### NEIGHBORHOOD DEVELOPMENT FUND Not-for-Profit Transmittal and Approval Form

Applicant/Program: Kentucky Science Center
Evocative Communication of D
Executive Summary of Request: Kentucky Science Center is hosting Science in Play program at libraries across the metro Louisville. The programs will run at Fairdale, Iroquois, Southwest, Western, Shively and Okolona library. This program is free for students in the community.
Is this program/project a fundraiser?  Is this applicant a faith based organization?  Does this application include funding for sub-grantee(s)?  Yes  No  Yes  No
I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.
4 Dawbardy # 712 S 22116  Council Member Signature Amount Date
Primary Sponsor Disclosure List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.
Approved by:
Appropriations Committee Chairman Date
Clerk's Office Only:
Request Amount: Committee Amended Appropriation:
Original Appropriation: Council Amended Appropriation:

Legal Name of Applicant Organization:	
Program Name and Request Amount:	
	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	Yes
Is the proposed public purpose of the program viable and well-documented?	Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	Yes
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	Yes
Has prior Metro Funds committed/granted been disclosed?	Yes
Is the application properly signed and dated by authorized signatory?	Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	N/A
Is the entity in good standing with:  • Kentucky Secretary of State?  • Louisville Metro Revenue Commission?  • Louisville Metro Government?  • Internal Revenue Service?  • Louisville Metro Human Relations Commission?  Is the current Finel Year Parket in Lead 19	Yes
Is the current Fiscal Year Budget included?	Yes
Is the entity's board member list (with term length/term limits) included?	Yes
Is recommended funding less than 33% of total agency operating budget?	N/A
Does the application budget reflect only the revenue and expenses of the project/program?	Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	N/A
s the most recent annual audit (if required by organization) included?	N/A
s a copy of Signed Lease (if rent costs are requested) included?	N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	N/A
Are the Articles of Incorporation of the Agency included?	Yes
s the IRS Form W-9 included?	Yes
s the IRS Form 990 included?	Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	Yes
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if equired to do so)?	N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant net the BBB Charity Review Standards?	N/A
repared by: (WOVak p Date: 8/22/11/4)	



	SECTION 1 – A	PPLICANT INFORMATIO	)N	
Legal Name of Applic	cant Organization:	ntucky Scie	ence Center	
Website: www.kysci	Mailing Address: 727 W. Main	Street		
Applicant Contact:	JenniEdwards	Title:	M	
Phone:	502-561-6110		Manager of Early Childhood Partnership	
Financial Contact:	(A.2)	Email:	jenni.edwards@louisvilleky.gov	
Phone:	Becky Baird	Title:	Senior Manager of Finance	
	502-560-7136	Email:	becky.baird@louisvilleky.gov	
	sentative who attended NDF T		Suppose State Control of the Control	
	GRAPHICAL AREA(S) WHERE PR			
Program Facility Loca	•	Address and the Address of the Addre	thwest, Western, Shively, and Okolona.	
Council District(s):	3, 4, 13, 21, 24, 25		40203, 40215, 40216, 40219, 40272, 40118	
	SECTION 2 – PROGRAM RE		FORMATION	
	NAME: Kentucky Science Cent			
Total Request: (\$) Purpose of Request (c		o Award (this program)	in previous year: (\$) 0	
The Following are Rec	- The state of the	ent, furnishing, building	, etc)	
IRS Exempt Status Def Current Year Projecte		l	nt costs are being requested	
	tors (include term & term limits	IRS Form W9		
Current financial state		Evaluation forms if used in the proposed program		
Most recent IRS Form	SENSON SERVICE	Annual audit (if required by organization)		
Articles of Incorporat	HATCHES.	☐ Faith Based Organization Certification Form, if required ☐ Staff including the 3 highest paid staff		
Cost estimates from page capital expense	proposed vendor if request is for	Jean including the	e Sanguest paid stair	
Government for this or	rear ending June 30, list all fund rany other program or expense or Metro Council Appropriation	, including funds receive	received from Louisville Metro ed through Metro Federal Grants, oment Funds). Attach additional	
Source; C	Seneral Fund	Amount: (\$)	762,500	
Source: C	Capital	Amount: (\$)	50,000	
Source:		Amount: (\$)		
las the applicant conta	acted the BBB Charity Review fo	r participation?	s  No	
	the BBB Charity Review Standar		<del></del>	

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### **SECTION 3 – AGENCY DETAILS**

Describe Agency's Vision, Mission and Services:

Mission:

Kentucky Science Center encourages people of all ages to do science in engaging, educational, and entertaining ways to inspire a lifetime of learning.

### Vision:

Science Matters! Science Literacy empowers society. Scientifically literate individuals are those best suited to excel in the 21st Century. Everyone is curious, and that innate curiosity can flourish when liberated. At Kentucky Science Center, science matters because we make it personal, fun, participatory and relevant. We are ambassadors of scientific values.

### Services:

Kentucky Science Center has a rich history, from its founding as a cabinet of curiosities in the Public Library System of Kentucky in 1871 to its current status as the region's leading resource for informal science education. Boasting at one time little more than an Egyptian mummy and a 16,000 piece mineral collection, Kentucky Science Center is now the largest hands-on science center in Kentucky, with three floors of interactive exhibits and experiences, a four-story digital theater, rental facilities, a gift shop, teaching laboratories, and distance learning capabilities.

Offering science education opportunities for all ages, the Science Center's programming begins on-site with School's Out Science Camps, science demonstrations in the lobby everyday, and custom designed classes for school groups, like Pulse of Surgery - a chance for students to ask a doctor questions as they view an open-heart operation remotely. With programs like Little Learners, the Science Center affords families of children with disabilities the same opportunities as all other guests to engage in science together. Kentucky Science Center frequently welcomes partners like Ford, D.D. Williamson, and Lexmark to its facility. Whether its a monthly Science Celebration, that activates the building on topics such as Advanced Manufacturing or Nano-Technology, or offerings such as exBEERiment, a kid-free event on the science of beer, partner groups help enhance science center programs and better connect patrons to both the community and to professionals who work in Science, Technology, Math, and Engineering (S.T.E.M.) fields. Partnerships like running The Challenger Learning Center with JCPS and Markerplace with Girl Scouts of Kentuckiana. help the Center have a consistent presence outside of the building as well. Van programs including lon Jones and the Lost Castle of Chemistry, free Discovery Festivals in state parks. Youth Science Summits with career focused tracks for middle and high school students, and additional camps are among the ways Kentucky Science Center reaches all of Kentucky and much of Indiana. Perhaps chief among the services offered by Kentucky Science Center is its work as a resource for early-childhood learning, connecting organizations with similar initiatives and using the research from creating its progressive, next-generation exhibit Science in Play to positively impact Kindergarten readiness across the Commonwealth.





### SECTION 4 - PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

Our newest exhibit, Science in Play, is a progressive, next-generation learning experience for young kids and their families. Rich in loose parts and open-ended play, kids and adults are empowered to learn together and for life. We are combating the state's school readiness statistics with a keen focus on 21st century learning skills – All through the power of play.

With only half of Kentucky's Kindergarten students prepared to enter school, Kentucky Science Center seeks to help provide children and their caregivers with the tools to learn together through playing by mobilizing elements of Science in Play throughout the community. In addition to creating a version of the Science in Play exhibit that will take up 3-4 month residencies in libraries across the state, the Science Center plans to reach Louisvillians where they live - in their neighborhoods and in the gathering places they frequent.

Working from our strong relationship with the Louisville Free Public Library (LFPL) and Metro United Way (MUW), Kentucky Science Center has identified six sites in low-to-moderate income neighborhoods, identified by MUW as areas with low Kindergarten readiness scores or low formal early childcare participation, that have a strong library infrastructure and programs. Beginning with these branches, Kentucky Science Center's library program will bring awareness of KSC programs and services, promote informal learning through play, and kindergarten readiness.

KSC will collaborate with each branch during their toddler and pre-school storytimes. During the first half of an hour-long program, LFPL staff will read books and during the second KSC staff will provide a hands-on science activity that relates directly to those books. KSC staff will highlight how the activity supports Kindergarten Readiness standards and provide additional information on how caregiver's can engage in learning in an informal way and in an informal setting through distribution of Do Science cards (attachment). KSC will provide the activity twice at each location between September and December.

In preparation for the program and to "prime" our audience at each site, KSC will host community Science Festivals in August/September. These festivals provide 5-7 science-based hands-on activities for caregivers and youth to engage in together. KSC will ask Metro United Way (Ages and Stages Questionnaire), JCPS Early Childhood Office (Kindergarten Readiness), and Kentucky Higher Education Assistance Authority (Planning financially for college) to participate in each event to provide pertinent information directly to participants. We want to provide support to all aspects of the Education Pipeline.

# B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s): Staffing

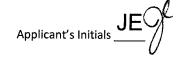
Story Time Staff -2 staff x \$12/hour x 3.5 hours (travel, set up/break down and implementation of two programs) - \$84 X 6 sites = \$504

Science Festival Staffing - (5 hours per program per staff) =(5 hour x \$12) x 4 staff = \$240

PT Time Prep= 4 hours x \$12/hour =\$48 FT time /Development & Management= 6 hours x \$15/hour = \$90 \$378 x 6 sites = \$2268

Program Materials
Story Time Supplies - \$5/family x 20 = \$100 X 6 sites = \$600
Science Festival Supplies - \$150 x 6 sites = \$900
Total = \$1500

Total = \$4272





C: If this request is a fundraiser, please detail how the proceeds will be spent:
N/A
D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date
and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for
funds to be spent before the grant award period, identify the applicable circumstances:
Effective October 24, 2013, reimbursements should not be made unless an emergency can be demonstrated
by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach
invoices or proof of payment):
Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan
identified in this application.  Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan
identified in this application.
■ The funding request is a reimbursement of the following expenditures that will probably be incurred after the
application date, but prior to the execution of the grant agreement:
✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this
application.
The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant
agreement.



E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:

Measured through a caregiver survey, participants will enhance their understanding of Kindergarten Readiness standards and have a better understanding of how to engage in learning through informal play.

As a secondary outcome, participants will learn more about Kentucky Science Center's year-round program offerings and how to continue to engage in science education. The effectiveness of this strategy will be monitored by zip code.

F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.

Kentucky Science Center proudly works with partners to enhance the effectiveness of our programming.

On this project, the following partners will help promote the events to ensure high attendance: The Beech

**New Directions Housing Corporation** 

**YMCA** 

Mama to Mama

Family Scholar House

Metro United Way

Jefferson County Public Schools Early Childhood

Americana Community Center

We also plan to work with Metro Council to promote the events through their newsletters or other preferred method of communication.

Parters invited to participate in Science Festival programming include:

Metro United Way

Jefferson County Public Schools Early Childhood

Kentucky Higher Education Assistance Authority (KHEAA)

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Applicant's Initials <u>JE</u>



### SECTION 5 - PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

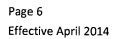
	Column 1	Column 2	Column (1+2)=3
Program/Project Expenses	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits	2772.00	297.00	3069.00
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (Attach Detailed List)			
G: Professional Service Contracts			
H: Program Materials	1500.00	0.00	1500.00
I: Community Events & Festivals (Attach Detail List)	1		
J: Machinery & Equipment			
K: Capital Project			
L: Other Expenses (Attach Detail List)			- · · · · · · · · · · · · · · · · · · ·
*TOTAL PROGRAM/PROJECT FUNDS	4272.00	0.00	4569.00
% of Program Budget	93 %	7 %	100%

### List funding sources for total program/project costs in Column 2. Non-Metro Funds:

Total Revenue for Columns 2 Expenses **	297.00
Other (please specify)	297.00 Kentucky Science Center
Fees Collected from Program Participants	
Private Contributions (do not include individual donor names)	
Jnited Way	
Other State, Federal or Local Government	

<sup>\*</sup>Total of Column 1 MUST match "Total Request on Page 1, Section 2"

<sup>\*\*</sup>Must equal or exceed total in column 2.







Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Metro United Way Representative Time \$2  JCPS Office of Early Childhood RepresentativeTime \$2	10.4	Average hourly rate  Average hourly rate
Metro United Way Representative Time \$2  JCPS Office of Early Childhood RepresentativeTime \$2  Total Value of In-Kind (to match Program Budget Line Item.	216 (\$18/hr X 2 hrs X 6 events) 216 (\$18/hr X 2 hrs X 6 events)	Average hourly rate
JCPS Office of Early Childhood RepresentativeTime \$2*  Total Value of In-Kind \$7*  (to match Program Budget Line Item.	216 (\$18/hr X 2 hrs X 6 events)	, wordgo nouny rate
Total Value of In-Kind \$7 (to match Program Budget Line Item.		Average hourly rate
(to match Program Budget Line Item.	756.00	
ONOR INFORMATION REFERS TO WHO MADE THE FED INDIVIDUALLY, BUT GROUPED TOGETHER ON SON PER WEEK	E IN KIND CONTRIBUTION. I ONE LINE AS A TOTAL NO	VOLUNTEERS NEED NOT BE TING HOW MANY HOURS PER
ency Fiscal Year Start Date: July 1, 2016		
es your Agency anticipate a significant increase or or get projected for next fiscal year? NO	r decrease in your budget fi YES 🔲	rom the current fiscal year to th
ES, please explain:		



### SECTION 6 - CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

### **Standard Assurances**

- Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
- Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.
- 3. Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
- 4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
- The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
- Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
- Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal
  year end
- 8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
- 9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
- 10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
- Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the
  approval is automatically revoked.

### **Standard Certifications**

- 1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
- The Agency has a written Affirmative Action/Equal Opportunity Policy.
- 3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
- 4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
- The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

**Relationship Disclosure:** List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

See attached.

### SECTION 7 - CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

Signature of Legal Signatory:

Legal Signatory: (please print):

Mike Journal Date: 8/15/2016

Title: Director, Business Greenhiers

Phone: 91-54-7174 Extension:

Email: Michael. norman @ Jouisville by . 82V

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Applicant's Initials JE

JEX

### **Kentucky Science Center Relationship Disclosure**

David Tandy – Councilman – KSC Board Member

Carolyn Tandy – former Board Member

Katie Dailinger – Mayor's Office – Board Member



DGDEN UT 84201-0029

In reply refer to: 4077550277 Feb. 11, 2014 LTR 4168C 0 000000 00

00026539

BODC: TE

THE KENTUCKY SCIENCE CENTER INC 727 W MAIN ST LOUISVILLE KY 40202-2633



015537

Employer Identification Number:

Person to Contact: Ms Benjamin
Toll Free Telephone Number: 1-877-829-5500

Dear Taxpayer:

This is in response to your Sep. 06, 2013, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in May 1981.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

# Current Year Projected Budget

	A	1	В
1	Kentucky Science Center		
2	Fiscal Year 2017 Budget		
3			
4		Арр	roved Budget
5	Earned Income		
6	Admissions	\$	941,200
7	Memberships	\$	600,000
8	Camp Programs - Onsite	\$	315,270
9	Offsite Fee Programs	\$	276,830
10	Onsite Fee Programs	\$	134,680
11	School Groups	\$	293,470
12	Education Programs	\$	94,210
13	Challenger	\$	110,325
14	Gift Shop and Concessions	\$	229,000
15	Rentals	\$	136,800
16	Parking Lot	\$	363,250
17	Food Service Lease	\$	37,100
18	Thunderblast	\$	95,000
19	Other Income	\$	3,500
20	Total Earned Income	\$	3,630,635
21			
22	Support & Release of Restrictions		
23	Louisville Metro Support	\$	812,500
24	Sponsorships	\$	225,000
25	Business Partners for Science	\$	-
26	Annual Fund	\$	160,000
27	Science with a Twist	\$	150,000
28	Exhibit Replacement Fund	\$	55,000
29	Releases From Restrictions	\$	138,285
30	Total Support and Releases	\$	1,540,785
31			
32	Total Revenue	\$	5,171,420

•

Г	A		В
4		App	roved Budget
33			
34	Operating Expenses		
35	Full Time Salaries & Benefits	\$	2,175,950
36	Part Time Salaries & Benefits	\$	756,545
37	Merit Increase / Bonus / FLSA Overtime	\$	83,000
38			
39	Visitor Experience	\$	268,680
40			
41	Marketing	\$	438,640
42			
43	Development	\$	24,090
44			
45	Operations	\$	734,190
46			
47	Administration & Technology	\$	292,460
48			
49	Visitor Services (Gift Shop, Concessions)	\$	105,655
50			
51	Theater	\$	130,460
52			
53	Volunteers	\$	9,700
54			
55	Science with a Twist	\$	35,000
56			
57	Thunderblast	\$	40,000
58			
59	Total Operating Expenses	\$	5,094,370
60			
61	Net Operating Income	\$	77,050
62			
63	Total Transfer to Capital Funds	\$	77,050
64	-		
65	Net Income Prior to Depreciation	\$	-
66	* Approved by KSC Board of Directors 6-29-2016	-	
67	Approved by KSC Board of Directors 6-29-2016		

# Board of Directors with Terms and Term Limits

First Name	Last Name	<u>Email</u>	Term Start	Term Expires
Jason	Armao		7/1/2013	6/30/2019
Shawn	Bailey		7/1/2008	6/30/2017
Chip	Baker		7/1/2016	6/30/2019
Lonnie	Bellar		7/1/2008	6/30/2017
Craig	Bradley		7/1/2011	6/30/2017
John Y.	Brown III		7/1/2010	6/30/2019
Tim	Condon		7/1/2008	6/30/2017
Katie	Dailinger		7/1/2015	6/30/2018
Annie	Edwards		7/1/2012	6/30/2018
Tom	Ferree		7/1/2013	6/30/2019
Donna	Hargens		7/1/2012	6/30/2018
Heather	Harris		7/1/2016	6/30/2018
Rick	Hesterberg	].	7/1/2016	6/30/2018
Matt	Ingram		7/1/2015	6/30/2019
Jean	Lee		7/1/2015	6/30/2019
Shannon	Lynn		7/1/2016	6/30/2019
Tom	Maziarz		7/1/2013	6/30/2019
Sandra	MCCain		7/1/2016	6/30/2019
John	Ouseph		7/1/2014	6/30/2018
Jonathan	Presser		7/1/2010	6/30/2017
Eve	Proffitt		7/1/2015	6/30/2019
Stephen	Pruitt	5	7/1/2016	6/30/2019
Julia	Roberts		7/1/2009	6/30/2019
Amy	Ross	<u> </u>	7/1/2015	6/30/2018
Brad	Seigel		7/1/2013	6/30/2019
Mary Karen	Stumbo		7/1/2013	6/30/2017
Kevin	Swiatek	<u> </u>	7/1/2012	6/30/2018
David	Tandy	<u></u>	7/1/2016	6/30/2019
Terry	Tolan	1	7/1/2013	6/30/2019
Kevin	Walsh	<u>I</u>	7/1/2014	6/30/2018
Susan	Weiss	9	7/1/2007	6/30/2019

The Kentucky Science Center, Inc.

Financial Statements and Supplementary Information

Years Ended June 30, 2015 and 2014

### The Kentucky Science Center, Inc.

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### **Independent Auditor's Report**

To the Board of Directors of **The Kentucky Science Center, Inc.** 

We have audited the accompanying financial statements of The Kentucky Science Center, Inc. ("KSC"), which comprise the statements of financial position as of June 30, 2015 and 2014, and the related statements of activities and changes in net assets and cash flows for the years then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we plan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

Mountjoy Chilton Medley LLP

### **Independent Auditor's Report (Continued)**

### **Opinion**

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of The Kentucky Science Center, Inc. as of June 30, 2015 and 2014, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

### Other Reporting Required by Government Auditing Standards

In accordance with Government Auditing Standards, we have also issued our report dated September 16, 2015, on our consideration of KSC's internal control over financial reporting and on our tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements and other matters. The purpose of that report is to describe the scope of our testing of internal control over financial reporting and compliance and the results of that testing, and not to provide an opinion on the internal control over financial reporting or on compliance. That report is an integral part of an audit performed in accordance with Government Auditing Standards in considering KSC's internal control over financial reporting and compliance.

