34 <u>L</u> 1030 | 300,032 | 4,000,040 |
| U | payments received on securities loans, | 1 | | | | | |
| | rents, royalties and income from similar | 1 | | | | | |
| | sources | 205 | 4.47 | 447 | 400 | 04 | 672 |
| 9 | Net income from unrelated business | 205 | 147 | 117 | 109 | 94 | 672 |
| 9 | | | | | | | |
| | activities, whether or not the business is regularly carried on | | | | | | 1 |
| 40 | - • | | | | | | |
| 10 | Other income. Do not include gain or |] | | | | | |
| | loss from the sale of capital assets | | | | | | |
| | (Explain in Part Vi.) | 1,809 | 20 | 0 | 0 | 0 | 1,829 |
| 11 | Total support. Add lines 7 through 10 | | WITH CHARLES CARRIED TO BE | | | | 4,563,044 |
| 12 | Gross receipts from related activities, etc | | | | | 12 | |
| 13 | First five years. If the Form 990 is for the | _ | | | | | |
| | organization, check this box and stop he | | | | | · · · · | · · > [] |
| Secti | on C. Computation of Public Suppo | | | | | | |
| 14 | Public support percentage for 2016 (line | | | | | 14 | 99.95 % |
| 15 | Public support percentage from 2015 Sci | hedule A, Part | il, line 14 . | | | 15 | 99.94 % |
| 16a | 331/3% support test-2016. If the organ | | | | | | |
| | box and stop here. The organization qua | alifies as a publ | icly supported | organization | | | · . ▶ 🗹 |
| þ | 331/3% support test-2015. If the organi | ization did not | check a box o | n line 13 or 16 | ia, and line 15 | is 331/3% or m | ore, check |
| | this box and stop here. The organization | qualifies as a | publicly suppo | rted organizati | on | | ▶ 🛚 |
| 17a | 10%-facts-and-circumstances test-2 | 016. If the ora: | anization did n | ot check a bo | x on line 13. 1 | 6a. or 16b. an | d line 14 ls |
| | 10% or more, and if the organization me | | | | | | |
| | Part VI how the organization meets the | | | | | | |
| | organization | | | _ | | | ▶ □ |
| h | 10%-facts-and-circumstances test-2 | | | | | 60 16h or 17 | _ |
| b | | | | | | | |
| | 15 is 10% or more, and if the organization is Explain in Part VI how the organization is | | | | | | |
| | · · · · · · · · · · · · · · · · · · · | | | | _ | - | |
| 40 | supported organization | | | | | | _ |
| 18 | Private foundation. If the organization d instructions | io not check a | DOX ON INO XOO | , 108, 160, 178 | a, or 1/D, chec | k this dox and | see |
| | | | | | | | |

| Schedul | e A (Form 990 or 990-EZ) 2016 | | | | | | Page 3 |
|---------|--|--|---|-----------------------------|--|--|--|
| Part | Support Schedule for Organization (Complete only if you checked the lift the organization fails to qualify | ne box on line | e 10 of Part I | or if the orga | nization failed omplete Part | I to qualify u II.) | nder Part II. |
| | on A. Public Support | | | | | | 1 10 5 11 |
| Calen | dar year (or fiscal year beginning in) 🕨 | (a) 2012 | (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 1 | Gifts, grants, contributions, and membership fees | | | | | | |
| _ | received. (Do not include any "unusual grants.") | | <u> </u> | | | | |
| 2 | Gross recelpts 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 | | İ | | | | |
| 4 | Tax revenues levled 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 | | | | | | l |
| | organization without charge | | Ì | | | | 1 |
| 6 | Total. Add lines 1 through 5 | | | | | | |
| | Amounts included on lines 1, 2, and 3 | | | | , | | |
| | received from disqualified persons . | | | | | | |
| h | Amounts included on lines 2 and 3 | | | | | | |
| | received from other than disqualified | | | | ļ | | 1 |
| | persons that exceed the greater of \$5,000 | | | | | | |
| | or 1% of the amount on line 13 for the year | | / | | } | | |
| С | Add lines 7a and 7b | | | | | | |
| 8 | Public support. (Subtract line 7c from | | | | 发现的现在 | 3.5 | |
| _ | line 6.) | | | | 27 (24) | And of the | ATT ATT ATT ATT ATT ATT ATT ATT ATT ATT |
| Section | on B. Total Support | THE RESERVE OF THE PERSON OF T | / | Because and and account and | (CESTRATE AND THE CASE OF THE PARTY OF THE P | A CONTRACTOR OF THE PARTY OF TH | 21 |
| | dar year (or fiscal year beginning in) | (a) 2012 | / (b) 2013 | (c) 2014 | (d) 2015 | (e) 2016 | (f) Total |
| 9 | Amounts from line 6 | (-) / | , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | | | \ | <u> </u> |
| - | Gross income from interest, dividends, | | | | | | |
| | payments received on securities loans, rents, | | | | | İ | 1 |
| | royalties and income from similar sources . | | | | | | |
| h | Unrelated business taxable income (less | | | | <u> </u> | | |
| D | section 511 taxes) from businesses | 1 | | | | | |
| | acquired after June 30, 1975 | | 1 | | |] | |
| _ | Add lines 10a and 10b | | | | | | |
| | Net income from unrelated business | | | | | | |
| 11 | activities not included in line 10b, whether | | l | | | | |
| | or not the business is regularly carried on | | į | | | | |
| 40 | | | - | | | ···· | |
| 12 | Other income. Do not include gain or loss from the sale of capital assets | | | | | | |
| | (Explain in Part VI.) | | | | İ | | |
| 13 | Total support. (Add lines 9, 10c, 11, | | | | | | |
| 13 | and 12.) | | | 1 | ł | 1 | |
| 14 | First five years. If the Form 990 is for the | o organizatio | n'e firet secon | d third fourth | or fifth tay v | oar as a sect | ion 501(c)(3) |
| 17 | organization, check this box and stop he | | | | | | |
| Coati | on C. Computation of Public Suppor | | | <u> </u> | | · · · · · · · · · · · · · · · · · · · | · · · · · · |