Louisville, Kentucky September 16, 2015

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### The Kentucky Science Center, Inc. Statements of Financial Position June 30, 2015 and 2014

	2015	2014
Assets		
Current Assets		
Cash and cash equivalents	\$ 231,272	\$ 140,799
Accounts receivable	104,255	116,219
Pledges receivable, net	298,301	297,330
Inventory	28,931	30,604
Prepaid expenses	30,012	23,065
Total Current Assets	692,771	608,017
Pledges Receivable, net of current portion	574,753	140,288
Cash Designated for Capital Projects	32,889	1,226,307
Property and Equipment, net	5,300,118	4,055,790
Other Assets		:
Investments	549,613	530,294
Collections		
Total Assets	\$ 7,150,144	\$ 6,560,696
Liabilities and Net Assets		
Current Liabilities		
Accounts payable and accrued expenses	\$ 340,405	\$ 192,864
Accrued payroll and withholdings	236,231	187,790
Line of credit	120.002	114,000
Current portion of notes payable Uneamed revenue	129,983	58,520
	203,925	229,801
Total Current Liabilities	910,544	782,975
Notes Payable, net of current portion	422,735	166,535
Total Liabilities	1,333,279	949,510
Commitments and Contingencies		
Net Assets		
Unrestricted		
Undesignated	4,781,592	3,317,832
Board designated	66,335	150,286
Total Unrestricted	4,847,927	3,468,118
Temporarily restricted	561,431	1,735,561
Permanently restricted	407,507	407,507
Total Net Assets	5,816,865	5,611,186

The Kentucky Science Center, Inc. Statements of Activities and Changes in Net Assets Years Ended June 30, 2015 and 2014

		20	2015				2	2014			
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	<u> </u>	Unrestricted	Temporarily Restricted	Permanently Restricted	itly ed	Total	_
Eamed Revenues											
Admissions	\$ 850,049	ı €9	59	\$ \$	850,049	\$ 831,449	• <del>••</del>	€9		\$ 831	831,449
Gift shop	206,084		•	8	206,084	182,013	1			182	182,013
School groups/programs	829,109	ı	•	82	829,109	742,010	ı		,	742	742,010
Memberships	573,830	1	•	57	573,830	463,235	1		,	463	463,235
ThunderBlast	94,365	•	,	\$	94,365	96,936	ı			6	96,936
Rentals	147,906	,	•	14	147,906	105,684	•		,	105	105,684
Parking	275,623	•	,	27	275,623	191,354	,		ı	191	191,354
Concessions	25,145		1	64	25,145	24,914	ı			24	24,914
Interest and investment income	098	4,475	1		5,335	635	1,583		ı	7	2,218
Other income	6,156	•	•		6,156	7,483	1			7	7,483
Net unrealized and realized gain											
on investments	-	14,844	1		14,844	B	77,935			77	77,935
Total Eamed Revenues	3,009,127	19,319	•	3,02	3,028,446	2,639,713	79,518			2,719,231	,231
Support Compress and other private	145 274	860.617	1	-	1 006 491	163 853	900 995			730	720 770
Fundraising event - net	F/0,CF1	4 000	1 1	, ·	66,003	67.413	5,000			3 6	70,113
State and federal grants	8.628	20.		•	8.628	36.240				36	36.240
City government	812,500	125,000	1	6	937,500	812,500	125,000			937	937,500
Total Support	1,029,025	989,617		2,01	2,018,642	1,080,006	696,926			1,776,932	,932
Net Assets Released from Restrictions Satisfaction of Program Restrictions Satisfaction of Property Restrictions	147,052 2,036,014	(147,052)	1 1			177,134	(177,134)		t 1		1 1
Total Earned Revenues, Support and Releases from Restrictions	6,221,218	(1,174.130)	1	5,04	5,047,088	3,967,057	529,106		ı	4,496,163	.163

The Kentucky Science Center, Inc. Statements of Activities and Changes in Net Assets (Continued) Years Ended June 30, 2015 and 2014

		20	2015		į	20	2014	
	Unrestricted	Temporarily Restricted	Permanently Restricted	Total	Unrestricted	Temporarily Restricted	Permanently Restricted	Total
Expenses and Losses								
Program Services								
Incater	183,688	1	1	183,688	173,325		•	173,325
Educational programs	931,299	•	•	931,299	924,478		ŧ	924.478
Exhibits			1	•	10.957	,	,	10 957
Visitor services	358,764	,	1	358.764	363.591	,	1	363 501
Marketing	559,146	,	,	559,146	524 138	•	<b>i</b> !	524 120
Facilities	795,968		•	896.562	773 769	1 1	Ī	024,130
Membership	58,123	•	1	58.123	45.106		1	115,769
ThunderBlast	34,779	•	1	34.779	30.203		1	20,100
Gift shop	95,162	•	1	95.162	85 551		1	50,203
Rentals	41.657	,		41 657	150,00	•	1	65,551
Depreciation - theater, exhibits and					200	•	ı	097*/6
science education wing	724,686	t	1	724,686	689,970	,	1	026 689
Total Program Services	3,783,272	1	1	3,783,272	3,658,348			3,658.348
Supporting Services								
Finance and administration	507,548	1	1	507,548	488.421	•	•	100 400
Development	208,428	•	•	208,428	173,487	,	: <b>!</b>	173 487
Facilities	82,168		•	82,168	79.043	•		70,07
Depreciation	253,451	1	,	253,451	238,738	,		738 738
Total Supporting Services	1,051,595	•	•	1,051,595	689,626			689 626
Total Expenses	4,834,867	•		4.834,867	4,638,037			4 638 037
Loss on Disposal of Property and Equipment	1	•	ŧ	,	480.191	ı	1	480 101
Loss on Uncollectible Pledges	6,542	1	•	6,542		•		160,191
Total Expenses and Losses	4,841,409	1		4,841,409	5,118,228	ŧ		5,118,228
Changes in Net Assets	1,379,809	(1,174,130)	,	205,679	(1,151,171)	529,106	ı	(622,065)
Net Assets at Beginning of Year	3,468,118	1,735,561	407,507	5,611,186	4,619,289	1,206,455	407,507	6.233,251
Net Assets at End of Year	\$ 4,847,927	\$ 561,431	\$ 407,507	\$ 5,816,865	\$ 3,468,118	\$ 1,735,561	\$ 407,507	\$ 5,611,186
								8

See accompanying notes.

### The Kentucky Science Center, Inc. Statements of Cash Flows Years Ended June 30, 2015 and 2014

	2015	2014
Cash Flows from Operating Activities		
Changes in net assets	\$ 205,679	\$ (622,065)
Adjustments to reconcile changes in net assets to	200,012	(022,000)
net cash provided by operating activities:	,	
Depreciation	978,137	928,708
Loss on uncollectible pledges	6,542	-
Loss on disposal of property and equipment	-	480,191
Net realized and unrealized gain on investments	(14,844)	(77,935)
Contributions restricted for investment in property		
and equipment	(864,769)	(525,814)
Changes in:	11.074	2.050
Accounts receivable	11,964	3,950
Pledges receivable, net Inventory	12,546	(20,057)
Prepaid expenses	1,673 (6,947)	(6,280) 31,910
Accounts payable and accrued expenses	3,974	35,086
Accrued payroll and withholdings	48,441	(2,380)
Unearned revenue	(25,876)	(5,768)
	(20,0,0)	(3,100)
Net Cash Provided by Operating Activities	356,520	219,546
Cash Flows from Investing Activities		
Decrease (Increase) in cash designated for capital projects	1,193,418	(930,352)
Purchases of property and equipment	(2,078,898)	(559,433)
Purchases of other investments	(121,606)	(370,881)
Sales of other investments	117,131	495,809
Net Cash Used by Investing Activities	(889,955)	(1,364,857)
Cash Flows from Financing Activities		
Proceeds from note payable	386,000	220,000
Proceeds from line of credit	180,000	219,441
Payments on note payable	(58,337)	(39,712)
Payments on line of credit	(294,000)	(180,441)
Proceeds from contributions restricted for investment		
in property and equipment	410,245	906,726
Net Cash Provided by Financing Activities	623,908	1,126,014
Increase (Decrease) in Cash and Cash Equivalents	90,473	(19,297)
Cash and Cash Equivalents at Beginning of Year	140,799	160,096
Cash and Cash Equivalents at End of Year	\$ 231,272	\$ 140,799
Supplemental Disclasures		
Supplemental Disclosures: Cash paid for interest	\$ 11,168	\$ 8,330
•	,	,,,,,,,
Schedule of Non-cash Transactions:		
Fixed assets in accounts payable	143,567	~

### Note A - Nature of Organization and Operations

The Kentucky Science Center, Inc. ("KSC") is a not-for-profit organization encouraging people of all ages to enjoy science, mathematics and technology in a stimulating and engaging environment that is educational as well as entertaining. KSC aims to be a 21st century leader in informal science education, serving a growing regional audience of families, teachers, and students with innovative programs, exhibits and films.

KSC operates as a component unit of the Louisville Metro Government.

### Note B - Summary of Significant Accounting Policies

- 1. <u>Basis of Accounting</u>: The financial statements of KSC are prepared on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America ("U.S. GAAP"). The Accounting Standards Codification ("ASC") as produced by the Financial Accounting Standards Board is the sole source of authoritative U.S. GAAP for non-governmental entities.
- 2. <u>Use of Estimates</u>: The preparation of financial statements in accordance with U.S. GAAP requires management to make estimates and assumptions that affect the amounts reported in the financial statements and accompanying notes. Actual results could differ from those estimates.
- 3. <u>Reclassifications</u>: Certain reclassifications have been made to the 2014 financial statements to conform to the 2015 presentation, with no effect on net assets or the changes in net assets.
- 4. <u>Subsequent Events</u>: Subsequent events for KSC have been considered through the date of the Independent Auditor's Report, which represents the date that the financial statements were available to be issued.
- 5. <u>Donor-imposed Restrictions</u>: KSC records and reports its assets, liabilities, net assets, revenues, expenses, gains and losses, and other support based on the existence or absence of donor-imposed restrictions.

KSC reports gifts of cash and other assets as restricted support if they are received with donor stipulations that limit the use of the donated assets. When a donor restriction expires, that is, when a stipulated time restriction ends or purpose restriction is accomplished, temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities and changes in net assets as net assets released from restriction.

KSC reports gifts as unrestricted support unless explicit donor stipulations specify how the donated assets must be used. Gifts of long-lived assets with explicit restrictions that specify how the assets are to be used and gifts of cash or other assets that must be used to acquire long-lived assets are reported as restricted support. Absent explicit donor stipulations about how long those long-lived assets must be maintained, KSC reports expirations of donor restrictions when the donated or acquired long-lived assets are placed in service.

Permanently restricted net assets include those contributions and other inflows of assets whose use by KSC is limited by donor-imposed stipulations that neither expire by the passage of time nor can be fulfilled or otherwise removed by the actions of KSC.

6. <u>Cash and Cash Equivalents</u>: KSC considers all highly liquid investments with a maturity of three months or less at the date of purchase to be cash equivalents except such instruments purchased with long-term investment assets which are reported as investments. KSC typically maintains balances with its banks in excess of federally insured limits.

### Note B - Summary of Significant Accounting Policies (Continued)

- 7. Accounts Receivable: Accounts receivable primarily consists of amounts due from schools and other organizations for admissions, memberships, or venue rentals. Credit is based on creditworthiness and amounts are not secured. KSC provides an allowance for doubtful accounts which is based on a review of outstanding receivables, historical collection information, and existing economic conditions. Receivables are written off when, in management's estimation, it is probable that the receivable is worthless. No allowance for uncollectible accounts has been included as of June 30, 2015 and 2014 as management considers all amounts collectible.
- 8. Pledges Receivable: KSC receives contributions primarily from individuals, grantors, or corporations in the community. Unconditional promises to give that are expected to be collected within one year are recorded at net realizable value. Unconditional promises to give that are expected to be collected in future years are recorded at the present value of their future cash flows. The discounts on those amounts are computed using risk-adjusted interest rates applicable to the years in which the promises are received. Amortization of the discounts is included in contribution revenue. No allowance for uncollectible pledges has been included as of June 30, 2015 and 2014 as management considers all amounts collectible. Conditional promises to give are not included as support until the conditions are substantially met.
- 9. <u>Inventories</u>: Inventories consist of items for sale through the gift shop. They are stated at the lower of cost (first-in, first-out basis) or market.
- 10. <u>Cash Designated for Capital Projects</u>: Cash designated for capital projects consists of amounts restricted or designated for expenditures related to future capital projects.
- 11. Property and Equipment: Property and equipment are recorded at cost at date of acquisition or fair value at date of donation. It is KSC's policy to capitalize purchases of property and equipment over \$5,000. Lesser amounts are expensed. Depreciation expense is provided using the straight-line method over the assets estimated useful lives of 5 to 20 years for leasehold improvements, 3 to 10 years for furniture and equipment, 5 to 10 years for exhibits, and 5 to 40 years for theater assets. Depreciation expense for the years ended June 30, 2015 and 2014 was \$978,137 and \$928,708 respectively.
- 12. <u>Investments</u>: Investments are reported at fair value. Fair value is the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. Net unrealized and realized gains or losses are reflected in the statements of activities.
- 13. <u>Board Designated Unrestricted Net Assets</u>: Board designated unrestricted net assets represent amounts designated for infrastructure improvements as determined by the Board.
- 14. Revenue Recognition: Admissions and other service revenues are recognized at the time the services are provided and the revenues are earned. All revenues associated with advance ticket sales and other advance revenues received for future fiscal years are reported as deferred revenues until earned. Membership payments received from KSC members are considered equivalent to unrestricted contributions and are recognized as revenue when received.

### Note B - Summary of Significant Accounting Policies (Continued)

- Income Tax Status: KSC has received a determination letter from the Internal Revenue Service indicating that it qualifies as a tax-exempt Organization under Section 501(c)(3) of the Internal Revenue Code. Accordingly, no income taxes have been provided in the accompanying financial statements.
  - KSC recognizes uncertain income tax positions using the "more-likely-than-not" approach as defined in the ASC. No liability for uncertain tax positions has been recorded in the accompanying financial statements. KSC's 2011-2014 tax years remain open and subject to examination.
- Advertising Costs: Advertising costs are expensed as incurred. Advertising costs amounted to \$353,473 and \$345,396 for the years ended June 30, 2015 and 2014, respectively.

### Note C - Deposits and Investments

At June 30, 2015, KSC's carrying amount of deposits is \$259,499 and the bank balances are \$273,269. Of this amount, \$272,999 is covered by federal depository insurance and \$270 is insured with securities held by the pledging financial institution. At June 30, 2014, KSC's carrying amount of deposits is \$1,362,511 and the bank balances are \$1,363,928. Of this amount, \$258,827 is covered by federal depository insurance and \$1,105,101 is uninsured and uncollateralized. KSC's investment policy requires that investments be divided to eliminate the risk of loss resulting from concentration of assets in a specific maturity, a specific user, or a specific class of securities. At June 30, 2015, KSC has collateral through its depository, in addition to federal depository insurance, to support instruments subject to credit risk. Custodial credit risk is the risk that, in the event of the failure of the counterparty, KSC would not be able to recover the value of its investments or collateral securities that are in the possession of an outside party. All of KSC's investments are held by KSC or in the name of KSC by a Trustee.

At June 30, 2015, KSC's carrying amount of investments is:

	Credit Quality Rating	Fa	ir Value	Weighted Average Maturity (Years)
Money market funds	Aaa-mf	\$	49,583	0.0861
Bond mutual funds	Not rated *		97,440	4.5501
Equity mutual funds				
International large cap growth			21,822	
International large cap value			16,180	
Large cap core			174,430	
Large cap growth			44,187	
Large cap value			40,940	
Mid cap growth			33,005	
Mid cap core			27,164	
Emerging Markets Value			7,436	
Real estate investment trust			7,330	
Small cap growth			15,565	
Small cap value		***********	14,531	
Total Equity Mutual Funds	Not rated		402,590	N/A
			549,613	
Portfolio weighted average maturity				3.04

Note C - Deposits and Investments (Continued)

At June 30, 2014, KSC's carrying amount of investments is:

	Credit Quality Rating	Fair Value	Weighted Average Maturity (Years)
Money market funds	Aaa-mf	\$ 45,158	0.1167
Bond mutual funds	Not rated *	83,853	4.4640
Equity mutual funds			
International large cap growth		30,037	
International large cap value		31,485	
Large cap core		147,909	
Large cap growth		40,071	
Large cap value		39,423	
Mid cap growth		29,875	
Mid cap value		25,958	
Real estate investment trust		7,122	
Small cap growth		27,146	
Small cap value		22,257	
Total Equity Mutual Funds	Not rated	401,283	N/A
		\$ 530,294	
Portfolio weighted average maturity			2.94

<sup>\*</sup> Effective June 2010, the Financial Industry Regulatory Authority does not permit a credit quality rating to be published for a portfolio based on the average credit rating of the assets within the portfolio. However, each bond is individually rated by one of the nationally recognized credit rating services. As of June 30, 2015, 98% of the bonds are investment grade rated. As of June 30, 2014, over 89% of the bonds are investment grade rated. All investments fall within the Board approved investment policy guidelines.

Fair value measurements at June 30, 2015 and 2014 are quoted prices in active markets for identical assets (Level 1). Investment securities are exposed to various risks, such as interest rate, market and credit. Due to the level of risk associated with certain investment securities and the level of uncertainty related to changes in the value of investment securities, it is at least reasonably possible that changes in risks in the near term would result in material changes in the fair value of investments and net assets of KSC. KSC's investment policy minimizes interest rate risk by structuring the investment portfolio so that the securities mature to meet cash requirements for ongoing operations, thereby avoiding the need to seek securities on the open market prior to maturity, and investing operating funds primarily in short-term securities or similar investments. KSC minimizes credit risk by limiting investments to the safest types of securities, pre-qualifying the financial institutions, broker/dealers, intermediaries, and advisors with which KSC does business, and diversifying the investment portfolio so that potential losses on individual securities will be minimized. KSC places no limit on the amount KSC may invest in any one issuer.

### Note D - Pledges Receivable

KSC has pledges for operations and other specified projects. Some of these pledges are restricted by time or for donor designated projects.

Pledges receivable at June 30, 2015 and 2014 consist of the following unconditional promises to give:

	2015	2014
Gross pledges receivable	\$ 906,301	\$ 450,830
Less discount to present value	(33,247)	(13,212)
	\$ 873,054	\$ 437,618
Amounts due in:		
	Amount	
Less than one year	\$ 298,301	
One to five years	608,000	
	\$ 906,301	

Pledges receivable in future periods are discounted at rates ranging from 2% to 3%.

At June 30, 2015, KSC has four donors that represent 86% of the gross pledges receivable. At June 30, 2014, KSC had two donors that represent 83% of the gross pledges receivable.

The Kentucky Science Center, Inc. Notes to Financial Statements (Continued) June 30, 2015 and 2014

Note E - Property and Equipment

Property and equipment activity for the year ended June 30, 2015 is as follows:

	Beginning			Ending
	Balance	Increases	Decreases	Balance
Property and Equipment not Being Depreciated:				
Exhibits in progress	\$ 114,724	\$ -	\$ (114,724)	\$ -
Equipment not installed	42,884		(42,884)	-
Total Property and Equipment not Being Depreciated:	157,608	-	(157,608)	-
Other Property and Equipment:				
Leasehold improvements	6,100,515	265,435	-	6,365,950
Furniture, fixtures and equipment	1,141,080	80,330	-	1,221,410
Museum exhibits	17,712,866	2,034,308	***	19,747,174
Total Other Property and				
Equipment at Historical Costs	24,954,461	2,380,073	•	27,334,534
Less Accumulated Depreciation	(21,056,279)	(978,137)	_	(22,034,416)
Other Property and				
Equipment, net	3,898,182	1,401,936	-	5,300,118
Property and Equipment, net	\$ 4,055,790	\$ 1,401,936	\$ (157,608)	\$ 5,300,118

Note E - Property and Equipment (Continued)

Property and equipment activity for the year ended June 30, 2014 is as follows:

	Beginning			Ending
	Balance	Increases	Decreases	Balance
Property and Equipment not Being Depreciated:				
Exhibits in progress	\$ 229,203	\$ 114,724	\$ (229,203)	\$ 114,724
Equipment not installed	42,884	_		42,884
Total Property and Equipment not Being Depreciated:	272,087	114,724	(229,203)	157,608
Other Property and Equipment:		,		
Leasehold improvements	6,069,648	30,867	_	6,100,515
Furniture, fixtures and equipment	1,135,690	5,390	_	1,141,080
Museum exhibits	18,575,771	588,803	(1,451,708)	17,712,866
Total Other Property and Equipment at Historical Costs	25,781,109	625,060	(1,451,708)	24,954,461
Less Accumulated Depreciation	(21,099,088)	(928,708)	971,517	(21,056,279)
Other Property and Equipment, net	4,682,021	(303,648)	(480,191)	3,898,182
Property and Equipment, net	\$ 4,954,108	\$ (188,924)	\$ (709,394)	\$ 4,055,790

During the year ended June 30, 2014, KSC upgraded from IMAX film projection to a four story digital theater, resulting in a \$480,191 loss on disposal of property and equipment recognized in the statement of activities and changes in net assets.

### Note F - Endowments

KSC's endowment consists of two donor-restricted endowment funds established to fund exhibit repairs and operations. As required by U.S. GAAP, net assets associated with endowment funds, including funds designated by the Board of Directors to function as endowments, are classified and reported based on the existence or absence of donor-imposed restrictions.

KSC follows the Uniform Prudent Management of Institutional Funds Act (UPMIFA), the provisions of which apply to endowment funds. As such, KSC is required to act prudently when making decisions to spend or accumulate donor restricted endowment assets and in doing so to consider a number of factors including the duration and preservation of its donor restricted endowment funds.

### Note F - Endowments (Continued)

KSC has interpreted UPMIFA as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds, absent explicit donor stipulations to the contrary. KSC classifies as permanently restricted net assets the original value of gifts donated to the permanent endowment and accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment that is not classified as permanently restricted net assets is classified as temporarily restricted until appropriated for expenditure by KSC.

Changes in donor-restricted endowment net assets for the year ended June 30, 2015 are as follows:

	***************************************			June 3	0, 20	15	 
	Unre	stricted		mporarily estricted		rmanently estricted	 Total
Endowment Net Assets, Beginning of the Year	\$	-	\$	122,787	\$	407,507	\$ 530,294
Investment Return: Investment income Net appreciation	***************************************	-	<del>Verlage planted exter</del>	4,475 14,844		-	 4,475 14,844
Total Investment Return		_		19,319		-	19,319
Contributions		-		-		-	-
Appropriation for Expenditure						-	 -
Endowment Net Assets, End of Year	\$	••	\$	142,106	\$	407,507	\$ 549,613

Changes in donor-restricted endowment net assets for the year ended June 30, 2014 are as follows:

	***************************************		 June 3	0, 20	14	 
	Unre	stricted	mporarily estricted		manently estricted	 Total
Endowment Net Assets, Beginning of the Year	\$	-	\$ 43,269	\$	407,507	\$ 450,776
Investment Return: Investment income Net appreciation		-	 1,583 77,935		-	 1,583 77,935
Total Investment Return		-	79,518		-	79,518
Contributions		-	-		-	-
Appropriation for Expenditure	<b>V</b>	-	-			 
Endowment Net Assets, End of Year	\$	_	\$ 122,787	\$	407,507	\$ 530,294

### Note F - Endowments (Continued)

From time to time, the fair value of assets associated with individual donor-restricted endowment funds may fall below the level that the donor or UPMIFA requires KSC to retain as a fund of perpetual duration.

KSC has adopted investment and spending policies for endowment assets that attempt to provide a predictable stream of funding to programs supported by its endowment while seeking to maintain the purchasing power of the endowment assets. Under this policy, as approved by the Board, the endowment assets are invested in a manner that is intended to produce results that exceed the price and yield results of the S&P 500 index while assuming a moderate level of investment risk. KSC expects its endowment funds, over time, to provide an average rate of return consistent with its investment objectives, goals, and guidelines as measured against commonly accepted performance benchmarks. Actual results in any given year may vary from this amount. To satisfy its long-term rate-of-return objective, KSC relies on a total return strategy in which investment returns are achieved through both capital appreciation and current yield. KSC targets diversified assets allocation that places a greater emphasis on equity-based investments to achieve its long-term objectives within prudent risk constraints.

KSC has a policy of appropriating for distribution each year up to 5% of its endowment funds' average fair value over the prior 12 quarters ending March 31 of the year preceding the fiscal year in which the distribution is planned. The amount of the distribution is approved by the Executive Committee of the Board of Directors on an as-needed basis. In establishing this policy, KSC considered the long-term expected return on its endowment and its objective to maintain the purchasing power of the endowment assets held in perpetuity as well as additional growth through new gifts and investment return.

### Note G - Collections

In accordance with the ASC, KSC does not capitalize donated or purchased collections. Such collections consist entirely of historical artifacts, scientific specimens, and art objects. Such donations and acquisitions need not be recognized since they are added to collections that are held for public exhibition, education, and research purposes in furtherance of public service rather than financial gain; are protected, kept unencumbered, cared for, and preserved; and are subject to a policy that requires the proceeds from sales of collection items to be used to acquire other items for collections. Purchases of collection items are recorded as decreases in unrestricted net assets in the year in which the items are acquired or as temporarily or permanently restricted net assets if the assets used to purchase the items are restricted by donors.

Proceeds from deaccessions or insurance recoveries are reflected as increases in the appropriate net asset classes. The value of the collection is indeterminable as of June 30, 2015 and 2014.

### Note H - Financing Arrangements

KSC has a line of credit agreement with PNC Bank for \$250,000 with an interest rate of prime (3.25% at June 30, 2015), which expires in May 2016. The line is secured by all business assets. The outstanding balance on this line of credit was \$-0- and \$114,000 at June 30, 2015 and 2014, respectively.

KSC has a note payable to a bank due in February 2016 that bears interest at a fixed rate of 4.52%. The note is payable in monthly installments of principal and interest of \$1,488. The outstanding balance on the note is \$11,708 and \$28,616 at June 30, 2015 and 2014, respectively. KSC has a second note payable to the same bank due in November 2018 that bears interest at a fixed rate of 3.95%. The note is payable in monthly installments of principal and interest of \$4,052. The outstanding balance on the note is \$155,010 and \$196,439 at June 30, 2015 and 2014, respectively. The notes payable are secured by investments held at the same financial institution. At June 30, 2015, funds in that account total \$549,613, all of which are endowment fund investments.

During 2015 KSC entered into a promissory note with PNC Bank bearing interest at 3.95%. The note is for \$500,000, and is collateralized by substantially all of KSC's assets. There was \$386,000 outstanding on the note as of June 30, 2015. The remaining \$114,000 was drawn in July 2015. The note requires KSC to make 6 monthly consecutive interest only payments beginning February 2015. Thereafter the note requires quarterly principal payments of \$25,000 plus interest through July 2020. The note matures on July 16, 2020.

Future maturities of the notes payable as of June 30, 2015 are as follows:

Year Ending		
June 30,		Amount
2016	\$	129,983
2017		145,187
2018		146,838
2019		119,710
2020		11,000
Less current portion		552,718 129,983
	_\$_	422,735

### Note I - Temporarily Restricted Net Assets

Temporarily restricted net assets at June 30, 2015 and 2014 are available for the following purposes:

	 2015	 2014
Exhibit production	\$ 322,539	\$ 1,545,965
Exhibit maintenance and replacement	112,886	93,959
Educational programs	92,786	61,809
Operations	29,220	28,828
Future year fundraising event	 4,000	 5,000
	\$ 561,431	\$ 1,735,561

### Note J - Permanently Restricted Net Assets

Permanently restricted net assets at June 30, 2015 and 2014 are required to be invested in perpetuity, the income from which is expendable for the following purposes:

		2015		2014	
Exhibit maintenance and replacement Operations	\$	385,220 22,287	\$	385,220 22,287	
	\$	407,507	\$	407,507	

### Note K - Local Government Support

KSC was a joint operation of the City and County government until October 1984 when it reorganized into its present form as a private nonprofit corporation.

KSC continues to receive support from Metro Government each year under a formula based on the level of support provided for the year ended June 30, 2007. The calculation is adjusted for inflation and may be adjusted for Metro Government budgetary reasons.

KSC receives additional support from Metro Government under operating and lease agreements, which expire in the year 2083. KSC occupies the historic buildings and operates the adjacent parking lot, all owned by the City, for an annual rent of one dollar. Responsibility for internal nonstructural improvements and maintenance belongs to KSC. Beginning in the year ended June 30, 2012, an additional general annual appropriation of \$50,000 is to be provided to KSC to cover preventative and ongoing general systems maintenance, subject to the availability of revenues to be appropriated. The estimated fair rental value of the premises is not reported in the financial statements because such values are not readily determinable.

In addition, KSC receives contributed services for technical support, certain capital improvements, and other administrative services for which values are not readily determinable and thus not recorded in the accompanying financial statements.

During the years ended June 30, 2015 and 2014 KSC recognized \$125,000 of support revenue each year for the early childhood gallery from Metro Government which is included in pledges receivable at June 30, 2015 and June 30, 2014, respectively.

### Note L - Contributions Other Than Cash

Contributions of property and equipment, advertising, and gifts for fundraisers are recorded in the accompanying financial statements. Donated advertising and other gifts are recorded at their estimated fair value and donated property and equipment at their appraised or estimated fair value. Contributed property and equipment and services in the amount of \$67,187 and \$44,584 during the years ended June 30, 2015 and 2014 respectively, were recorded as contributions, and program and supporting services expenses or capitalized.

During the year ended June 30, 2015, approximately 702 volunteers donated over 11,388 hours of time to KSC. During the year ended June 30, 2014, approximately 681 volunteers donated over 10,775 hours of time to KSC. This time represents non-professional services and is, therefore, not recorded in the accompanying financial statements.

The Kentucky Science Center, Inc. Notes to Financial Statements (Continued) June 30, 2015 and 2014

## Note M - Rental Income

KSC leases certain facilities under a noncancelable operating lease. The lease expires October 2019. The approximate minimum future building rentals due to KSC under this lease are as follows:

Year Ending June 30,		Amount
2016	\$	28,800
2017		30,400
2018		31,200
2019		31,200
2020	Washington	10,400
	\$	132,000

Rental income from the building lease was \$37,328 and \$34,540 for the years ended June 30, 2015 and 2014, respectively.

## Note N - Fundraising Events

Gross revenues and direct event expenses related to fundraising events during the years ended June 30, 2015 and 2014 were as follows:

	 2015		
Science with a Twist			
Revenues	\$ 135,125	\$	139,769
Expenses	 (69,102)		(67,356)
	\$ 66,023		72,413

## Note O - Employee Benefit Plans

KSC sponsors a plan that is qualified under Internal Revenue Code Section 403(b). Employees of KSC who meet certain requirements can participate in a matched savings plan. The plan matches, within IRS limitations, 50% of an employee's contributions up to 6% of the participating employee's compensation. The employer match was \$25,599 and \$24,122 for the years ended June 30, 2015 and 2014, respectively.





## Independent Auditor's Report on Supplementary Information

To the Board of Directors of The Kentucky Science Center, Inc.

We have audited the financial statements of The Kentucky Science Center, Inc. as of and for the year ended June 30, 2015, and our report thereon dated September 16, 2015, which contained an unmodified opinion on those financial statements, appears on page 1. Our audit was performed for the purpose of forming an opinion on the financial statements as a whole. The schedules of functional expenses for the years ended June 30, 2015 and 2014 are presented for purposes of additional analysis and are not a required part of the financial statements. Such information is the responsibility of management and was derived from and relates directly to the underlying accounting and other records used to prepare the financial statements. The information has been subjected to the auditing procedures applied in the audit of the financial statements and certain additional procedures, including comparing and reconciling such information directly to the underlying accounting and other records used to prepare the financial statements or to the financial statements themselves, and other additional procedures in accordance with auditing standards generally accepted in the United States of America. In our opinion, the information is fairly stated in all material respects in relation to the financial statements as a whole.

Louisville, Kentucky September 16, 2015

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## Kentucky Science Center, Inc. Schedule of Functional Expenses Year Ended June 30, 2015

Total Expenses

			anagement General				
			and				Total
	 Programs	Adı	ministrative	<u>F</u> ı	ındraising		Expenses
Expenses							
Salaries and wages	\$ 1,437,673	\$	291,464	\$	165,307	\$	1,894,444
Employee benefits and taxes	242,713		44,969	•	19,943	•	307,625
Professional service and other fees	357,248		40,727		15,5 15		397,975
Gift shop	95,162		•		_		95,162
Advertising	381,342		-		_		381,342
Office and technology expenses	99,254		64,356		19,487		183,097
Utilities	120,509		82,168		-		202,677
Travel	13,399				524		13,923
Conferences and meetings	_		13,850		-		13,850
Interest expense	7,451		2,843		_		10,294
Depreciation	724,686		253,451		_		978,137
Repairs and maintenance	108,913				_		108,913
Educational supplies	75,467		-		_		75,467
Theater film fees	90,343		_		_		90,343
Insurance	2,411		27,372		_		29,783
Miscellaneous	26,701		21,967		3.167		29,783 51.835

\$ 3,783,272 \$

843,167 \$

208,428 \$ 4,834,867



Independent Auditor's Report on Internal Control over
Financial Reporting and on Compliance and Other Matters
Based on an Audit of Financial Statements Performed in
Accordance with Government Auditing Standards

To the Board of Directors

The Kentucky Science Center, Inc.

We have audited, in accordance with the auditing standards generally accepted in the United States of America and the standards applicable to financial audits contained in *Government Auditing Standards*, issued by the Comptroller General of the United States, the financial statements of The Kentucky Science Center, Inc. ("KSC"), which comprise the statements of financial position as of June 30, 2015 and 2014, and the related statements of activities and changes in net assets and cash flows for the years then ended, and the related notes to the financial statements, and have issued our report thereon dated September 16, 2015.

## Internal Control over Financial Reporting

In planning and performing our audit of the financial statements, we considered KSC's internal control over financial reporting (internal control) to determine the audit procedures that are appropriate in the circumstances for the purpose of expressing our opinion on the financial statements, but not for the purpose of expressing an opinion on the effectiveness of KSC's internal control. Accordingly we do not express an opinion on the effectiveness of KSC's internal control.

A deficiency in internal control exists when the design or operation of a control does not allow management or employees, in the normal course of performing their assigned functions, to prevent, or detect and correct, misstatements on a timely basis. A material weakness is a deficiency, or a combination of deficiencies, in internal control such that there is a reasonable possibility that a material misstatement of KSC's financial statements will not be prevented, or detected and corrected on a timely basis. A significant deficiency is a deficiency, or a combination of deficiencies, in internal control that is less severe than a material weakness, yet important enough to merit attention by those charged with governance.

Our consideration of internal control was for the limited purpose described in the first paragraph of this section and was not designed to identify all deficiencies in internal control that might be material weaknesses or significant deficiencies. Given these limitations, during our audit we did not identify any deficiencies in internal control that we consider to be material weaknesses. However, material weaknesses may exist that have not been identified.

-23-

Mountjoy Chilton Medley LLP

P 502.749.1900 LL 502.749.1930 2600 Meidinger Tower L462 South Fourth Street Louisville, KY 40202 Www.mcmcpa.com L888.587.1719 An Independent Member of Baker Tilly International Independent Auditor's Report on Internal Control over
Financial Reporting and on Compliance and Other Matters
Based on an Audit of Financial Statements Performed in
Accordance with Government Auditing Standards (Continued)

## **Compliance and Other Matters**

As part of obtaining reasonable assurance about whether KSC's financial statements are free from material misstatement, we performed tests of its compliance with certain provisions of laws, regulations, contracts, and grant agreements, noncompliance with which could have a direct and material effect on the determination of financial statement amounts. However, providing an opinion on compliance with those provisions was not an objective of our audit, and accordingly, we do not express such an opinion. The results of our tests disclosed no instances of noncompliance or other matters that are required to be reported under *Government Auditing Standards*.

## Purpose of this Report

The purpose of this report is solely to describe the scope of our testing of internal control and compliance and the results of that testing, and not to provide an opinion on the effectiveness of KSC's internal control or on compliance. This report is an integral part of an audit performed in accordance with *Government Auditing Standards* in considering KSC's internal control and compliance. Accordingly, this communication is not suitable for any other purpose.

Louisville, Kentucky September 16, 2015

Mainty Childen Midly 140

Kentucky Science Center, Inc. Schedule of Functional Expenses Year Ended June 30, 2014

## Management General

			General			
			and			Total
	 Programs	Adı	ministrative	F	undraising	 Expenses
Ermanas						
Expenses						
Salaries and wages	\$ 1,397,986	\$	262,944	\$	124,608	\$ 1,785,538
Employee benefits and taxes	260,540		41,267		17,698	319,505
Professional service and other fees	314,279		38,166		-	352,445
Gift shop	85,551		_		-	85,551
Advertising	346,881		-		-	346,881
Office and technology expenses	104,154		80,275		6,000	190,429
Utilities	133,598		79,043		•	212,641
Travel	10,259		579		385	11,223
Conferences and meetings	-		13,748		-	13,748
Interest expense	5,304		1,310			6,614
Depreciation	689,970		238,738		-	928,708
Repairs and maintenance	97,837		_		-	97,837
Educational supplies	91,316		-		-	91,316
Theater film fees	90,857		-		-	90,857
Insurance	5,934		29,091		-	35,025
Miscellaneous	 23,882		21,041	<del></del>	24,796	 69,719
Total Expenses	\$ 3,658,348	\$	806,202	\$	173,487	\$ 4,638,037

The Kentucky Science Center, Inc. Notes to Financial Statements (Continued) June 30, 2015 and 2014

## Note P - Lease Commitments

During the year ended June 30, 2014, KSC entered into a non-cancelable lease agreement for use of two copiers. Rent expense of \$15,873 and \$5,465 was recorded under this lease during the years ended June 30, 2015 and 2014, respectively.

Future minimum lease payments under this lease are as follows:

Year Ending June 30,		Amount
2016	\$	11,377
2017		11,377
2018		11,377
2019	Annual property and a second	7,584
	_\$	41,715

## Note Q - Commitments

KSC has made various advertising commitments. The total outstanding commitments under these contracts are approximately \$270,000 at June 30, 2015.