| | Public support percentage for 2016 (line to | | | 2 column (fl) | | 15 | % |
| 15 | | | | | | | |
| 16 | Public support percentage from 2015 School D. Computation of Investment In | | | · · · · · | | 10 | |
| | | | | ulina 10. aalu | (A) | 17 | % |
| 17 | Investment income percentage for 2016 (| | • • | - | | | |
| 18 | Investment income percentage from 2015 | | | | | 18 | % and line |
| 19a | 331/s% support tests—2016. If the organ | | | | | | |
| _ | 17 is not more than 331/8%, check this box | | | | | | |
| þ | 331/s% support tests—2015. If the organiz | | | | | | |
| | line 18 is not more than 331/2%, check this | • | _ | • | | | |
| 20 | Private foundation. If the organization di | id not check a | box on line 14 | , 19a, or 19b, | Check this box | and see instr | uctions 🕨 🗌 |

Part IV Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

- 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 Dld 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 12a or 12b 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 (l) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (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 Dld 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 7? 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.)

| | | Yes | No |
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| Schedu | le A (Form 980 or 990-EZ) 2016 | Page 5 |
|---------|---|---------------------|
| Part | V Supporting Organizations (continued) | |
| ь с | Has the organization accepted a gift or contribution from any of the following persons? A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization? A family member of a person described in (a) above? 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. | 11a 11b 11c |
| Secti | on B. Type I Supporting Organizations | |
| 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. | Yes No |
| 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. | 2 |
| Section | on C. Type II Supporting Organizations | |
| 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 the supported organization(s). | Yes No |
| Section | on D. All Type III Supporting Organizations | |
| 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 year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided? | Yes No |
| 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 |
| Section | on E. Type III Functionally Integrated Supporting Organizations | |
| 1 | Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see | instructions). |
| а | The organization satisfied the Activities Test. Complete line 2 below. | • |
| b c | ☐ The organization is the parent of each of its supported organizations. Complete line 3 below. ☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity (| 'see Instructions). |
| 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 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. | 22 |
| 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 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> | 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 |

instructions).

| Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(b) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(b) Supporting Organical Part V Type III Non-Functional Part V Type III Non- | jan | izations | |
|--|------|--|-----------------------------|
| 1 Check here if the organization satisfied the Integral Part Test as a qualifying | tru | st on Nov. 20, 1970 (explai | n in Part VI). See |
| Instructions. All other Type III non-functionally Integrated supporting organ | | | ns A through E. |
| Section A - Adjusted Net Income | | (A) Prior Year | (B) Current Year (optional) |
| 1 Net short-term capital gain | 1 | | |
| 2 Recoveries of prior-year distributions | 2 | | |
| 3 Other gross income (see instructions) | 3 | | |
| 4 Add lines 1 through 3. | 4 | | |
| 5 Depreciation and depletion | 5 | | |
| 6 Portion of operating expenses paid or incurred for production or | | | |
| collection of gross income or for management, conservation, or | | | |
| maintenance of property held for production of income (see instructions) | 6 | | L |
| 7 Other expenses (see instructions) | 7 | | |
| 8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4). | 8 | | <u> </u> |
| 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 | RESCRIPTION OF THE PROPERTY OF THE PARTY OF | |
| 5 Income tax imposed in prior year | 5 | Control of the Contro | |
| 6 Distributable Amount. Subtract line 5 from line 4, unless subject to | | | |
| emergency temporary reduction (see instructions). | 6 | | |
| 7 Check here if the current year is the organization's first as a non-functional | v in | tegrated Type III supporting | organization (see |

| Part | | Supporting Organ | izations (continued) | |
|------------|--|---------------------------------------|--|--|
| Sect | ion D - Distributions | | | Current Year |
| 1 | Amounts paid to supported organizations to accomplish | exempt purposes | | |
| 2 | Amounts paid to perform activity that directly furthers exe | orted | | |
| | organizations, in excess of income from activity | | | |
| 3 | Administrative expenses paid to accomplish exempt purp | poses of supported orga | anizations | |
| 4 | Amounts paid to acquire exempt-use assets | | | |
| 5 | Qualified set-aside amounts (prior IRS approval required) | | | |
| 6 | Other distributions (describe in Part VI). See instructions. | | | |
| 7 | Total annual distributions. Add lines 1 through 6. | | | |
| 8 | Distributions to attentive supported organizations to which | h the organization is re- | enonsive | |
| • | (provide details in Part VI). See instructions. | in the organization to re- | 3ponsivo | |
| 9 | Distributable amount for 2016 from Section C, line 6 | | | |
| 10 | Line 8 amount divided by Line 9 amount | | | |
| | Life o amount divided by Life & amount | | (ii) | (iii) |
| S | ection E - Distribution Allocations (see instructions) | (1) | Underdistributions | Distributable |
| • | onon E Distribution Attooditions (556 instructions) | Excess Distributions | Pre-2016 | Amount for 2016 |
| | Distributable amount for 2016 from Castley C. line 6 | | ł | |
| _1_ | Distributable amount for 2016 from Section C, line 6 | | | |
| _ | Underdistributions, if any, for years prior to 2016 | | | |
| 2 | (reasonable cause required—explain in Part VI). See | | | |
| | instructions. | | | |
| 3 | Excess distributions carryover, if any, to 2016: | | | |
| <u>a</u> | | | | |
| <u>b</u> | A CONTRACTOR OF THE PARTY OF TH | | | |
| C | From 2013 | | | |
| <u>d</u> | From 2014 | | | |
| ө | From 2015 | Marie I Vice | | |
| f | Total of lines 3a through e | | PARTY IN | |
| | Applied to underdistributions of prior years | 第三人称形式 | | |
| h | Applied to 2016 distributable amount | | State of the state | |
| i_ | Carryover from 2011 not applied (see instructions) | | | |
| | Remainder. Subtract lines 3g, 3h, and 3i from 3f. | | | |
| 4 | Distributions for 2016 from | | | |
| | Section D, line 7: | | | |
| а | Applied to underdistributions of prior years | MINISTER WAR | | |
| b | Applied to 2016 distributable amount | | | |
| C | Remainder. Subtract lines 4a and 4b from 4. | | | |
| 5 | Remaining underdistributions for years prior to 2016, if | | | MINTER THE PARTY |
| | any. Subtract lines 3g and 4a from line 2. For result | | | |
| | greater than zero, explain in Part VI. See instructions. | | | |
| 6 | Remaining underdistributions for 2016. Subtract lines 3h | | | Charles and the country of the count |
| _ | and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. | | | |
| | Part VI. See instructions. | | | |
| 7 | Excess distributions carryover to 2017. Add lines 3 | British British British British | | |
| • | and 4c. |] | 经 经验的 医皮肤病 | |
| 8 | Breakdown of line 7: | | | |
| a | Distance of the first of the fi | | destroit on tax | |
| <u>a</u> _ | Excess from 2013 | | | |
| <u>c</u> | F-10-00 (10-00) | | | |
| d | Excess from 2014 | KARATA TATA | | |
| <u>u</u> e | F | 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 | The state of the s | |
| | Excess from 2016 | Harman Lands Lands | Na Later Lat | 1 4 5 |