# EXTENDED TO FEBRUARY 16, 2016 Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

•	4 -		Old colonger was a timormation about Form 990 and its instructions is at	WWW.irs.gov/form990		Inspection
:	M FC	or the 2	and enc		2015	1 mobection
	B Ch	eck if	C Name of organization			
		plicable:		D Employer i	dentific	ation number
		Address change	THE KENTHONY COLLEGE COLLEGE			
		Name change	THE KENTUCKY SCIENCE CENTER, INC.			
		ichange Initial	Doing business as			
	<u> </u>	return	Number and street (or P.O. box if mail is not delivered to street address)			<del></del>
	L	Final return/	727 WEST MAIN STREET	House E released	rumber	
	1	termin- ated	City or town, state or province, country, and ZIP or foreign postal code		<u>02-5</u>	61-6100
- 1		Amended return	T-OTIT CS77T I TE 325T 40000 0 000	G Gross receipts		5,180,573
i	=='/	Applica-	LOUISVILLE, KY 40202-2681	Is this a gr	OUD ret	um
ı	lt	liàn pending	F Name and address of principal officer: JOANNA HAAS	for subord	instae?	Yes X No
_			SAME AS C ABOVE			
1	Ta	x-exem;	ot status: X 501(c)(3)			uded? Yes No
J	We	bsite:	WWW.KYSCIENCECENTER.ORG		ach a lie	st. (see instructions)
ĸ	For	m of orn	aniration: V Corporation	H(c) Group exe	mption:	number >
	Part		anization: X Corporation Trust Association Other ▶	Year of formation: 19	80 M	State of legal domicile: K1
Ľ						
9	R '	1 Brie	fly describe the organization's mission or most significant activities: KENTUCK	V SCIENCE C	2370173	В
3		<u>en</u>	COURAGES PEOPLE OF ALL AGES TO DO SCIENCE	TAT THE CO	PMTP	K
Ì	<u> </u>	2 Che	ck this box	IN ENGAGINO	<u>}</u>	
3	<b>!</b>   3	3 Nun	ck this box If the organization discontinued its operations or disposed of	f more than 25% of its r	iet asse	rts.
5	3   ]		TO OF TORING WINDOWS OF THE GOVERNING BORN (PART VI. INA. 36)		1	29
4	4		. The contraction of the libera of the government have a fit liberation		1 1	29
Activities & Courses	6		" Horridge of Horridges employed in calendar year 2014 (Dart V. line 2n)		1-1-	
\$	6		- 101100 O 1010116919 (BSUIDER II IBCBSSIV)			166
ŧ	7	a Tota	Unrelated husiness revenue from Part VIII askers (0) to 10	• • • • • • • • • • • • • • • • • • • •	6	702
•			The state of the s		7a	62,454.
	1-	D 1101	unrelated business taxable income from Form 990-T, line 34		7b	-3,389.
	_			Dulan Vann		Current Year
2	8	Cont	ributions and grants (Part VIII, line 1h)	2 366 02	4	
Revenue	8	Prog	ram service revenue (Part VIII, line 2g)	4,300,03		2,692,474.
	10	) Inves	stment income (Part VIII column (A) lines 0, 4 and 7.5			1,979,926.
Œ	11	Othe	stment income (Part VIII, column (A), lines 3, 4, and 7d)	-427,07	8.	31,991.
	i	- Cuite	r revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	165,42	7.	178,571.
	12	IOTAL	revenue - add lines 8 through 11 (must equal Part VIII, column (A) line 12)	3,894,91	<del>^                                     </del>	4,882,962.
	13	Gran	is and similar amounts paid (Part IX, column (A), lines 1-3)			
	14	Bene	fits paid to or for members (Part IX, column (A), line 4)		0.	0.
ø	15	Salar	ies. Other compensation, employed benefits (Post IV)		0.	0.
8	18	e Brofo	ies, other compensation, employee benefits (Part IX, column (A), lines 5-10)	2,102,24	5.	2,165,907.
Expenses	10	a 71016	ssional fundraising fees (Part IX, column (A), line 11e)		0.	0.
X	'	o iousi	rendratising expenses (Part IX, column (D), line 25)		—	<u>V•</u>
-	17	Other	expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,445,346		0 405 000
	18	Total	expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			2,495,990.
	19	Rever	Nie less evinences Subtract line 40 from the 40	4,547,593		4,661,897.
58			nue less expenses. Subtract line 18 from line 12	-652,681	L.	221,065.
Ssets or Balances	-	T	and the same of	Beginning of Current Ye		End of Year
300	20	otal	assets (Part X, line 16)	6,560,696		7,150,144.
Fund	21		idolines (PBrt X, Ithe 26)	949,510		
2.7	22	Net as	sets or fund balances, Subtract line 21 from line 20			1,333,279.
Pa	rt II	Sig	nature Block	5,611,186	ا	5,816,865.
Unde	r nen	alties of	perjury I declare that I have experient the second			
truo	· poi		perjury, I declare that I have examined this return, including accompanying schedules and sta	tements, and to the best of	my kno	wiedge and hellef. It is
iiue,	corre	ct, and c	complete. Declaration of preparer (other than officer) is based on all information of which preparer	arer has any knowledge		og go and odioi, it is
				117	<del>- 1</del>	
Sign			Signature of officer	Date / L	<del>5 /   ,</del>	b
Here	,		JOANNA HAAS, EXECUTIVE DIRECTOR	Date	/	
			JOANNA HAAS, EXECUTIVE DIRECTOR  Age or print name and title			
		<del> </del>				
			ype preparer's name Preparer's signature	Date Check		PTIN
Paid		REBI	ECCA L. PHILLIPS, CPA Rebecca & Phillips	1.1-1.1.		
Prepa	rer	Firm's	MOTIVE TOTAL CONTRACTOR OF THE PARTY OF THE	1/25/10 sell-emp	Oyte	
Use 0	nly .		TO THE TOTAL PROPERTY OF THE PARTY OF THE PA	Firm's EIN		
- •	-	' ''' '	address 462 S. FOURTH ST., SUITE 2600			
Messi	h - '-	<u> </u>	LOUISVILLE, KY 40202-3445	Phone no. (	5021	749-1900
may t	ne iF	15 disci	uss this return with the preparer shown above? (see instructions)			
432001	11-0	7-14	HA For Paperwork Reduction Act Notice and the appearance leaders	*************	<u>L</u>	X Yes No

	m 990 (2014) THE KENTUCKY SCIENCE CENTER, INC.
	Statement of Program Service Accomplishments
1	Check if Schedule O contains a response or note to any line in this Part III
•	THE RENTHOUS COLUMN CONTRACT TO THE PROPERTY OF THE PROPERTY O
	SCIENCE IN ENGAGING, EDUCATIONAL AND ENTERTAINING WAYS TO INSPIRE A
	LIFETIME OF LEARNING. WE BELIEVE THAT SCIENCE LITERACY EMPOWERS
	LIFETIME OF LEARNING. WE BELIEVE THAT SCIENCE LITERACY EMPOWERS SOCIETY AND THAT SCIENTIFICALLY LITERATE INDIVIDUALS ARE THOSE BEST
2	Did the organization undertake any significant program services during the year which were not listed on
	the prior 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?
	it "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 others, the total expenses, and
	revenue, if any, for each program service reported.
<del>4a</del>	Payante 4 /46 614
	MUSEUM & EXHIBITS - THE KENTUCKY SCIENCE CENTER WAS NAMED THE STATE
	SCIENCE CENTER OF KENTUCKY BY THE KENTUCKY GENERAL ASSEMBLY IN 2002 AND
	ACTIVELY SERVES INDIVIDUALS THROUGHOUT THE COMMONWEALTH AND SOUTHERN
	INDIANA. IT IS THE LARGEST HANDS-ON SCIENCE CENTER IN KENTUCKY, WITH
	INTERACTIVE EXHIBITS AND ACTIVITY STATIONS, A FOUR-STORY THEATER,
	TEACHING LABORATORIES, EDUCATIONAL PROGRAMS (ON SITE AND OFF SITE) AND
	DISTANCE LEARNING CAPABILITIES. THE KENTUCKY SCIENCE CENTER FEATURES
	INTERACTIVE EXHIBITS AND ENGAGING PROGRAMS THAT BENEFIT CHILDREN,
	FAMILIES AND ADULTS, SCHOOLS AND BUSINESSES. THE KENTUCKY SCIENCE
	CENTER IS COMMITTED TO GROWING A SCIENTIFICALLY LITERATE COMMUNITY.
4b	/o.t.
TIJ.	(Code:) (Expenses \$ 408,615. Including grants of \$
	FOUR-STORY THEATER - THE KENTUCKY SCIENCE CENTER THEATER IS THE LARGEST
	AND MOST AUTHENTIC LARGE FORMAT THEATER EXPERIENCE IN KENTUCKY,
	OFFERING VISUAL IMAGE THAT EXTENDS FOUR STORIES HIGH AT 41 FEET, BY 58 FEET WIDE. THIS TRULY IMMERSIVE THEATER IS PROGRAMMED TO OFFER AN
	ARRAY OF FILMS THAT ARE BOTH EDUCATIONAL AND ENTERTAINING, TAKING
	VISITORS TO WORLDS THEY WOULD NOT OTHERWISE EXPERIENCE IN FULLY UNIQUE AND UNIMAGINABLE WAYS.
	THE CALLEGIANDUM MAID.
4c	(Code: ) (Expenses \$ 1,097,384. including greats of \$ ) (Revenue \$ 715,848.)
	EDUCATION:
	SCHOOL FIELD TRIPS - THE KENTUCKY SCIENCE CENTER SERVES STUDENTS AND
	TEACHERS FROM ACROSS KENTUCKY AND SOUTHERN INDIANA THROUGH SCHOOL FIELD
	TRIPS, DISTANCE LEARNING AND PROGRAMMING AT SCHOOLS. WE BOAST SIX LAB
	SPACES AND FIVE CLASSROOMS EQUIPPED FOR HANDS-ON PARTICIPATION TO BE
	USED FOR STUDENT WORKSHOPS, TEACHER TRAINING, PARENT MENTORING AND
	EDUCATIONAL SUMMER ENRICHMENT. PROGRAMS FOR STUDENTS AND TEACHERS
	CORRESPOND TO THE CORE CURRICULUM AREAS OF NEXT GENERATION SCIENCE
	STANDARDS TO SUPPORT 21ST CENTURY LEARNING SKILLS AND ARE COMPLEMENTED
	DI VISITS TO OUR PERMANENT EXHIBITION GALLERIES AND/OR LARGE FORMAT
	FILMS.
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$ ) (Revenue \$
<u> 1e</u>	Total program service expenses ▶ 3,614,274.
2002	Form <b>990</b> (2014)

-				
1	is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Ye	s N
^	If "Yes," complete Schedule A	. 1	-	
2	is the organization required to complete Schedule B, Schedule of Contributors	. 2	<u> </u>	_
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		12
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effection to the section 501 (h) election 501 (h) electi	t		
	during the tax year? If "Yes," complete Schedule C, Part II	. 4		<u> </u>
5	is the digarization a section 501 (c)(4), 501 (c)(5), or 501 (c)(6) organization that receives membership dues, assessments, or	- 1	1	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	. 5		<u> </u>
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part	6		X
7	and the state of t			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		K
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8	x	
8	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for	<u> </u>	<u> </u>	+-
	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		1	X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9	┼─	╁
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	40	-	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10	X	╁
	as applicable.			
a	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	1		
ь	Part VI  Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	11a	X	<del> </del>
_	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	l	1	١
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	116		X
•	assets reported in Part X. line 162 // "Ves." complete School to Develop D. Develop			
d	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII  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	11c		X
_	Part X line 162 if "Yes " complete School to D. Don't V.			Ì
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
f	Did the organization's separate or consolidated financial statements for the complete Schedule D, Part X	11e		X
•	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
20	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	111	X	
~4	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
_	Schedule D, Parts XI and XII	12a	X	
D	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
3	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
+8	Did the organization maintain an office, employees, or agents outside of the United States?	148		X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		1	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		1	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
•	Did the organization report on Part IX, Column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
,	the organization report on Part IX, column (A), line 3, more than \$5,000 of apprepate grants or other assistance to		1	
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
	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	17		X
	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII lines		$\dashv$	
	1c and 8a? If "Yes," complete Schedule G, Part II	18	$\mathbf{x}$	
	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	40	ĺ	v
		19	_	X
) B		00-		
a :	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H  f "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20a 20b		X

Form	990	(2014)
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Page 4

Form 990 (2014) THE KENTUCKY SCIENCE CENTER, INC. Part IV | Checklist of Required Schedules (continued)

21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	Γ	Yes	No
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		x
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III			
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		X
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1		
	Schedule J	-		
248	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the	23	X	<del> </del>
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			1
	Schedule K. If "No", go to line 25a  Did the organization invest any proceeds of the example to the organization invest any proceeds of the example to the organization invest any proceeds of the example to the organization invest any proceeds of the example to the organization invest any proceeds of the example to the organization invest any proceeds of the example to the organization investigation investigation investigation investigation in the organization investigation			
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	. 24a	ļ	X
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease	. 24b	ļ	<u> </u>
	any tax-exempt bonds?	1		l
d	any tax-exempt bonds?  Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  Section 504(5)(2) 504(5)(2)	. 24c		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	. 24d		<b></b>
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I			l
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and	. 25a		X
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			ļ
	Schedule L, Part I			
26	Schedule L, Part I  Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	. 25b		X
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			
	complete Schedule L, Part II			
27	Complete Schedule L, Part II  Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		X
	contributor or employee thereof, a great expectage account an amount of the property of the pr		1	
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "You" complete School III. Dut III.	1 1		
28	of any of these persons? If "Yes," complete Schedule L, Part III  Was the organization a party to a business there exists a state of the second st	27		X
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	1 1		
а	instructions for applicable filing thresholds, conditions, and exceptions):			
ь	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		X
_	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
·	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,	1 1		
29	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
30	The diguilization receive more than \$25,000 in non-cash contributions? If "Yes." complete Schedule M	29	X	
~	and the organization receive contributions of art, historical treasures, or other similar assets, or qualified consequetion			
94	contributions? If "Yes," complete Schedule M	30		X
	The dispersion injurate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
	and signification soil, excitatings, dispose of, or transfer more than 25% of its net assets? If "Yes " complete			
	Schedule N, Part II	32		X
	and algorithmic form 100% of all billing districted as separate from the organization under Descriptions			<del></del> -
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
	or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and	-		==
	ran V, ine 1	34		X
35a	the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	" 165 to alle 35a, did the organization receive any payment from or engage in any transaction with a controlled anti-	0.00	_	44
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R. Part V. line 2	35b		
	peculari of I(CAS) or ganizations. Did the organization make any transfers to an exempt non-charitable related exercises.		$\dashv$	
•	res, complete Schedule R, Part V, line 2	90	- 1	X
-	or a selection of the diam over the activities infough an entity that is not a related organization	36	-+	<u> </u>
í	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R. Part VI	07		v
ю .	no the organization complete Schedule O and provide explanations in Schedule O for Bort VI, lines 11h and 100	37		<u>X</u> _
	Note, All Form 990 filers are required to complete Schedule O	00	<u>.                                    </u>	
		38	20 (00	

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ronn	950	(2014)	

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Form 990 (2014)

THE KENTUCKY SCIENCE CENTER, INC.

Part V

Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response or rotate to act the contains a rotate the contains a rotate to act the contains a rotate the cont

	Check it Schedule O contains a response or note to any line in this Part V	**********	*************		********	
18	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1	1		Ye	8
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	. <u>1a</u>		_1	1	
c	Did the organization comply with backup withholding rules for reportable payments to vendors and	<u>1b</u>	<u> </u>	0		- [
	(gambling) winnings to prize winners?	d reporta	able gaming	ı		
2a	(gambling) winnings to prize winners?  Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		i	10	<u> </u>	
	filed for the colondar year anding with as within the year and Tax Statements,					
ь	filed for the calendar year ending with or within the year covered by this return	. <u>2a</u>	16	6		- 1
-	If at least one is reported on line 2a, did the organization file all required federal employment tax ret	lums?		. 2t	X	
3=	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instruction and the composition have unabled to the composition have the composition have unabled	ns)	***********************	.		
ь	Did the organization have unrelated business gross income of \$1,000 or more during the year?		***************************************	. <u>3a</u>	X	
ia	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedu.	юO	******************	_ 3tb	X	
741	At any time during the calendar year, did the organization have an interest in, or a signature or other	r author	ity over, a			T
_	financial account in a foreign country (such as a bank account, securities account, or other financial	l accour	nt)?	. 48		
D	in res, enter the name of the foreign country:				$\Box$	T
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Account	ts (FBAR).		1	
58	vvas the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		1
b	any reactive party noting the organization that it was or is a party to a prohibited tax shelter trans	action?		5b	T	7
	ii 148, to line 52 or 55, did the organization file Form 8886-T?			5c		1
Ba	bose the organization have annual gross receipts that are normally greater than \$100,000, and did	the eres	minnalan andinis	1		7
	any contributions that were not tax deductible as charitable contributions?			6a		
þ		tions or	- let-		1	T
	were not tax deductible?			6b		
7	and a substitution of the contraction of the contra				1	$\dagger$
2	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and se	rvices pr	ovided to the navor	7a	x	1
D	ii fes, did the organization notify the donor of the value of the goods or services provided?			7b	X	+
C	and the digarization sell, exchange, or otherwise dispose of tangible personal property for which it w	ras requi	ired	1	<del>  **</del> -	$\dagger$
	to tile Form 8282?			7c		
ď	res, indicate the number of Forms 8282 filed during the year	74		10	-	۲
e	uid the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit of	ontract!	?	7e		Ŀ
•	and the organization, during the year, pay premiums, directly or indirectly, on a personal benefit conti	ract?		71		†
B	in the organization received a contribution of qualified intellectual property, did the organization file Fi	nm 880	an roquirod?	70		+
**	it the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	ation file	a Form 1098-C2	7h		+
•	sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	a : Ont 1030-01	-"		-
	DODDOGO OFFICIAN have average business bull-		*******************	8		
- 1	ponsoring organizations maintaining donor advised funds.			<u> </u>		┝
e (	Aid the sponsoring organization make any taxable distributions under section 4966?				1	
b [	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		***************************************	9a		-
•	rection of i(c)(7) organizations, Enter:	•••••	• • • • • • • • • • • • • • • • • • • •	9b		
a Ji	nitiation fees and capital contributions included on Part VIII, line 12	10a				
, (	aross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	106		ı	1	
S	ection 501(c)(12) organizations. Enter:	100			- 1	
	ross income from members or shareholders	120				
	ross income from other sources (Do not net amounts due or paid to other sources against	11a		- 1		
8	Mounts due or received from them )	446		J		
S	ection 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1	11b		_ [		
If	"Yes," enter the amount of tax-exempt interest received or accrued during the year	404	ŀ	12a	<del> -</del>	
S	ection 501(c)(29) qualified nonprofit health insurance lasuers.	120		-		
Is	the organization licensed to issue qualified health plans in more than one state?		ļ			
B.I	ote. See the instructions for additional information the organization must report on Schedule O.	•••••		13a	<del> -</del>	
м	nter the amount of reserves the organization is required to maintain by the states in which the					
E	and a second to require to maintain by the states in which the		İ		l	
E	ganization is licensed to issue qualified health plans	!			- 1	
OI EI	ganization is licensed to issue qualified health plans	13b		- 1		
Or Er	ganization is licensed to issue qualified health plans	13b 13c		14a		X

F	- 000	100	
FOIL	n 990	120	41

Dan	_	F
-au	v	٠.

In Enter the number of voting members of the governing body at the end of the tax year  If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.  Enter the number of voting members included in the 1st, above, who are independent  29  Did any officer, director, frustee, or key employee have a family relationship or a business relationship with any other officer, director, frustee, or key employee have a family relationship or a business relationship with any other officer, director, frustees, or key employees to a management organity or other person.  20  Did the organization delegate control over management duries customarily performed by or under the client supervision of officers, director, sor trustees, or key employees to a management organity or other person.  20  Did the organization base on key employees to a management duries customarily performed by or under the client supervision of officers, directors, or trustees, or key employees to a management organity or other persons sasests?  30  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  31  Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  32  Did the organization commengements of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  32  Did the organization persons of the frush persons of the organization during the year by the following.  33  Did the organization commengements by the person of the organization and the person of the organization and the person of the person	Sec	Check if Schedule O contains a response or note to any line in this Part VI		*******	X
16 Enter the number of voting members of the governing body at the end of the tax year  17 If ther are material differences in voting ripits among members of the governing body, or if the governing body of elegated broad authority to an executive committee or similar committee, explain in Schedule 0.  18 Enter the number of voting members included in the 1st, above, who are independent  19 Enter the number of voting members included in the 1st, above, who are independent  29 Did the organization delegate control over management during the properties of the control over management during the properties of the control over management during the properties of rifficers, directors, or key employees to a management company or other person?  20 Did the organization become aware during the year of a significant diversion of the organization aware significant changes to its governing documents and one the prior form 990 was filed?  20 Did the organization have members or stockholders?  21 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  22 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  22 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  23 Did the organization ontemponemously document the meetings held or written actions undertaken during the year by the following:  23 The governing body?  24 Did the organization ontemponemously document the meetings held or written actions undertaken during the year by the following:  25 Did the organization the work of the governing body?  26 Did the organization the work of the governing body?  27 The governing body?  28 Did the organization have total chapters, branches, or affiliates?  39 Did the organization have total chapters, branches, or affiliates?  30 Did the organization have		Alon A. Governing Body and Management		٦	Т
If there are material differences in voting rights among members of the governing body, or if the governing body deglated bord authority for an excusive committee or similar committee, explain in Schedule 0.  b Enter the number of voting members included in line 1a, above, who are independent  2 Did any officine, director, trustee, or key employee have a family relationship or a business relationship with any other officine, director, director, director, director, director, or trustee, or key employee?  3 Did the organization adeagus comitor lover management dutiles customarily performed by or under the direct supervision of officines, directors, or trustee, or key employees to a management company or other person?  5 Did the organization make any significant changes to its governing documents aince the prior form 980 was filed?  4 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  5 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  6 Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons of the than the governing body?  7 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  8 Each committee with authority to act on behalf of the governing body?  9 Each committee with authority to act on behalf of the governing body?  10 Did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization have included by the internal Revenue Code.)  10 Did the organization have local chapters, branches, or affiliates?  10 Did the organization have a written collicies and procedures governing the activities of such chapters, affiliates, and branches	1a	Enter the number of voting members of the governing body at the end of the tax year.	0	Yes	No
body delegated broad authority to an executive committee or similar committee, explain in Schedule 0.  brief the number of voting members included in line 1a, above, who are independent  be first the number of voting members included in line 1a, above, who are independent  be first the number of voting members included in line 1a, above, who are independent  be first of committee, or key employee?  3 Did the organization delegate control over management duries customarily performed by or under the direct supervision of orficers, directors, or trustees, or key employees to a management company or other person?  3 Did the organization become sware during the year of a significant diversion of the organization's assets?  5 Did the organization become sware during the year of a significant diversion of the organization's assets?  6 Did the organization have members, stockholders?  7 Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?  7 Did the organization the governing body?  8 Did the organization contamporaneously document the meetings held or written actions undertaken during the year by the following.  7 The powering body?  9 Is there any officer, director, trustee, or key employee letted in Part VII, Section A, who cannot be reached at the organization's mailing address? If Yes, 'rowide the names and addresses in Schedule O' so the content of the organization have written policies and procedures governing the activities of such chapters, affiliates, and be organization have written policies and procedures governing the activities of such chapters, affiliates, and be organization have written policies and procedures governing the activities of such chapters, affiliates, and be organization have written policies and procedures governing the activities of such chapters, affiliates, and the organization have written policies and procedures governing the activities of such chapters, affiliates, and the organization have		If there are material differences in voting rights among members of the governing body, or if the governing	2		
b Enter the number of voting members included in line 1s, above, who are independent		body delegated broad authority to an executive committee or similar committee, explain in Schodulo C			
2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employees?  3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to its governing documents ance the prior Form 990 was filed?  4 Did the organization backers and surfact the year of a significant diversion of the organization's assests?  5 Did the organization bave members or stockholders, or other persons who had the power to elect or appoint one or more members of the powering body?  5 Did the organization have members of stockholders, or other persons who had the power to elect or appoint one or more members of the powering body?  5 Ave any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  5 Did the organization contemporances/document the meetings held or written actions undertaken during the year by the following:  6 The governing body?  8 Did the organization contemporances/document the meetings held or written actions undertaken during the year by the following:  7 The governing body?  8 Did the organization orthogenomeously document the meetings held or written actions undertaken during the year by the following:  8 The governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the governing body?  9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the governing body in the properties of the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?  9 Did the organization have awritten operations are consistent with the organization's exempt purposes?  10 Did	b	Francisco de la companya del companya del companya de la companya			1
officer, director, trustee, or key employee?  Did the organization designate control over management duries customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  3		Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any officer	긱		
3 Did the organization delegate control over menagement duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?  4 Did the organization make any significant changes to its governing documents ensore the prior Form 990 was filled?  4 2 Did the organization become aware during the year of a significant diversion of the organization's assests?  5 Did the organization have members or stockholders?  5 Did the organization have members or stockholders, or other persons who had the power to elect or appoint one or more members of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  5 Ave any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?  5 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:  7 The governing body?  5 Each committee with authority to act on behalf of the governing body?  6 Each committee with authority to act on behalf of the governing body?  8 Each committee with authority to act on behalf of the governing body?  8 Each committee with authority to act on behalf of the governing body?  9 Each committee with authority to act on behalf of the governing body?  10 Each committee with authority to act on behalf of the governing body?  11 Each committee with authority to act on behalf of the governing body?  12 Each committee with authority to act on behalf of the governing body?  13 Each committee with authority to act on behalf of the governing body?  14 Fig. 2 Each committee with authority to act on behalf of the governing body?  15 Each committee with authority to act on behalf of the governing body?  16 Did the organization have local chapters, breaks and addresses in Schedule O  17 Each organization have a written occurred the governing body behalf and any a					
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Did the organization have a written document retention and destruction policy?  Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Did the organization's CEO, Executive Director, or top management official  15a X  15b X  15b X  15b X  15c	13	Did the organization have a written whictlehlower notice?	·		
Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Did the officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filled  KY  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule C)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	14	Did the organization have a written document retention and doctrication mail and			
persons, comparability data, and contemporaneous substantiation of the deliberation and decision?  The organization's CEO, Executive Director, or top management official  Dither officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filled  X  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	15	Did the process for determining compensation of the following and destruction policy?	14	X	
The organization's CEO, Executive Director, or top management official  b Other officers or key employees of the organization  If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	••	persons, comparability data, and contemporare out of the following persons include a review and approval by independent			
If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).  Build the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  List the states with which a copy of this Form 990 is required to be filed   KY  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	a	The organization's CEO. Eventive Director extent represents the deliberation and decision?			
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed   KY  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	b	Other officers or key employees of the exceptation	15a	X	
Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?  If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  Section C. Disclosure  List the states with which a copy of this Form 990 is required to be filed KY  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.		If "Yes" to line 15a or 15b, describe the process in School to 0 (5-5)	15b	<b>  </b>	X
taxable entity during the year?  b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  16b  16c  16c  16c  16c  16c  16c  16c	16¤	Did the organization invest in contribute apports to account to account to the organization invest in contribute apports to account to the provision of the contribute apports to the contribute apports			
b if "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed   KY  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	.02				
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exempt status with respect to such arrangements?  List the states with which a copy of this Form 990 is required to be filed   KY  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	•	in 195, the trie organization follow a written policy or procedure requiring the organization to evaluate its participation			
List the states with which a copy of this Form 990 is required to be filed   KY  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website Another's website X Upon request Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.		evernit status with respect to such arrespond to such arrespond to safeguard the organization's			
List the states with which a copy of this Form 990 is required to be filed   KY  Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website  Another's website  Upon request  Other (explain in Schedule O)  Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	ect	on C. Discloeura	16b		
Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.  X Own website					
Tor public inspection. Indicate how you made these available. Check all that apply.  X Own website	., 18	Section 6104 requires on experiencia to make its Form 1990 is required to be filed   KY			
Own website		for public inspection, Indicate have up and the asymptotic of 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailabi	le	
Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.	1	17 0			
statements available to the public during the tax year.	ıo 4	Uner lexulation in Schedule (1)			
	19 I	rescribe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financ	iai	
TOTAL THE MARKET AND		statements available to the public during the tax year.			
MITE NORMAN FOR THE PROPERTY AND THE PRO	20 5	State the name, address, and telephone number of the person who possesses the organization's books and records:			
MIKE NORMAN - 502-560-7174 727 WEST MAIN STREET, LOUISVILLE, KY 40202-2681					

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Form 990 (2014) THE KENTUCKY SCIENCE CENTER, INC.

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

**Employees, and Independent Contractors** Check if Schedule O contains a response or note to any line in this Part VII

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

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

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

Check this box if neither the organizar (A) Name and Title	(B) Average			(C Pos	3) ition	i		(D) Reportable	(E) Reportable	(F) Estimated
Hallie Wild Line	hours per	box	unie:	ss pe	reon	than is bot	n an	compensation	compensation	amount of other
	week (list any hours for related organizations below line)	stee or director	institutional frustee	Officer		Highest compensated 4	Γ	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) LONNIE BELLAR	1.00									•
IMMEDIATE PAST CHAIR		X		X			L	0.	0.	0.
(2) TIM CONDON	1.00								0.	0.
CHAIR		X	ļ	X			<u> </u>	0.	<u> </u>	<u> </u>
(3) CRAIG BRADLEY	1.00	1								•
SECRETARY/GENERAL COUNSEL		X		X	<u> </u>	<u> </u>	<u> </u>	0.	0.	0.
(4) SUSAN WEISS	1.00								_	^
VICE CHAIR		X		X	<u> </u>	<u> </u>	ļ	0.	0.	0.
(5) ANNIE EDWARDS	1.00	]								^
NON-COMPENSATED BOARD		X				<u> </u>		0.	0.	0.
(6) BRAD SEIGEL	1.00	1								_
TREASURER		X		X		<u> </u>	_	0.	0.	0.
(7) CAROLYN TANDY	1.00								_	0.
NON-COMPENSATED BOARD		X	_	<u> </u>	_	_	<u> </u>	0.	0.	<u> </u>
(8) DAVID SCHAEPER	1.00								0.	0.
NON-COMPENSATED BOARD		X	<u> </u>		<u> </u>	↓	↓_	0.	<u> </u>	J
(9) DAVID SMITH	1.00	ļ					1	0.	0.	0.
NON-COMPENSATED BOARD		X	ļ		<u> </u>	-	├	<u> </u>	U .	
(10) DR. DONNA HARGENS	1.00			ļ			l	0.	0.	0.
NON-COMPENSATED BOARD		X	┞	ļ	<del> </del>	├—	⊢	0.	<u> </u>	0.
(11) DR. LAQUANDRA NESBITT	1.00	١			}				0.	0
NON-COMPENSATED BOARD		X	<u> </u>	↓_	<del> </del>	├	ļ	0.	<u> </u>	
(12) DR. TERRY HOLLIDAY	1.00	┨	Ì	Ì	l			0.	0.	0
NON-COMPENSATED BOARD		X	<b></b>	ļ	├-	├	├-	<u> </u>	<u> </u>	
(13) JASON ARMAO	1.00	↓						0.	0.	0.
NON-COMPENSATED BOARD		X	<del> </del>	├	<del> </del>	<del> </del>	┼	<u> </u>	<u> </u>	<u></u>
(14) JOHN OUSEPH	1.00	┨						0.	0.	0.
NON-COMPENSATED BOARD		X	-	├-	-	<del> </del>	-	ļ <u></u>	<u> </u>	0.
(15) JOHN Y BROWN III	1.00	۱						0.	0.	0.
NON-COMPENSATED BOARD		X	┼	-	├	┼	┼	<u> </u>	0.	ļ
(16) JONATHAN PRESSER	1.00	١						0.	0.	0
NON-COMPENSATED BOARD		X	<b>├</b> ─	$\vdash$	-	┼	┼	<del>                                     </del>	<u> </u>	
(17) JULIA ROBERTS	1.00	۱		1		1		0.	0.	0.
NON-COMPENSATED BOARD		X	L		Ц	<u></u>		<u> </u>	<u> </u>	Form <b>990</b> (2014

Form 990 (2014) THE KENT													age o
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	rees			ghe	st (		es (continued)				
(A)	(B)				2) :::			(D)	(E)		_	(F)	
Name and title	Average	(do	not c	Pos hack			one	Reportable	Reportable			timate	
	hours per		, unle cer ar					. 1	compensation			ount	
	week (list any	_	T			T	T	from the	from related organizations			other pensa	
	hours for	director				L		1	(W-2/1099-MIS	.		om th	
	related	100	1			蓝		(W-2/1099-MISC)	(112) 1000 11100	" [		anizat	
	organizations	trustee or	of brustee		Æ	Ē		(11211000			-	relat	
	below	Individual	\$	<u>.</u>	뾽	25 25	1 15			Ì	orga	ınizati	ons
	line)	ğ	Institutional t	Officer	Key emplayee	Highest compensated employee	9						
(18) KEVIN SWIATEK	1.00		Π			П							
NON-COMPENSATED BOARD		X				<u></u>	_	0.		0.			0.
(19) KEVIN WALSH	1.00												
NON-COMPENSATED BOARD		X	<u> </u>				L	0.		0.			0.
(20) LAURIE SCHALOW	1.00						1						
NON-COMPENSATED BOARD		X	L	L		L		0.		0.			0.
(21) MARY KAREN STUMBO	1.00												
NON-COMPENSATED BOARD		X					L	0.		0.			0.
(22) MEREDITH LOEB	1.00	]											
NON-COMPENSATED BOARD		X			_	丄		0.		0.			0.
(23) NIMA KULKARNI	1.00								İ				
NON-COMPENSATED BOARD	İ	X		$oldsymbol{ol}}}}}}}}}}}}}}}}}$		L		0.		0.			0.
(24) ROSANN TAFEL	1.00								1				_
NON-COMPENSATED BOARD		X	<u> </u>	L	<u> </u>	<u> </u>	L	0.		0.			0.
(25) SHAWN BAILEY	1.00	]											_
NON-COMPENSATED BOARD		X						0.		0.			0.
(26) TERRY SAMUEL	1.00		ļ		ļ	1							_
NON-COMPENSATED BOARD		X	<u>L</u>	<u> </u>	Ĺ	_	L	0.		0.			0.
1b Sub-total		• •		. <b></b> .				0.		0.			0.
c Total from continuation sheets to Part V								289,011.		0.		1,8	
d Total (add lines 1b and 1c)	*******		111111				▶	289,011.		0.	2	<u>1,8</u>	34.
2 Total number of individuals (including but a	not limited to ti	1086	list	ed a	bov	e) w	ho	received more than \$100	0,000 of reportable	)			
compensation from the organization													
												Yes	No
3 Did the organization list any former officer	, director, or tr	uste	e, k	ey e	mple	oyee	, 01	r highest compensated e	mployee on				1
line 1a? If "Yes," complete Schedule J for s											3		X
4 For any individual listed on line 1a, is the s													1
and related organizations greater than \$15											4	X	├
6 Did any person listed on line 1a receive or											_		
rendered to the organization? If "Yes," con	nplete Schedu	le J	for s	uch	per	son			***************************************		_5_		X
Section B. Independent Contractors													
1 Complete this table for your five highest or										oens	ation 1	rom	
the organization. Report compensation for	the calendar	/ear	end	ing \	with	or v	vith	I .	year.				
(A) Name and business	e eddroee							(B) Description of	earvices .	C	۱) ompe	2) nsatio	'n
								Doganpuon on	-				
AETNA BUILDING MAINTENAN		A	ວລ	n c				BUILDING MAI	ATTENTA NOT		16	A 2	10.
646 PARSONS AVE , COLUMB	US , OH	*	<u>34</u>	UO				BOIDDING MAI	MIEMANCE		10	7,4	10.
								<del> </del>					
									1				
		<del></del>											
2 Total number of independent contractors	(including but a	not I	imite	ad to	thr	1 480	iste	nd above) who received r	nore than				
\$100,000 of compensation from the organ		,				1							
SEE PART VII, SECTIO	N A CON	TΤ	NII	AΤ	IO	N	SF	HEETS			Form	990	2014
THE PERSON THE PARTY DESCRIPTION	<del></del>											- 1	

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## THE KENTUCKY SCIENCE CENTER, INC.

Part VII   Section A. Officers, Directors, To	rustees, Kev E	emp	love	nes.	and	Hia	hest	Compensated Employ	vees (continued)	
(A)	(B)			,	(C)		1001	(D)	(E)	(F)
Name and title	Average			Po	sitio			Reportable	Reportable	Estimated
	hours	(	chec	k al	l tha	t ap	ply)	compensation	compensation	amount o
	per					Τ.	Π	from	from related	other
	week (list any	E				Į,		the	organizations	compensati
	hours for	1 4				E		organization (W-2/1099-MISC)	(W-2/1099-MISC)	from the
	related	1 2	1		-	a str		(11 27 1055 111100)		organization
·	organizations	s E	1 2		100	E				organizatio
	below	individual trustee or director	Institutional trustee	13 E	Key employee	Highest compensated employee	Former			•
	line)		五	18	₹	皇	Ē			
(27) TERRY TOLAN	1.00							_		
NON-COMPENSATED BOARD	1 00	X	-		┼	-		0.	0.	
(28) TOM FERREE	1.00							_	_ [	
NON-COMPENSATED BOARD	1 00	X	┼	┼	-	-	$\vdash$	0.	0.	
(29) TOM MAZIARZ	1.00							_		
NON-COMPENSATED BOARD (30) TONI GANZEL	1.00	X	├	<del> </del>	-	-	Н	0.	0.	····
ION-COMPENSATED BOARD	1.00	x								
31) JOANNA HAAS	40.00	-	┢	├	┼─		$\vdash$	0.	0.	
EXECUTIVE DIRECTOR	20.00			x				188,704.		0 04
32) MICHAEL NORMAN	40.00	<del> </del>		-			+	100,704.	0.	9,84
HIEF FINANCIAL OFFICER	20100			X			- 1	100,307.	0.	11,99
							$\neg$	200,307.	<u> </u>	11,33
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						T	$\neg$			
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		Check if Schedule O con	nams a response	e or note to any li	ne in this Part VIII	T /D\	· · · · · · · · · · · · · · · · · · ·	<u> </u>
					Total revenue	Related or exempt function revenue	Unrelated business revenue	(D) Revenue exclude from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1 4	B Federated campaigns	1a					
820		b Membership dues		573,830.				
A's	•	c Fundraising events	1c	112,100.				Į.
5.5		d Related organizations						
ø,E	•	e Government grants (contribu	rtions) 1e	946,128.	1	]		
i i	f	f All other contributions, gifts, grad	nts, and		1			
至美		similar amounts not included abo	ove 11 1	,060,416.	j			
들	٤	Noncash contributions included in line						
3 %		Total, Add lines 1a-1f			2,692,474.	Ì		ļ
				Business Code				
8	2 8	ADMISSIONS		900099	850,049.	787,595.	62,454.	
٠٤.	b	GROUPS AND PROC	GRAMS	900099	829,109.			
Program Service Revenue		PARKING		900099	275,623.			275,623
2 0	c	CONCESSIONS		900099	25,145.			25,145
Sur.	e							23,233
4	f	All other program service revi	enue					
		Total. Add lines 2a-2f			1,979,926.			<del>                                     </del>
	3	Investment income (including						<del> </del>
- 1		other similar amounts)			8,303.			8,303
- 1	4	Income from investment of ta	x-exempt bond	proceeds	0,000			0,303
1	5	Royalties					<del></del>	l
- 1	_		(i) Real	(ii) Personal				
- 1	6 a	Gross rents	147.906	Tily i Gradinar				
		Less: rental expenses	41 657					
1		Rental income or (loss)		<del></del>				
		Net rental income or (loss)			106,249.			105 240
		Gross amount from sales of	(i) Securities		100,249.		<del></del>	106,249
	, a	assets other than inventory	116,699.	(ii) Other				
		•	110,033.					
ļ	D	Less: cost or other basis	02 011					
	_	and sales expenses	23,011.					
	0	Gain or (loss)	23,000.	·	22 500			
		Net gain or (loss)		· <u>·······</u>	23,688.	23,688.		
3	8 a	Gross income from fundraising						
Revenue		including \$112,1						
8		contributions reported on line				1		
6		Part IV, line 18	a	23,025.		1		
∄∣		Less: direct expenses		69,102.		Í		
j		Net income or (loss) from fund		<u></u>	-46,077.			- <b>4</b> 6,077.
	9 a	Gross income from gaming ac				1		
1		Part IV, line 19				1		
1		Less: direct expenses						
- 1		Net income or (loss) from gam						
1	10 a	Gross sales of inventory, less		]				
		and allowances		206,084.				
		Less: cost of goods sold		93,841.				
L	C	Net income or (loss) from sales	s of inventory		112,243.	112,243.		
		Miscellaneous Revenu	8	Business Code				
	11 a	OTHER INCOME		900099	6,156.			6,156.
1	b							· · · · · · · · · · · · · · · · · · ·
-	C							<del></del>
	ď	All other revenue						······
		Total. Add lines 11a-11d		<b>&gt;</b>	6,156.			
	12	Total revenue. See instructions.			4,882,962.	1.752.635	62.454	375,399.
432009 11-07-1			44		-,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	-112410331		3/5,. Form <b>99</b> 0