| Page | 1 |
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| 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.) |
|---------------|---|
| Part II, Line | 10: Service income from workshops, conferences, and training seminars |
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SCHEDULE D (Form 990)

Department of the Treasury

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.

2016

OMB No. 1545-0047

Open to Public ► Attach to Form 990. Inspection

▶ Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990. Internal Revenue Service Name of the organization Employer identification number 61-1377268 Kentucky Partnership for Families and Children, Inc. Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990. Part IV, line 6 (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year) 2 Aggregate value of grants from (during year) . Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised 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 conferring impermissible private benefit? Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV. line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a certified historic structure Protection of natural habitat ☐ Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation Held at the End of the Tax Year easement on the last day of the tax year. 2a 2b 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 tax year ▶ Number of states where property subject to conservation easement is located ▶ Does the organization have a written policy regarding the periodic monitoring, inspection, handling of Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 6 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year 7 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) 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" on 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. If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: 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:

Assets included in Form 990, Part X .

| Page | 2 |
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| raye | _ |

| Schedule D | (Form 99 | 0) 2016 |
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|---------|--|---------------------|--------------|------------|--------------------------|-----------|------------------------|----------|-----------|-----------|
| Part | III Organizations Maintaining | | | | | | | | | |
| 3 | Using the organization's acquisition, collection items (check all that apply): | | ther reco | rds, ched | k any of th | e follow | ing that are a | signific | cant us | se of its |
| а | ☐ Public exhibition | | | | or exchang | | | | | |
| b | ☐ Scholarly research | | e | ☐ Othe | r | | | | | |
| C | ☐ Preservation for future generation | | | | | | | | | |
| 4 | Provide a description of the organiza XIII. | tion's collections | and expla | ain how t | hey further | the org | anization's exe | mpt p | urpose | in Part |
| 5 | During the year, did the organization assets to be sold to raise funds rather | | | | | | | | Yes | □ No |
| Part | IV Escrow and Custodial Arra | | | | | | | | | |
| | Complete if the organization | n answered "Yes | | | | | | | t on F | orm |
| 1a | Is the organization an agent, trustee included on Form 990, Part X? | | | | | | | | Yes | ☐ No |
| b | If "Yes," explain the arrangement in P | art XIII and compl | lete the fo | llowing t | able: | | | | | |
| | | | | | | | / | Amoun | ıt | |
| C | Beginning balance | | | | | 1c | | | | |
| d | Additions during the year | | | | | 1d | <u> </u> | | | |
| 8 | Distributions during the year | | | | | 1e | <u> </u> | | | |
| f | Ending balance | | | | | 1f | | | | |
| 2a | Did the organization include an amou | | | | | | | | | |
| | If "Yes," explain the arrangement in P | art XIII. Check he | re if the ex | xplanatio | n has been | provide | d on Part XIII . | <u> </u> | • | |
| Par | V Endowment Funds. | | | | | | | | | |
| | Complete if the organization | | | | | | | | | |
| | | (a) Current year | (b) Pri | or year | (c) Two year | s back | (d) Three years bac | ck (e) | Four year | ars back |
| 1a | Beginning of year balance | | <u> </u> | | | | | | | |
| b | Contributions | | ļ | | | | | _ | | |
| C | Net investment earnings, gains, and losses | | <u></u> | | | | | | | |
| d | Grants or scholarships | | | | | | | | | |
| 9 | Other expenditures for facilities and | | | | | | | | | |
| | programs | | | | | | | Ш., | | |
| f | Administrative expenses | | | | | | | | | |
| g | End of year balance | | | | | | | | | |
| 2 | Provide the estimated percentage of | the current year e | nd balanc | e (line 1ç | , column (a |)) held a | ıs: | | | |
| a | Board designated or quasi-endowme | nt 🕨 | % | | | | | | | |
| b | Permanent andowment | % | | | | | | | | |
| C | Temporarily restricted endowment ▶ | % | | | | | | | | |
| | The percentages on lines 2a, 2b, and | 2c should equal 1 | 100%. | | | | | | | |
| 3a | Are there endowment funds not in th | e possession of t | he organi | zation th | at are held | and adı | ministered for t | he | _ | |
| | organization by: | | | | | | | | Ye | s No |
| | (i) unrelated organizations | | | | | | | 3 | a(i) | |
| | (ii) related organizations | | | | | | | 38 | a(ii) | |
| b | If "Yes" on line 3a(li), are the related of | | | | | | | . [3 | 3b | |
| 4 | Describe in Part XIII the intended use | s of the organizati | on's endo | owment f | unds. | | _ | | | |
| Part | VI Land, Buildings, and Equip | oment. | | | | | | | | |
| | Complete if the organization | answered "Yes | s" on For | m 990, I | Part IV, line | e 11a. S | See Form 990 | , Part | X, lin | e 10. |
| | Description of property | (a) Cost or o | | | or other basis other) | | Accumulated preclation | (d) | Book v | alue |
| 1a | Land | | | | | 7 | | | | |
| b | Buildings | | | T | | | | | | |
| C | Leasehold improvements | | | | | | | | | |
| d | Equipment | | | | 52,806 | | 42,870 | | | 9,936 |
| е | Other | | | | | | | | | |
| Total. | Add lines 1a through 1e. (Column (d) r | nust equal Form 9 | 990, Part | X, columi | n (B), line 10 | Oc.) | ▶ | | | 9,936 |
| - | | | | | - | | | | | |