	Check if Schedule O contains a respon				
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	garagara				
	and domestic governments. See Part IV, line 21				
2	Grants and other assistance to domestic				:
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			, :	
	individuals. See Part IV, lines 15 and 16			į	
4	Benefits paid to or for members				1 - 1 · 2 · 2 · 2 · 2 · 2 · 2 · 2 · 3 · 3 · 3
5	Compensation of current officers, directors,				
	trustees, and key employees	317,944	138,727.	98,237.	80,98
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)			İ	
7	Other salaries and wages	1,544,260	1,262,784.	193,227.	88,24
8	Pension plan accruals and contributions (include				30,24
	section 401(k) and 403(b) employer contributions)	22,680.	10,349.	10,320.	2 01
9	Other employee benefits	119,153.	105,618.	11,211.	2,01 2,32
0	Payroll taxes	161,870.	126,746.	23,438.	
1	Fees for services (non-employees):	202/0/0	120,140.	43,430.	11,68
	Management				
ь	Legal				
c	Accounting	25,134.		25 124	
d	Lohbring	23,134.	<u> </u>	25,134.	
e	Lobbying				
		2 000			
f	Other. (If line 11g amount exceeds 10% of line 25,	2,968.		2,968.	
9	column (A) amount, list line 11g expenses on Sch O.)	267 067	350 054	4.5	
		<u>367,867.</u>		15,593.	·
	Advertising and promotion	347,842.	347,842.		
3	Office expenses	153,635.	88,254.	50,967.	14,41
}	Information technology	29,462.	11,000.	13,389.	5,07
	Royalties				
	Occupancy	201,414.	119,246.	82,168.	
	Travel	13,923.	13,399.		52
	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
	Conferences, conventions, and meetings	13,850.		13,850.	
	Interest	10,294.	7,451.	2,843.	
1	Payments to affiliates				
	Depreciation, depletion, and amortization	978,137.	724,686.	253,451.	
	Insurance	29,783.	2,411.	27,372.	
2	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 0.)				
	REPAIRS AND MAINTENANCE	107,202.	107,202.		
	THEATER FILM FEES	90,343.	90,343.		
	EDUCATIONAL SUPPLIES	75,467.	75,467.		
	MISCELLANEOUS EXPENSE	33,642.	30,475.		2 4 6 7
_	VI other expenses	15,027.	30,4/3.	15 000	3,167
	otal functional expenses. Add lines 1 through 24e	4,661,897.	3,614,274.	15,027.	200 400
	oint costs. Complete this line only if the organization	= , UUI , OJ / .	3,014,2/4.	839,195.	208,428
	eported in column (B) joint costs from a combined				
t	ducational campaign and fundraising solicitation.	1		1	

	Check if Schedule O contains a response or note to any line in this Part X	(A)	(B)
		Beginning of year	End of year
1	Cash - non-interest-bearing	1,331,154.	
2	Savings and temporary cash investments	35,952. 2	
3	Pledges and grants receivable, net	437,618. 3	
1 -	Accounts receivable, net	116,219.	104,255.
4	Loans and other receivables from current and former officers, directors,		
5	trustees, key employees, and highest compensated employees. Complete		
	Part II of Schedule L		5
	Loans and other receivables from other disqualified persons (as defined under		
6	section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing		
	employers and sponsoring organizations of section 501(c)(9) voluntary		
	employees' beneficiary organizations (see instr). Complete Part II of Sch L		8
	Notes and loans receivable, net		7
7	Inventories for sale or use	30,604.	в 28,930.
8	Prepaid expenses and deferred charges		30,012
9	Land, buildings, and equipment: cost or other		
าบส	basis. Complete Part VI of Schedule D 10a 27,334,532.		
	Less: accumulated depreciation 10b 22,034,414.	4,055,790.1	oc 5,300,118
	Investments - publicly traded securities	530,294.	549,613
11	Investments - other securities. See Part IV, line 11		12
12	Investments - orner securities. See Part IV, line 11		13
13	Intengible assets		14
14	Other assets. See Part IV, line 11		15
15	Total assets. Add lines 1 through 15 (must equal line 34)	6,560,696.	7,150,144
16	Accounts payable and accrued expenses		576,636
17	·		18
18	Grants payable	229,801.	19 203,925
19	Deferred revenue		20
20	Tax-exempt bond liabilities  Escrow or custodial account liability. Complete Part IV of Schedule D		21
21	Loans and other payables to current and former officers, directors, trustees,		
22	key employees, highest compensated employees, and disqualified persons.		
			22
22	Complete Part II of Schedule L		23 552,718
23	Secured mortgages and notes payable to unrelated third parties		24
24	Unsecured notes and loans payable to unrelated third parties		
25	Other liabilities (including federal income tax, payables to related third		
	parties, and other liabilities not included on lines 17-24). Complete Part X of		25
	Schedule D	949,510.	
26	Total liabilities, Add lines 17 through 25		
	Organizations that follow SFAS 117 (ASC 958), check here ▶ X and		
	complete lines 27 through 29, and lines 33 and 34.	3,468,118.	27 4,847,927
27	Unrestricted net assets		28 561,431
28	Temporarily restricted net assets		29 407,507
29	Permanently restricted net assets		
<b>'</b>	Organizations that do not follow SFAS 117 (ASC 958), check here		
5	and complete lines 30 through 34.		30
30	Capital stock or trust principal, or current funds		31
31	Paid in or capital surplus, or land, building, or equipment fund		32
27 28 29 30 31 32	Retained earnings, endowment, accumulated income, or other funds		33 5,816,865
33	Total net assets or fund balances		$\frac{33}{34}$ $\frac{3,010,003}{7,150,144}$
34	Total liabilities and net assets/fund balances	1,000,000	Form <b>990</b> (201

Form	n 990 (2014) THE KENTUCKY SCIENCE CENTER, INC.			Pa	ige 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	_1	4,88		
2	Total expenses (must equal Part IX, column (A), line 25)	2	4,66		
3	Revenue less expenses. Subtract line 2 from line 1	3			65.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	5,61		
5	Net unrealized gains (losses) on investments	5		8,8	44.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	В	····		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		<u>6,5</u>	42.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	5,81	<u>6,8</u>	65.
Pa	rt XII Financial Statements and Reporting				pa
	Check if Schedule O contains a response or note to any line in this Part XII				<u> X </u>
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		. 2b	X	L
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
c	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		. 2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
Зa	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin				
	Act and OMB Circular A-133?	-	. 3a		X
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require	ed audit			
-	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		. 3b		
			Form	990 (	2014)

## SCHEDULE A

Department of the Treasury

(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.

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

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization Employer identification number THE KENTUCKY SCIENCE CENTER, Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.) 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.) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: 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 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2), (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3), Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g. a 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. b Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV. Sections A and C. Type III functionally integrated, A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d 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 II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s). (i) Name of supported (III) Type of organization (iv) is the organization (v) Amount of monetary (vi) Amount of listed in your organization (described on lines 1-9 support (see other support (see governing document? above or IRC section Instructions) instructions) Yes (see instructions)) No

Schedule A (Form 990 or 990-EZ) 2014 THE KENTUCKY SCIENCE CENTER, INC.

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Se	ection A. Public Support						
Cal	endar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and					<u> </u>	
	membership fees received. (Do not						
	include any "unusual grants.")	2,001,302,	2,360,621	2.446.684	2,366,834	2,692,474	11,867,915
2	Tax revenues levied for the organ-						\ <u></u>
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	2,001,302,	2,360,621.	2,446,684.	2,366,834,	2,692,474.	11,867,915
5	The portion of total contributions						
	by each person (other than a					1	
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,	1					
	column (f)	1					1,206,000
_6	Public support. Subtract line 6 from line 4.						10 661 915
	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4	2,001,302.	2,360,621.	2,446,684,	2,366,834.	2,692,474.	11,867,915
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties						
	and income from similar sources	98,502.	104,404.	88,912.	111,478.	156,209.	559,505.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			İ			
	assets (Explain in Part VI.)	17,678.	20,631.	14,376.	7,491.	6,156.	66,332.
11	Total support. Add lines 7 through 10						12,493,752.
12	Gross receipts from related activities,	etc. (see instruction	ons)			12 11	,055,689.
13	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth ta	x year as a section	501(c)(3)	
Sec	organization, check this box and stop tion C. Computation of Publi	here c Support Per	centage	***************************************			<b>&gt;</b>
	Public support percentage for 2014 (li					14	85.34 %
15	Public support percentage from 2013	Schedule A Part I	l line 14		******************	15	86.96 %
16a	33 1/3% support test - 2014. If the or	roanization did not	check the box on	line 13 and line 1	4 is 33 1/3% or m		v and
	stop here. The organization qualifies a						
b	33 1/3% support test - 2013. If the of						
_	and stop here. The organization qualif						
17a	10% -facts-and-circumstances test	- 2014. If the orga	nization did not ch	eck a box on line	13 16a or 16h a	nd line 14 ie 1094 /	or more
•••	and if the organization meets the "fact						
	meets the "facts-and-circumstances" t						
h	10% -facts-and-circumstances test						
~	more, and if the organization meets the						UN VI
	organization meets the "facts-and-circu						<b>▶</b> □
	Private foundation. If the organization					,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	
	T. P. J. J. J. J. J. J. J. J. J. J. J. J. J.				-	lule A (Form <b>99</b> 0 c	or 990-F7\ 2014

## Schedule A (Form 990 or 990-EZ) 2014 Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fail	ils to
disalify under the tests listed helpy, places complete Dark II.)	

Se	ction A. Public Support	elow, please con	ipiete Part II.)		* · · · · · · · · · · · · · · · · · · ·		
Cal	endar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Gifts, grants, contributions, and		\ <del></del>	10) 20 12	(0)2010	16/2014	(i) iotai
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to	İ					
	or expended on its behalf						
5	The value of services or facilities		<del> </del>	<del> </del>		<del> </del>	
•	furnished by a governmental unit to	1					
	the organization without observe						
8	Total. Add lines 1 through 5					-	
	Amounts included on lines 1, 2, and		ļ			<u> </u>	
•••	3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 19 for the year						
C	Add lines 7a and 7b						
	Public support (Subtract(ine 7c from line 6.)						
Sec	ction B. Total Support					<u> </u>	
Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 6				WILLIA	10/2014	III IOLAI
	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
	Add lines 10a and 10b				···		<del></del>
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
	Total support. (Add lines 9, 100, 11, and 12.)			1			
14	First five years. If the Form 990 is for	the organization's	first, second, third	j, fourth, or fifth ta	x year as a section	n 501(c)(3) organiza	ition,
	check this box and stop here		***************************************		<del></del>		
	tion C. Computation of Public			·			
15	Public support percentage for 2014 (lir	ie 8, column (f) di	vided by line 13, c	olumn (f))		15	<u>%</u>
16	Public support percentage from 2013	Schedule A, Part	III, line 15			16	<u>%</u>
	tion D. Computation of Invest						
17	Investment income percentage for 201	4 (line 10c, colum	nn (f) divided by line	e 13, column (f))	***************************************	17	<u>%</u>
	Investment income percentage from 20			***************************************		18	<u>%</u>
19a	33 1/3% support tests - 2014. If the o	rganization did no	ot check the box o	n line 14, and line	15 is more than 3	3 1/3%, and line 17	is not
. 1	more than 33 1/3%, check this box and	istop here. The	organization qualif	ies as a publicly su	upported organiza	tion	▶□
b:	<b>33 1/3% support tests - 2013.</b> If the o	organization did no	ot check a box on	line 14 or line 19a,	and line 16 is mor	re than 33 1/3%, ar	nd
1	line 18 is not more than 33 1/3%, chec	k this box and ste	op here. The organ	nization qualifies as	s a publicly suppo	rted organization	
20	Private foundation. If the organization	did not check a t	oox on line 14, 19a	, or 19b, check this	s box and see inst	tructions	<b>&gt;</b>

## Part IV | Supporting Organizations

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

## Section A. All Supporting Organizations

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

	-	Van	No
	-	108	NO
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2			
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3a	4		<u> </u>
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10b			

	dule A (Form 990 or 990-EZ) 2014 THE KENTUCKY SCIENCE CENTER, INC.  1 IV   Supporting Organizations (continued)		Pi	age 5
	Supporting Organizations (continued)		1	31-
44	Headha averaginating accepted a sift or captuit, ston from any of the following paragraps	Γ	Yes	No
11	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)		}	
a	below, the governing body of a supported organization?			
_	A family member of a person described in (a) above?	118	ļ	
	A 35% controlled entity of a person described in (a) or (b) above? If *Yes" to a, b, or c, provide detail in Part VI.	11b	<del> </del>	
	tion B. Type I Supporting Organizations	1 116	1	
	tion of Type I cupporting Ciganizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to	[	168	140
'	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	1		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	ļ	1	
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported		-	
~	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations	1 2	1	L
	don or Type is cupper unit organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		100	NO
,	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	1		
	the supported organization(s).			
Sac	tion D. Type III Supporting Organizations		<u> </u>	L
300	BOILD: Type III Supporting Organizations	<del></del>	Yes	Ma
	Tid the averagination purples to each of its supported progrations, but the last day of the lifth manth of the	Γ	168	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the	1		
	organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the	_		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1_		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	_		
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	_		
800	supported organizations played in this regard.	3_	L	
	tion 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):			
B	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		N1 -
2	Activities Test. Answer (a) and (b) below.	<u></u>	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.	28		
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.	<b>2</b> b	<b></b>	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
8	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
þ	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Schedule A (Form 990 or 990-EZ) 2014 THE KENTUCKY SCIENCE Part V Type III Non-Functionally Integrated 500(eV3) Support	CENTER	INC.	ige 6
- JPS III 12011 : anotheritary integrated Gostano Gupt	porting Orga	anizations	
1 Check here if the organization satisfied the Integral Part Test as a question of the Time III and functionally interested as a question of the Check here if the organization satisfied the Integral Part Test as a question of the Check here if the organization satisfied the Integral Part Test as a question of the Check here if the organization satisfied the Integral Part Test as a question of the Check here if the organization satisfied the Integral Part Test as a question of the Check here if the organization satisfied the Integral Part Test as a question of the Check here if the organization satisfied the Integral Part Test as a question of the Check here if the organization satisfied the Integral Part Test as a question of the Check here is the Check here in the Check here is the Check here in the Check here is the Check here is the Check here is the Check here is the Check here in the Check here is the Check here.	ualifying trust o	n Nov. 20, 1970. See instr	uctions. All
other Type III non-functionally integrated supporting organizations in	nust complete s	Sections A through E.	<del></del>
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		-
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	···	
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			(Optional)
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	10		
d Total (add lines 1a, 1b, and 1c)	1d	**************************************	
e Discount claimed for blockage or other		·····	
factors (explain in detail in Part VI):	1		
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	nt.	***************************************	
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	***************************************	
ection C - Distributable Amount		,	Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1 1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-functi		d Type III supporting organ	nization (see
instructions),	,	> in in her mild gifter	

Schedule A (Form 990 or 990-EZ) 2014

Sche Par	dule A (Form 990 or 990-EZ) 2014 THE KENTUCKY tV Type III Non-Functionally Integrated 509	SCIENCE CENTER (a)(3) Supporting Orga	, INC.	Page 7
Secti	on D - Distributions	Current Year		
	Amounts paid to supported organizations to accomplish exe	mpt purposes		
	Amounts paid to perform activity that directly furthers exemp			
_	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	\$	
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 to	ne organization is responsive	)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
		(1)	(ii)	(III)
		Excess Distributions	Underdistributions	Distributable
Secti	on E - Distribution Allocations (see instructions)		Pre-2014	Amount for 2014
1	Distributable amount for 2014 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2014			
	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
a				
ь				
C				
d				
<u>e</u>	From 2013			
f	Total of lines 3a through e			
9	Applied to underdistributions of prior years			
h	Applied to 2014 distributable amount			
	Carryover from 2009 not applied (see instructions)			
	Remainder, Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
C	Remainder, Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if		•	
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
8	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
8				<u> </u>
<u>b</u>				
<u> </u>				
d	Excess from 2013			
	Excess from 2014			

Schedule A (Form 990 or 990-EZ) 2014

Schedule A	(Form 990 or	990-EZ) 2014 TH	IE KENTUCKY	SCIENCE	CENTER,	INC.	Page 8
Part VI	Suppleme	ental informat	<b>ion.</b> Provide the ex	planations require	ed by Part II, line	10; Part II, line 17a or	17b; and Part III, line 12.
	Also comple	te this part for any	additional information	on. (See instruction	ons).		
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## SCHEDULE D

(Form 990)

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/tom990.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

Open to Public Inspection Emplo iber

	THE KENTUCKY SCIENCE C	ENTER, INC.	
Par	t I Organizations Maintaining Donor Advised Fun	ds or Other Similar Funds o	or Accounts. Complete if the
	organization answered "Yes" to Form 990, Part IV, line 6.		
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writing t	hat the assets held in donor advised	l funds
	are the organization's property, subject to the organization's exclusive	ve legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors	in writing that grant funds can be us	sed only
	for charitable purposes and not for the benefit of the donor or donor		
	impermissible private benefit?		Yes No
Pai	t ii Conservation Easements. Complete if the organization	on answered "Yes" to Form 990, Par	t IV, line 7.
1	Purpose(s) of conservation easements held by the organization (che-	ck all that apply).	
	Preservation of land for public use (e.g., recreation or education	n) Preservation of a histori	cally important land area
	Protection of natural habitat	Preservation of a certific	ed historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified con	servation contribution in the form of	a conservation easement on the last
	day of the tax year.		
			Held at the End of the Tax Year
a	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		
C	Number of conservation easements on a certified historic structure is		
đ	Number of conservation easements included in (c) acquired after 8/1	7/06, and not on a historic structure	
	listed in the National Register		
3	Number of conservation easements modified, transferred, released,	extinguished, or terminated by the o	rganization during the tax
	year >		
4	Number of states where property subject to conservation easement	is located -	
5	Does the organization have a written policy regarding the periodic m		·····
	violations, and enforcement of the conservation easements it holds?	•	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and ent		
7	Amount of expenses incurred in monitoring, inspecting, and enforcing		
8	Does each conservation easement reported on line 2(d) above satisf		h
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation ease		
	include, if applicable, the text of the footnote to the organization's fir	nancial statements that describes the	e organization's accounting for
-	conservation easements.	Waterland Transcriptor on Oth	a-Circular Acasta
Pal	t III Organizations Maintaining Collections of Art,		ier Similar Assets.
	Complete if the organization answered "Yes" to Form 990, Pa		
12	If the organization elected, as permitted under SFAS 116 (ASC 958),		
	historical treasures, or other similar assets held for public exhibition,		e of public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes the		
þ	if the organization elected, as permitted under SFAS 116 (ASC 958),		
	treasures, or other similar assets held for public exhibition, education	n, or research in turtherance of public	c service, provide the following amounts
	relating to these items:		<b>.</b> .
	(i) Revenue included in Form 990, Part VIII, line 1		
	(ii) Assets included in Form 990, Part X		***************************************
2	if the organization received or held works of art, historical treasures,		ain, provide
	the following amounts required to be reported under SFAS 116 (ASC		<b>&gt;</b> 0
а	Revenue included in Form 990, Part VIII, line 1		
b	Assets included in Form 990, Part X		> 5

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. 432051 10-01-14

Schedule D (Form 990) 2014

	edule D (Form 990) 2014 THE KEN art III Organizations Maintaining C	TUCKY SCIE	NCE CENTE	R, INC.	har Simi	lar Ann	*************	Page 2
3	Using the organization's acquisition, access	ion and other record	ds chack any of the	following that are	ner Silli	Idi MSSe	s us (contin	uea)
Ŭ	(check all that apply):	on, and other record	us, crieck any or me	FIOROWING GIAL ARE	a signincan	use of its	Collection	items
	विकास राज्या		1 Thomas av	change programs				
è				criange programs				
-		•	Outer					
4	Provide a description of the organization's co	ollections and explai	in how they further:	the amanization'e e	vernet er m	ones in Day	4 VIII	
5	During the year, did the organization solicit of	r receive donations	of art historical tree	seure or other eim	ilar annata Nombri	WSS HI FAI	I AIII.	
•	to be sold to raise funds rather than to be m	aintained as part of	the organization's c	astres, or other sim allaction?	iai assets	_	Yes	X No
Pe	reported an amount on Form 990, Pa	gements. Comple	ete if the organization	on answered "Yes"	to Form 99	0, Part IV,	line 9, or	LAJ NO
	is the organization an agent, trustee, custod		dia 6		-4 %4 -4 - 4	<del></del>	<del></del>	
10							٦.,	ш.
	on Form 990, Part X?					ـــــ	_i Yes	L No
D	ii res, explainate anangement in Part XIII	and complete the fo	Howing table:		г	T		
_	Bagianina halanaa				-	<b></b>	Amount	
4	Beginning balance	••••••••••••••••••••••••	******	***************************************	1c			<del></del>
u	Additions during the year	······	•••••	•••••	<u>1d</u>	<u> </u>		
e	, , , , , , , , , , , , , , , , , , , ,	•••••		***************************************	<u>1e</u>	<del> </del>	*****	
f	Ending balance	000 Day V Car			<u>1</u> f	<u> </u>	1	7
28	Did the organization include an amount on Fo	om 990, Part X, line	27, for escrow or ci	ustodial account lial	bility?	L	」Yes	No
	if "Yes," explain the arrangement in Part XIII.  rt V   Endowment Funds, Complete if	Check here if the ex	planation has been	provided in Part XII	<u> </u>	**********		
	rt V Endowrnent Funds. Complete if				7			
	Barbarta at a state of	(a) Current year	(b) Prior year	(c) Two years back	(d) Three	/ears back	(e) Four y	ears back
1a	Beginning of year balance	530,294.	450,776,	408,695	4	41,405		12,050.
þ	Contributions				<b> </b>			
C	Net investment earnings, gains, and losses	19,319,	79,518,	42,081	ļ	-6.797.		81,634.
d	Grants or scholarships				<u> </u>		~	
e	Other expenditures for facilities							
	and programs					25 913		52.279.
f	Administrative expenses							
g	End of year balance	549,613,	530,294.	450,776.	4	08,695.	4	41,405.
2	Provide the estimated percentage of the curre	ent year end balance	e (line 1g, column (a	)) held as:				
8	Board designated or quasi-endowment	.00	%					
b	Permanent endowment ► 74.15	%	_					
C	Temporarily restricted endowment ▶ 25	.85 %						
	The percentages in lines 2a, 2b, and 2c should	d equal 100%.						
3a	Are there endowment funds not in the posses	sion of the organiza	tion that are held ar	nd administered for	the croaniz	ation		
	by:	•					V.	es No
	(i) unrelated organizations						3a(i)	X
	(ii) related organizations	•••••••••••••••••••••••••••••••••••••••	***************************************	*************************	*************		3a(ii)	X
b	If "Yes" to 3a(ii), are the related organizations	listed as required on	Schedule R?	**********************	**************	***********	3b	<del></del>
4	Describe in Part XIII the intended uses of the	organization's endov	vment funds.	****************************	*************	***********		
Par	t VI Land, Buildings, and Equipme	ent.				<del></del>		
	Complete if the organization answered	"Yes" to Form 990.	Part IV. line 11a. Se	e Form 990. Part X.	line 10.			
	Description of property	(a) Cost or oth	ner (b) Cost (	or other (c) A	ccumulate	d (	(d) Book v	alue
1a	Land				p	<del></del>		
	Buildings				***************************************			
~	Leasehold improvements	•	6 360	047 =	106 40	3 1 4	1.00	164
					<u>196,48</u>	<u> </u>	<u>.,169,</u>	
	Equipment				093,03			371.
	Other			7,175. 15,	7 <b>44</b> ,89		.002.	
TOTAL	Add lines 1a through 1e. (Column (d) must equ	uai Form 990, Part X	<u>, column (B), line 10</u>	C.)		<u> </u>	,300,	118.

(-) Deported	Complete if the organization answered "Yes	" to Form 990, Part I	V, line 11b. See Form	990, Part X, line 12.	
	tivit of security of category (including name of security)	(b) Book valu	e (c) Metho	d of valuation: Cost o	r end-of-year market value
	derivatives				
	held equity interests				
Other .		<u> </u>			
(A)		<u> </u>			
(B)					
(C)					
(D)				·	
<u>(E)</u>					
<u>(F)</u>		ļ		·····	
(G)					
(H)		ļ			
81. (COI. (b	) must equal Form 990, Part X, col. (B) line 12.)				
	Investments - Program Related.				
	Complete if the organization answered "Yes"	to Form 990, Part IV	, line 11c. See Form	990, Part X, line 13.	
	(a) Description of Investment	(b) Book value	(c) Method	d of valuation: Cost or	end-of-year market value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
<u>(7)</u>					
(8) (9)					
1 (Col (b)					
ar. (Cor (b)	must equal Form 990, Part X, col. (B) line 13.)				
art IX	must equal Form 990, Part X, col. (B) line 13.) > Other Assets.				
art IX	Other Assets.	to Form 990, Part IV	, line 11d. See Form §	990. Part X. line 15.	
art IX	Other Assets.  Complete if the organization answered "Yes"	to Form 990, Part IV Description	, line 11d. See Form 9	990, Part X, line 15.	(b) Book value
art IX	Other Assets.  Complete if the organization answered "Yes"	to Form 990, Part IV Description	line 11d. See Form 9	990, Part X, line 15.	(b) Book value
(1)	Other Assets.  Complete if the organization answered "Yes"	to Form 990, Part IV Description	line 11d. See Form S	990, Part X, line 15.	(b) Book value
(1) (2)	Other Assets.  Complete if the organization answered "Yes"	to Form 990, Part IV Description	line 11d. See Form S	990, Part X, line 15.	(b) Book value
(1) (2) (3)	Other Assets.  Complete if the organization answered "Yes"	to Form 990, Part IV Description	line 11d. See Form 9	990, Part X, line 15.	(b) Book value
(1) (2) (3)	Other Assets.  Complete if the organization answered "Yes"	to Form 990, Part IV Description	line 11d. See Form 9	990, Part X, line 15.	(b) Book value
(1) (2) (3) (4)	Other Assets.  Complete if the organization answered "Yes"	to Form 990, Part IV Description	line 11d. See Form 9	990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5)	Other Assets.  Complete if the organization answered "Yes"	to Form 990, Part IV Description	, line 11d. See Form 9	990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6)	Other Assets.  Complete if the organization answered "Yes"	to Form 990, Part IV Description	, line 11d. See Form 9	990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7)	Other Assets.  Complete if the organization answered "Yes"	to Form 990, Part IV Description	line 11d. See Form 9	990, Part X, line 15.	(b) Book value
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered "Yes" (a)  (a)  (b) must equal Form 990, Part X, col. (B) line Other Liabilities.	Description			
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered "Yes" (a)  (a)  In (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answered "Yes"	Description	line 11e or 11f. See F		
(1) (2) (3) (4) (5) (6) (7) (8) (9)	Other Assets.  Complete if the organization answered "Yes" (a)  In (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability	Description			
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federal	Other Assets.  Complete if the organization answered "Yes" (a)  (a)  In (b) must equal Form 990, Part X, col. (B) line  Other Liabilities.  Complete if the organization answered "Yes"	Description	line 11e or 11f. See F		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Feder: (2)	Other Assets.  Complete if the organization answered "Yes" (a)  In (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability	Description	line 11e or 11f. See F		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Feder: (2) (3)	Other Assets.  Complete if the organization answered "Yes" (a)  In (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability	Description	line 11e or 11f. See F		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federa (2) (3) (4)	Other Assets.  Complete if the organization answered "Yes" (a)  In (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability	Description	line 11e or 11f. See F		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Feder: (2) (3) (4) (5) (6) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets.  Complete if the organization answered "Yes" (a)  In (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability	Description	line 11e or 11f. See F		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Federa (2) (3) (4) (5) (6) (6) (7) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets.  Complete if the organization answered "Yes" (a)  In (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability	Description	line 11e or 11f. See F		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Feder: 2) (3) (4) (5) (6) (7) (7) (7) (7) (7) (7) (7) (7) (7) (7	Other Assets.  Complete if the organization answered "Yes" (a)  In (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability	Description	line 11e or 11f. See F		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Feder (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Feder (2) (3) (4) (5) (6) (7) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets.  Complete if the organization answered "Yes" (a)  In (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability	Description	line 11e or 11f. See F		
(1) (2) (3) (4) (5) (6) (7) (8) (9) (1) Feder (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) Feder (2) (3) (4) (5) (6) (7) (7) (7) (8) (9) (9) (9) (9) (9) (9) (9) (9) (9) (9	Other Assets.  Complete if the organization answered "Yes" (a)  In (b) must equal Form 990, Part X, col. (B) line Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability	Description  9 15.)  to Form 990, Part IV,	line 11e or 11f. See F		

Schedule D (Form 990) 2014

Da	edule D (Form 990) 2014 THE KENTUCKY SCIENCE CENTE rt XI Reconciliation of Revenue per Audited Financial Stateme	R. IN	TC.	r Botu	Page 4
Fa	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		•	rnetu	m.
1	Total revenue, gains, and other support per audited financial statements			7.	5,047,088.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	*************	*********************	····	5,04,,000.
а	Net unrealized gains (losses) on investments	2a	-8,84	4.	
b	<b>=</b>		40,44		
c	Management of the state of the	2c			
đ	A		135,49	8.	
e	Add lines 2a through 2d		*********************	2e	167,094.
3	Subtract line 2e from line 1	••••••	·····	. 3	4,879,994.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			.	
8	Investment expenses not included on Form 990, Part VIII, line 7b		2,96	8.	
b	Other (Describe in Part XIII.)	46		_	
	Add lines 4a and 4b		• • • • • • • • • • • • • • • • • • • •	4c	2,968.
Pai	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)  1 XII Reconciliation of Expenses per Audited Financial Statem	ante Wi	th Evnances	or Pot	4,882,962.
1.4	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.	onto W	in Expenses t	e neu	uiti.
1	Total expenses and losses per audited financial statements				4,841,409.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:	***********		··	W/041/403.
8	Donated services and use of facilities	2a	40,44	0.	
b	Prior year adjustments			7	
c	Other losses				
đ	Other (Describe in Part XIII.)		142,04	5.	
e	Add lines 2a through 2d	****		. 2e	182,480.
3	Subtract line 2e from line 1	••••		. 3	4,658,929.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			1	
	Investment expenses not included on Form 990, Part VIII, line 7b		2,96	3.	
	Other (Describe in Part XIII.)	4b		_	
_	Add lines 4e and 4b		·····	.	2,968.
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)  t XIII Supplemental Information.			. 5	4,661,897.
		N. P 46		4.5	17 P
			o and 20: Mart V. III		
lines '	the the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part II			ie 4; Pan	X, line 2; Part XI,
lines :	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit			ie 4; Pan	: X, line 2; Part XI,
lines :				e 4; Pan	: X, line 2; Part XI,
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit			ne 4; ran	: X, line 2; Part XI,
				ne 4; Pan	: X, line 2; Part XI,
PAR	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional info	rmation.		
PAR	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ional info	rmation.		
PAR	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	ODIF	rmation.	SC D	OES NOT
PAR IN CAP	Accordance with the accounting standards of the control of the con	ODIFI	COLLECTION	SC D	OES NOT
PAR IN CAP	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit T III, LINE 1A:  ACCORDANCE WITH THE ACCOUNTING STANDARDS C	ODIFI	COLLECTION	SC D	OES NOT
PAR IN CAP	T III, LINE 1A:  ACCORDANCE WITH THE ACCOUNTING STANDARDS OF THE STANDARDS	ODIFI SUCH	COLLECTION AND	SC D	OES NOT ONSIST OBJECTS.
PAR IN CAP	Accordance with the accounting standards of the control of the con	ODIFI SUCH	COLLECTION AND	SC D	OES NOT ONSIST OBJECTS.
PAR IN CAP ENT	T III, LINE 1A:  ACCORDANCE WITH THE ACCOUNTING STANDARDS OF THE TOTAL PROPERTY OF HISTORICAL ARTIFACTS, SCIENTIFIC H DONATIONS AND ACQUISITIONS NEED NOT BE R	SUCH SPECI	COLLECTION  MENS, AND  NIZED SINC	SC D NS C ART	OES NOT ONSIST OBJECTS. EY ARE
PAR IN CAP ENT	T III, LINE 1A:  ACCORDANCE WITH THE ACCOUNTING STANDARDS OF THE STANDARDS	SUCH SPECI	COLLECTION  MENS, AND  NIZED SINC	SC D NS C ART	OES NOT ONSIST OBJECTS.
PAR IN CAP ENT SUC	T III, LINE 1A:  ACCORDANCE WITH THE ACCOUNTING STANDARDS OF THE STANDARDS	SODIFI SUCH SPECI ECOGN	COLLECTION AND SINCE SIN	SC DONS COART	OES NOT ONSIST OBJECTS. EY ARE TION, AND
PAR IN CAP ENT SUC	T III, LINE 1A:  ACCORDANCE WITH THE ACCOUNTING STANDARDS OF THE TOTAL PROPERTY OF HISTORICAL ARTIFACTS, SCIENTIFIC H DONATIONS AND ACQUISITIONS NEED NOT BE R	SODIFI SUCH SPECI ECOGN	COLLECTION AND SINCE SIN	SC DONS COART	OES NOT ONSIST OBJECTS. EY ARE TION, AND
PAR IN CAP ENT SUC ADD	T III, LINE 1A:  ACCORDANCE WITH THE ACCOUNTING STANDARDS OF LITALIZE DONATED OR PURCHASED COLLECTIONS.  IRELY OF HISTORICAL ARTIFACTS, SCIENTIFIC H DONATIONS AND ACQUISITIONS NEED NOT BE RED TO COLLECTIONS THAT ARE HELD FOR PUBLIC SE	SODIFI SUCH SPECI ECOGN EXHI	COLLECTION AND SINCE SIN	SC DONS CONSTRUCTION ART	OES NOT ONSIST OBJECTS. EY ARE TION, AND
PAR IN CAP ENT SUC ADD	T III, LINE 1A:  ACCORDANCE WITH THE ACCOUNTING STANDARDS OF THE STANDARDS	SODIFI SUCH SPECI ECOGN EXHI	COLLECTION AND SINCE SIN	SC DONS CONSTRUCTION ART	OES NOT ONSIST OBJECTS. EY ARE TION, AND
PAR IN CAP ENT SUC ADD RES GAI	T III, LINE 1A:  ACCORDANCE WITH THE ACCOUNTING STANDARDS OF THE STANDARDS	SUCH SPECI ECOGN EXHI RVICE	COLLECTION, ENTER SINCE	SC D NS C ART E TH DUCA HAN	OES NOT ONSIST OBJECTS. EY ARE TION, AND FINANCIAL D; AND ARE
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PAR IN CAP ENT SUC ADD RES GAI SUB	T III, LINE 1A:  ACCORDANCE WITH THE ACCOUNTING STANDARDS OF THE STANDARDS	SUCH SPECI ECOGN EXHI RVICE FOR,	COLLECTION, E COLLECTION  MENS, AND  EXACT SINCE  EXACT S	SC D  ONS C  ART  E TH  DUCA  HAN  ERVE	OES NOT ONSIST OBJECTS. EY ARE TION, AND FINANCIAL D; AND ARE
PAR IN CAP ENT SUC ADD RES GAI SUB	T III, LINE 1A:  ACCORDANCE WITH THE ACCOUNTING STANDARDS OF LITALIZE DONATED OR PURCHASED COLLECTIONS.  IRELY OF HISTORICAL ARTIFACTS, SCIENTIFIC H DONATIONS AND ACQUISITIONS NEED NOT BE RED TO COLLECTIONS THAT ARE HELD FOR PUBLIC SEARCH PURPOSES IN FURTHERANCE OF PUBLIC SEN; ARE PROTECTED, KEPT UNENCUMBERED, CARED JECT TO A POLICY THAT REQUIRES THE PROCEED	SUCH SPECI ECOGN EXHI RVICE FOR,	COLLECTION, E COLLECTION  MENS, AND  EXACT SINCE  EXACT S	SC D  ONS C  ART  E TH  DUCA  HAN  ERVE	OES NOT ONSIST OBJECTS. EY ARE TION, AND FINANCIAL D; AND ARE LLECTION
PAR IN CAP ENT SUC ADD RES GAI SUB	T III, LINE 1A:  ACCORDANCE WITH THE ACCOUNTING STANDARDS OF LITALIZE DONATED OR PURCHASED COLLECTIONS.  IRELY OF HISTORICAL ARTIFACTS, SCIENTIFIC H DONATIONS AND ACQUISITIONS NEED NOT BE RED TO COLLECTIONS THAT ARE HELD FOR PUBLIC SEARCH PURPOSES IN FURTHERANCE OF PUBLIC SEN; ARE PROTECTED, KEPT UNENCUMBERED, CARED JECT TO A POLICY THAT REQUIRES THE PROCEED	SUCH SPECI ECOGN EXHI RVICE FOR, S FRO	CATION, F COLLECTION MENS, AND VIZED SINCE ENTION, F AND PRESE OM SALES OF	SC D  ONS C  ART  E TH  DUCA  HAN  ERVE	OES NOT ONSIST OBJECTS. EY ARE TION, AND FINANCIAL D; AND ARE LLECTION ASES OF
PAR IN CAP ENT SUC ADD RES GAI SUB ITE	T III, LINE 1A:  ACCORDANCE WITH THE ACCOUNTING STANDARDS OF STANDARDS	SUCH SPECI ECOGN EXHI RVICE FOR, S FRO	COLLECTION, EN COLLECTION OF THE SINGE SIN	SC D  ONS C  ONS	OES NOT ONSIST OBJECTS. EY ARE TION, AND FINANCIAL D; AND ARE LLECTION ASES OF
PAR IN CAP ENT SUC ADD RES GAI SUB ITE	T III, LINE 1A:  ACCORDANCE WITH THE ACCOUNTING STANDARDS OF THE PROCEDURE OF PUBLIC SEARCH PURPOSES IN FURTHERANCE OF PUBLIC SEARCH PURPOSES IN FURPOSES IN FURTHERANCE OF PUBLIC SEARCH PURPOSES PURPOSES PURPOSES PURPOSES PURPOSES PURPOSES PURPOSES PURPOSES PURPOSES PURPOSES PURPOSES PURPOSES PURPOSES PURPOSES PURPOSES PUR	SUCH SPECI ECOGN EXHI RVICE FOR, S FRO	COLLECTION, EN COLLECTION OF THE SINGE SIN	SC D  ONS C  ONS	OES NOT ONSIST OBJECTS. EY ARE TION, AND FINANCIAL D; AND ARE LLECTION ASES OF

Schedule D (Form 990) 2014 THE KENTUCKY SCIENCE CENTER, INC.  Page 5  [Part XIII   Supplemental Information (continued)
RESTRICTED NET ASSETS IF THE ASSETS USED TO PURCHASE THE ITEMS ARE
RESTRICTED BY DONORS.
·
PROCEEDS FROM DEACCESSIONS OR INSURANCE RECOVERIES ARE REFLECTED AS
INCREASES IN THE APPROPRIATE NET ASSET CLASSES. THE VALUE OF THE
COLLECTION IS INDETERMINABLE AS OF JUNE 30, 2015 AND 2014
PART III, LINE 4:
THE ORGANIZATION HAS COLLECTIONS THAT INCLUDE A MINERAL COLLECTION, A
MUMMY, STUFFED ANIMALS AND VARIOUS ITEMS THAT WERE ONCE PART OF THE
NATURAL HISTORY MUSEUM. WE INCORPORATE THESE ITEMS INTO THE INTERACTIVE
EXHIBIT GALLERY TO WHICH THEY PERTAIN.
PART V, LINE 4:
ORGANIZATION'S ENDOWMENT CONSISTS OF TWO INDIVIDUAL FUNDS ESTABLISHED TO
FUND EXHIBIT REPAIRS AND OPERATIONS.
PART X, LINE 2:
KSC HAS RECEIVED A DETERMINATION LETTER FROM THE INTERNAL REVENUE SERVICE
INDICATING THAT IT QUALIFIES AS A TAX-EXEMPT ORGANIZATION UNDER SECTION
501(C)(3) OF THE INTERNAL REVENUE CODE. ACCORDINGLY, NO INCOME TAXES HAVE
BEEN PROVIDED IN THE ACCOMPANYING FINANCIAL STATEMENTS.
KSC RECOGNIZES UNCERTAIN INCOME TAX POSITIONS USING THE
MORE-LIKELY-THAN-NOT APPROACH AS DEFINED IN THE ACCOUNTING STANDARDS
CODIFICATION. NO LIABILITY FOR UNCERTAIN TAX POSITIONS HAS BEEN RECORDED
IN THE ACCOMPANYING FINANCIAL STATEMENTS. KSC'S 2011-2014 TAX YEARS
REMAIN OPEN AND SUBJECT TO EXAMINATION.  Schedule D (Form 990) 2014

Schedule D (Form 990) 2014 THE KENTUCKY SCIENCE CENTER, INC.  Part XIII   Supplemental Information (continued)	*age 5
PART XI, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	93,841.
RENTAL EXPENSES	41,657.
TOTAL TO SCHEDULE D, PART XI, LINE 2D	135,498.
PART XII, LINE 2D - OTHER ADJUSTMENTS:	
COST OF GOODS SOLD	93,841.
RENTAL EXPENSES	41,657.
UNCOLLECTED PLEDGES	6,542.
TOTAL TO SCHEDULE D, PART XII, LINE 2D	142,040.