| Part VII | Investments-Other Securities. | | |
|----------------|---|---------------------------------------|--|
| | Complete if the organization answered "Yes" on Fo | rm 990, Part IV, lin | e 11b. See Form 990, Part X, line 12. |
| | (a) Description of security or category (including name of security) | (b) Book value | (c) Method of valuation: Cost or end-of-year market value |
| (1) Financial | | | |
| | neld equity interests | | |
| (3) Other | | | |
| (A) | | | |
| (B) | | ļ | |
| (C) | | ļ | |
| (D) | | | |
| (E) (F) | | | |
| (G) | | | |
| (H) | | | |
| | o) must equal Form 990, Part X, col. (B) line 12.) ▶ | | |
| Part VIII | Investments—Program Related. | I | |
| . cit viii | Complete if the organization answered "Yes" on For | rm 990 Part IV lin | e 11c. See Form 990. Part X. line 13. |
| | (a) Description of investment | (b) Book value | (c) Method of valuation: |
| | (a) Description of investment | (b) Book tabo | Cost or end-of-year market value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| |) must equal Form 990, Part X, col. (B) line 13.) ▶ | | |
| Part IX | Other Assets. | 000 5 184 8 | 44.1.0 F. 000 D. (V. P., 45 |
| | Complete if the organization answered "Yes" on For | rm 990, Part IV, IIn | |
| | (a) Description | | (b) Book value |
| (1) | | | |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (6) | | · · · · · · · · · · · · · · · · · · · | |
| (7) | | | |
| (8) | | | |
| (9) | | | |
| | nn (b) must equal Form 990, Part X, col. (B) line 15.) | | |
| Part X | Other Liabilities. | | |
| | Complete if the organization answered "Yes" on For | rm 990, Part IV, lin | e 11e or 11f. See Form 990, Part X, |
| | line 25. | | |
| 1. | (a) Description of liability (b) Book value | | |
| (1) Federal in | come taxes | | 为"自己"的"自己"的"自己"的"自己"的"自己"的"自己"的"自己"的"自己"的 |
| (2) | | | |
| (3) | | | |
| (4) | | | |
| (5) | | | |
| (6) | | | |
| (7) | | | |
| (8) | | | |
| | o) must equal Form 990, Part X, col. (B) line 25.) ▶ | | |
| | uncertain tax positions. In Part XIII, provide the text of the footn | ote to the organization | n's financial statements that reports the |
| | Bliability for uncertain tax positions under FIN 48 (ASC 740). Che | | |
| | | | |

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| Part | XI Reconciliation of Revenue per Audited Financial State Complete if the organization answered "Yes" on Form 990 | ments With Revenue per | Return. |
|----------|--|---|---------------------------------------|
| 1 | Total revenue, gains, and other support per audited financial statemen | | 11 |
| - | Amounts included on line 1 but not on Form 990, Part VIII, line 12: | | |
| 2 | Net unrealized gains (losses) on investments | . 2a | |
| a | - · · · | | |
| b | Donated services and use of facilities | | |
| 0 | Recoveries of prior year grants | | |
| d | Other (Describe in Part XIII.) | | |
| 8 | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part VIII, line 12, but not on line 1: | 1.1 | |
| а | Investment expenses not included on Form 990, Part VIII, line 7b | | - 556 |
| ь | Other (Describe in Part XIII.) | | |
| C | Add lines 4a and 4b | | 4c |
| 5 | Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, Ili | | 5 |
| Pari | | | er Retu r n. |
| | Complete if the organization answered "Yes" on Form 990 | | · · · · · · · · · · · · · · · · · · · |
| 1 | Total expenses and losses per audited financial statements | | 1 |
| 2 | Amounts included on line 1 but not on Form 990, Part IX, line 25: | | |
| а | Donated services and use of facilities | . 2a | |
| b | Prior year adjustments | . 2b | |
| C | Other losses | . 2c | |
| d | Other (Describe in Part XIII.) | . 2d | - |
| 6 | Add lines 2a through 2d | | 2e |
| 3 | Subtract line 2e from line 1 | | 3 |
| 4 | Amounts included on Form 990, Part IX, line 25, but not on line 1: | | |
| a | investment expenses not included on Form 990, Part VIII, line 7b . | 4a | |
| b | Other (Describe in Part XIII.) | | |
| C | Add lines 4a and 4b | · | |
| 5 | Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, | | |
| Part | | | <u> </u> |
| | e the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a | and 4: Part IV. lines 1b and 2 | b: Part V. line 4: Part X. line |
| | XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pa | | |
| | | | |
| ine au | dited financials have not been completed. | | |
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| Schedule D (Fo | rm 990) 2016 | Page 5 |
|----------------|---|---|
| Part XIII | Supplemental Information (continued) | |
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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 IV, Line 12a, Part XII, Line 3b: The Organization will obtain separate, independent audit | ed financial statements, but |
| has not obtained these at the time this 990 was filed. | |
| The lot obtained the set the time the see was ined. | |
| *************************************** | |
| | |
| Form 990, Part VI, Section B, Line 11b: Return reviewed by Executive Director. | |
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| | |
| Form 990, Part VI, Section C, Line 19: Documents are shared at board meetings, which are open to the | public. |
| | |
| | |
| 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 at | e 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 recogn | ized. |
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| Schedule O (Form 930 or 990-EZ) (2016) Employer Identification number Employer Identification number |
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SCHEDULE I (Form 990)

Grants and Other Assistance to Organizations, Governments, and Individuals in the United States Complete If the organization answered "Yes" on Form 890, Part IV, line 21 or 22.

OMB No 1545-0047 2016

► Attach to Form 990.

Information about Schedule I (Form 990) and its instructions is at www.ire.gov/form990. Department of the Tressury Internal Revenue Service

| Name of the organization | | | | | | | Employer Identification | rumber |
|---|---------------------------------------|------------------------------------|-----------------------------|---------------------------------------|---|------------------------------------|-------------------------|------------------|
| Kentucky Partnership for Families and | Children, Inc. | | | | | | 61-137726 | B |
| Part I General Information | | | | | | | | |
| Does the organization mainta | In records to sub | stantiate the amou | unt of the grants or | assistance, the g | rantees' eligibility f | or the grants or a | ssistance, and | |
| the selection criteria used to | | | | | | | · · · · · 🗹 Yes | ∏ No |
| Describe in Part IV the organi | | | | | | | | |
| Part II Grants and Other As 990, Part IV, line 21, f | | | | | | | | n Form |
| 1 (a) Name and address of organization or government | (b) EIN | (c) IRC section (if applicable) | (d) Amount of cash grant | (e) Amount of non- cash assistance | (f) Method of valuation (book, FMV, appreisal, other) | (g) Description noncush easists | | |
| (1) | | | | | | | | |
| (2) | | , | | | | | | |
| (3) | | | | | | | | |
| (4) | | | | | | | | |
| (5) | | | | | | | | |
| (6) | · · · · · · · · · · · · · · · · · · · | | | | | , , , , , , | | |
| (7) | · · · · · · · · · · · · · · · · · · · | | | | | | | |
| (8) | | | | | | | | |
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| (10) | | | | | | | | |
| (11) | | | | | | | | |
| (12) | <u> </u> | | | L | | | | |
| 2 Enter total number of section | | | | | | | > | |
| 3 Enter total number of other or | | | <u> </u> | | <u> </u> | | ≻ | |
| For Paperwork Reduction Act Notice, | see the Instruction | s for Form 890. | | G | at. No. 50055P | | Schedule I (| Form 990) (2016) |

| Grants and Other Assistance to De Part III can be duplicated if additions | | | organization answ | ered "Yes" on Form 990 | , Part IV, line 22. |
|--|--------------------------|-----------------------------|----------------------------------|--|---------------------------------------|
| (a) Type of grant or assistance | (b) Number of recipients | (a) Amount of cash grant | (d) Amount of noncesh assistance | (e) Method of valuation (book, FMV, appraisal, other) | (f) Description of noncash essistance |
| Assistance to attend conferences and trainings | 524 | 13,293 | 140,014 | FMV | Paid Travel & Training Expenses |
| | | | | | |
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| V Supplemental Information. Provide | the information re | equired in Part I. line | e 2: Part III. column | (b): and any other addi | ltional information. |
| Lin 1; KYPFC maintains complete records for all | Individuals receiving | assistance. | | | |
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