#### SCHEDULE G

(Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.

OMB No. 1545-0047

Open to Public

Schedule G (Form 990 or 990-EZ) 2014

Department of the Treasury Internal Revenue Service Attach to Form 990 or Form 990-EZ. Information about Schedule G (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form 990. Inspection Name of the organization Employer identification number THE KENTUCKY SCIENCE CENTER, INC. Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17. Form 990-EZ filers are not Part I required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations Solicitation of non-government grants b Internet and email solicitations Solicitation of government grants Phone solicitations C Special fundraising events In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? ☐ Yes ☐ No b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (iii) Did fundralaer have custody or control of contributions? (v) Amount paid (vi) Amount paid to (or retained by) (i) Name and address of individual (Iv) Gross receipts to (or retained by) fundraiser (ii) Activity or entity (fundraiser) from activity organization listed in col. (i) Yes 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

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

N	Vere	any of the organization's gaming licenses s,* explain:	revoked, suspended or term	ninated during the tax ye	ear?	Yes No
ı	s the	r the state(s) in which the organization cone organization licensed to conduct gaming o," explain:	activities in each of these st	ates?		Yes No
L		Net gaming income summary. Subtract line			I	
	7 [	Direct expense summary. Add lines 2 throu	igh 5 in column (d)			***************************************
		Volunteer labor	Yes%	Yes %	Yes%	,
l		Other direct expenses				
		Noncash prizes Rent/facility costs				
		Cash prizes				
+		Gross revenue				
Drug of the			(a) Bingo	bingo/progressive bingo	(c) Other gaming	col. (a) through col.
		\$15,000 on Form 990-EZ, line 6a.		(b) Pull tabs/instant	T	(d) Total gaming (a
a	11 rt II	Net income summary. Subtract line 10 fro  Gaming. Complete if the organizati	m line 3, column (d)			-46,07
	10	Direct expense summary. Add lines 4 thro	ough 9 in column (d)		<u> </u>	32,93 69,10
-	8	Entertainment	<u>10,581.</u> <u>32,938.</u>			10,58
2005	7	Food and beverages	25,583.			25,58
JITECT EXPENSES	6	Rent/facility costs				
S.	6	Noncash prizes				
	4	Cash prizes				
	3	Gross income (line 1 minus line 2)	23,025			23,0
	2	Less: Contributions	112,100			112,1
Revenue	1	Gross receipts	135,125			135,1
9			A TWIST (event type)	(event type)	(total number)	col. (c))
	1		SCIENCE WIT	н	(c) Other events NONE	(d) Total ever (add col. (a) thre
			(a) Event #1	(b) Event #2		

Sch	nedule G (Form 990 or 990-EZ) 2014 THE KENTUCKY SCIENCE CENTER, INC.		Page 3
11	Does the organization conduct gaming activities with nonmembers?	L Tes	No
12	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		
	to administer charitable gaming?	Yes	No
	Indicate the percentage of gaming activity conducted in:		
	a The organization's facility	13a	90
ı	o An outside facility	13b	%
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:		
	Name >	New Parkers between the American State Constitution of the Constit	<del></del>
	Address >		<u> </u>
158	Does the organization have a contract with a third party from whom the organization receives gaming revenue?	, Yes	☐ No
£	o if "Yes," enter the amount of gaming revenue received by the organization > and the amount		
	of gaming revenue retained by the third party > \$		
C	e If "Yes," enter name and address of the third party:		
	Name >		
	Address >		
16	Garning manager information:		
	Name >		
	Gaming manager compensation > \$		
	Description of services provided	-	
	Director/officer Employee Independent contractor		
17	Mandatory distributions:		
8	is the organization required under state law to make charitable distributions from the gaming proceeds to		
	retain the state gaming license?	Yes	☐ No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the		
PΩ	organization's own exempt activities during the tax year > \$  **T IV Supplemental Information, Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, line		
	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, line 15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).	108 9, 9b, 1	Ob, 15b,
	. 50) 10 and 113 de approceso 7000 provide en y accidenta intormation (366 metroctoris).		

Schedule G	(Form 990 or 990-EZ) Supplemental I	THE KENTUC	KY SCIENCE	CENTER,	INC.	Page 4
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					***************************************	
		Nation to the state of the stat				

#### **SCHEDULE J** (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Compensation Information**

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

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

Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer Identification number

Schedule J (Form 990) 2014

_	THE KENTUCKY SCIENCE CENTER, INC.			
P	art I Questions Regarding Compensation			
			Yes	No
ta	Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		]	
	First-class or charter travel			
	Travel for companions Payments for business use of personal residence		1	
	Tax indemnification and gross-up payments  Health or social club dues or initiation fees			ł
	Discretionary spending account  Personal services (e.g., maid, chauffeur, chef)			
	Land Control of Contro			
b	if any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or	1		
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain		1	
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	1b		
-				
	trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?	2	ļ	ļ
3	Indianto utilale if any of the fell-using the filling angular bloom, and the fill of the second and the fell-using the fell-using the filling angular bloom, and the fell-using the fell-u		1	
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			İ
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			1
	Form 990 of other organizations  X Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		X
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.	1		
	, , , , , , , , , , , , , , , , , , , ,			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
2	The organization?			v
ь	Any related organization?	5a		X
_	ff "Yes" to line 5a or 5b, describe in Part III.	.5b		
R	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
٠	contingent on the net earnings of:		1	
_	· · · · · · · · · · · · · · · · · · ·			••
	The organization?	6a		<u>X</u>
D	Any related organization?	6b		X
-	If "Yes" to line 6a or 6b, describe in Part III.			
•	For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments			
_	not described in lines 5 and 6? If "Yes," describe in Part III	7	X	
8	Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	В		X
9	If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in		1	
	Regulations section 53 4958-6(c)?		į	

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

THE KENTUCKY SCIENCE CENTER, INC. Schedule J (Form 990) 2014

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies in acoutonal space is heeded.

Page 2

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Note. The sum of columns (B)(I)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

		(b) breakdown of	(b) breakdown of W-2 and/or 1099-MISC compensation	SC compensation	(C) Retirement and	(D) Nontaxable	(E) Total of columns	(F) Compensation
(A) Name and Title		(f) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	other deferred compensation	benefits	(a)-(v(a)	
(1) JOANNA HAAS	8	185,03	3.669.	0				
EXECUTIVE DIRECTOR	8		0	0	. 007 .	5,554.	198,54	0.
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Schedule J (Form 990) 2014

Schedule J (Form 990) 2014 THE KENTUCKY SCIENCE CENTER, INC.

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Provide the information, explanation, or descriptions required for Part I, ines 1a, 1b, 3, 4a, 4b, 4c, 5a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

DART I LIME 7.
THE EXECUTIVE DIRECTOR RECEIVED A YEAR-END BONUS USING THE SAME CRITERIA
USED TO CALCULATE BONUSES FOR ALL OTHER TEAM MEMBERS.
Schedule J (Form 990) 2014

#### **SCHEDULE M** (Form 990)

#### **Noncash Contributions**

OMB No. 1545-0047

**Open To Public** Inspection

Department of the Treasury Internal Revenue Service

Part

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

Attach to Form 990.

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

Name of the organization

Securities - Partnership, LLC, or

Other ▶ (FOOD

Other >

Other >

THE KENTUCKY SCIENCE CENTER, Types of Property

(a) (b) (c) (d) Check if Number of Noncash contribution Method of determining applicable contributions or amounts reported on noncash contribution amounts tems contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures Art - Fractional Interests Books and publications ..... Clothing and household goods ..... Cars and other vehicles ..... X 1,821. Boats and planes ..... Intellectual property ..... Securities - Publicly traded ..... Securities - Closely held stock ..... trust interests Securities · Miscellaneous Qualified conservation contribution -Historic structures Qualified conservation contribution - Other Real estate - Residential Real estate - Commercial Real estate - Other Collectibles ..... Food inventory ..... Drugs and medical supplies ..... Taxidermy Historical artifacts Scientific specimens ..... Archeological artifacts ..... 15,125. **FMV** ( PRINTED MATER) X 8,700. 3 PMV (SUPPLIES AND ) ,101. FMV

29

			Yes	No
30a	During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for			
	exempt purposes for the entire holding period?	30a	1	X
b	If "Yes," describe the arrangement in Part II.			
31	Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	31		x
32a	Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	32a		X
b	If "Yes," describe in Part II,	92.6		- 41
33	If the organization did not report an amount in column (c) for a type of property for which column (a) is checked,			

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

Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement ......

Schedule M (Form 990) (2014)

Schedule M	(Form 990) (2014)	THE	KENTUC	KY S	CIENCE	CENTER,	INC.		Page 2
Part II	Supplemental is reporting in Part this part for any ac	Inform I, columi Iditional i	nation. Pro n (b), the num nformation.	vide th nber of	e information ( contributions	required by Part , the number of i	I, lines 30b, 32b, and 33, items received, or a com	and whether the organi bination of both. Also co	zation mplete
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420140 DR-10	2-14							Schedule M (Forr	n 990) (201

432142 08-12-14

#### SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2014 Open to Public Inspection

Name of the organization

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

number THE KENTUCKY SCIENCE CENTER, INC. FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: EDUCATIONAL, AND ENTERTAINING WAYS TO INSPIRE A LIFETIME OF LEARNING. FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION: SUITED TO EXCEL IN THE 21ST CENTURY. EVERYONE IS CURIOUS, AND THAT INNATE CURIOSITY CAN FLOURISH WHEN LIBERATED. AT KENTUCKY SCIENCE CENTER, SCIENCE MATTERS BECAUSE WE MAKE IT PERSONAL, FUN, PARTICIPATORY AND RELEVANT. WE ARE AMBASSADORS OF SCIENTIFIC VALUES. FORM 990, PART III, LINE 4C, PROGRAM SERVICE ACCOMPLISHMENTS: EARLY CHILDHOOD - THE KENTUCKY SCIENCE CENTER ENGAGES WITH CHILDREN AGES 0-8 AND THEIR PARENTS, CAREGIVERS AND TEACHERS THROUGH A WEB OF SERVICES THAT INCLUDE ADULT/CHILD LEARNING EXPERIENCES, PARENT TRAININGS AND RESOURCES, TEACHER TRAININGS AND RESOURCES, MENTORING, NETWORKING AND COMMUNITY COLLABORATIONS. THESE PROGRAMS ARE ANCHORED BY THE SCIENCE CENTER'S EARLY CHILDHOOD EXHIBIT, SCIENCE IN PLAY. EDUCATIONAL OUTREACH AND COMMUNITY PARTNERSHIPS - THE KENTUCKY SCIENCE CENTER ACTS AS A CATALYST FOR IMPROVED SCIENCE LITERACY ACROSS THE CITY, REGION AND STATE BY OFFERING EVENTS AND ACTIVITIES NOT ONLY AT OUR FLAGSHIP FACILITY BUT ALSO AT FESTIVALS, EVENTS, BUSINESSES, SCHOOLS AND OTHER PARTNER LOCATIONS. WE AFFILIATE WITH AN ECLECTIC ARRAY OF PARTNERS AND COLLABORATORS FOR MUTUAL BENEFIT AND SYNERGY AROUND OUR SCIENCE LITERACY MISSION AND CURRENTLY BOAST TWO TRAVELING OUTREACH PROGRAMS FOR SCHOOLS

Schedule O (Form 990 or 990-EZ) (2014)

CAMPS/WORKSHOPS/SPECIAL EVENTS - SCIENCE LEARNING OUTSIDE THE CLASSROOM
HAPPEN BOTH ON-SITE AT THE KENTUCKY SCIENCE CENTER, AND THROUGHOUT THE
REGION, THROUGH PROGRAMS DESIGNED TO EXCITE AND ENGAGE YOUNG LEARNERS.
THESE INCLUDE OVERNIGHT EXPERIENCES, SCOUT PROGRAMS, FAMILY SCIENCE
NIGHTS AND SEASONAL SCHOOL'S OUT SCIENCE CAMPS THAT ARE POWERFUL
OPPORTUNITIES TO BRING SCIENCE TO LIFE IN REAL, EXCITING AND NON-FORMAL
WAYS TO SIGNIFICANTLY BOOST LEVELS OF MOTIVATION AND INTEREST IN
SCIENCE. THESE FOUNDATIONAL VALUES LEAD TO INCREASED PROPENSITY FOR
HIGHER LEVELS OF LEARNING INSIDE THE CLASSROOM SETTING.

FORM 990, PART VI, SECTION B, LINE 11:

COPY IS PROVIDED TO THE BOARD PRIOR TO FILING. THIS IS AFTER REVIEW AND APPROVAL BY THE FINANCE AND AUDIT COMMITTEE OF THE BOARD OF DIRECTORS.

FORM 990, PART VI, SECTION B, LINE 12C:

EACH BOARD MEMBER IS REQUIRED TO DISCLOSE ANNUALLY ANY KNOWN CONFLICTS OF
INTEREST AFTER BEING PROVIDED A COPY OF THE CONFLICT OF INTEREST POLICY
DURING THE FIRST FULL BOARD MEETING OF THE YEAR (USUALLY SEPTEMBER). FOR
EACH INTEREST DISCLOSED TO THE CHAIRMAN OF THE BOARD OF DIRECTORS, THE
CHAIRMAN WILL DETERMINE WHETHER TO (A) TAKE NO ACTION; (B) ASSURE FULL
DISCLOSURE TO THE BOARD OF DIRECTORS; (C) ASK THE PERSON TO RECUSE FROM
PARTICIPATION IN RELATED DISCUSSIONS, DECISIONS AND MATTERS WITHIN OR
INVOLVING THE KSC; OR (D) ASK THE PERSON TO RESIGN HIS OR HER POSITION IN
THE OR WITH THE KSC OR, IF THE PERSON REFUSES TO RESIGN, INSTITUTE POSSIBLE
REMOVAL IN ACCORDANCE WITH THE KSC'S REMOVAL PROCEDURES. THE KSC'S CHIEF
EMPLOYED EXECUTIVE AND CHIEF EMPLOYED FINANCIAL EXECUTIVE WILL MONITOR
PROPOSED AND ONGOING TRANSACTIONS FOR CONFLICTS OF INTEREST AND DISCLOSE

THEM TO THE CHAIRMAN OF THE BOARD OF DIRECTORS IN ORDER TO AVOID AND DEAL WITH POTENTIAL OR ACTUAL CONFLICTS, WHETHER DISCOVERED BEFORE OR AFTER THE TRANSACTION HAS OCCURRED. IN THE EVENT OF BOARD CONSIDERATION OF ANY MATTER THAT INVOLVES, OR MAY INVOLVE, A CONFLICT OF INTEREST THAT IS THEN KNOWN (OR THE APPEARANCE OF A CONFLICT OF INTEREST), THE FACTS BEARING ON THAT CONFLICT SHALL BE FULLY DISCLOSED TO THE BOARD BEFORE IT IS ASKED TO TAKE ANY ACTION ON THE MATTER. THE BOARD SHALL AT LEAST ANNUALLY REVIEW THE KSC'S AFFAIRS TO ASSURE THE ABSENCE OF CONFLICTS OF INTEREST.

FORM 990, PART VI, SECTION B, LINE 15A:

THE EXECUTIVE DIRECTORS SALARY WAS DETERMINED AT THE TIME OF HIRE BY THE

SEARCH COMMITTEE OF THE BOARD OF DIRECTORS WITH ASSISTANCE FROM A

PROFESSIONAL RECRUITING FIRM. THE SALARY RANGE WAS SET BASED ON THE SKILL

SET NEEDED. SINCE THEN, THE EXECUTIVE DIRECTORS SALARY IS REVIEWED BY THE

OFFICERS OF THE BOARD OF DIRECTORS AND HUMAN RESOURCES COMMITTEE CHAIR.

OFFICERS ARE NOT COMPENSATED AND THERE ARE NO OTHER EMPLOYEES THAT MEET THE

CRITERIA OF KEY EMPLOYEE AS DEFINED ABOVE.

FORM 990, PART VI, SECTION C, LINE 19:

FINANCIAL STATEMENTS, GOVERNING DOCUMENTS AND CONFLICT OF INTEREST POLICY

ARE ON FILE AT SITE AND ARE AVAILABLE UPON REQUEST.

FORM 990, PART XI, LINE 9, CHANGES IN NET ASSETS:

LOSS ON UNCOLLECTIBLE PLEDGES -6,542.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR. THE ORGANIZATION CONTINUES

TO MAINTAIN AN AUDIT AND FINANCE COMMITTEE COMPRISED EXCLUSIVELY OF

Schedule O (Form 990 or 990-EZ) (2014)	Page 2
Name of the organization THE KENTUCKY SCIENCE CENTER, INC.	Employer identification number
DIRECTORS WHO SELECT THE INDEPENDENT ACCOUNTANT. THE COM	MITTEE MEETS
WITH THE INDEPENDENT AUDITOR PRIOR TO AND AT THE CONCLUSI	ON OF THE
ANNUAL AUDIT, WHICH MAY INCLUDE AN EXECUTIVE SESSION WITH	OUT MANAGEMENT
IN ATTENDANCE.	
	W. 1144
	**************************************

Form **8868** (Rev. January 2014)

# Application for Extension of Time To File an **Exempt Organization Return**

File a separate application for each return.

OMB No. 1545-1709

Department i Internal Reve	of the Treasury enue Service	Information about Form 886	38 and its	instructions is at www.irs.gov/form8	368 .		
• If you a	ere filing for an Auto	omatic 3-Month Extension, comple	te only Pa	art I and check this box			▶ X
	-		_	complete only Part II (on page 2 of th			
				atic 3-month extension on a previously			
				a 3-month automatic extension of time			for a corporation
				sion of time. You can electronically file			
				Form 8870, Information Return for Tra			
	•			(see instructions). For more details on			
visit www.	.irs.gov/efile and cl	ick on e-file for Charities & Nonprofits	i	<u> </u>			-
Part I	Automatic	3-Month Extension of Time	Only	submit original (no copies need	ied).		
A corpora				onth extension - check this box and co			
Part I only	,			.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			▶ □
All other o	corporations (includ	ling 1120-C filers), partnerships, REM	ICs, and t	trusts must use Form 7004 to request a	n exte	nsion of tin	ne
	ome tax returns.						tving number
Type or	Name of exempt	organization or other filer, see instru	ctions.	E	mploye	r identifica	ition number (EIN) or
print							
	THE KENTUCKY SCIENCE CENTER, INC.						
File by the due date for	Number, street,	and room or suite no. If a P.O. box, se	ee instruc	tions.	ocial s	ecurity nun	nber (SSN)
filing your return. See		MAIN STREET					
instructions.		st office, state, and ZIP code. For a fo	preign add	Iress, see instructions.			
	LOUISVIL	LE, KY 40202-2681					
Enter the	Return code for the	e return that this application is for (file	a separa	te application for each return)			01
Application	on		Return	Application			Return
ls For		,	Code	ls For			Code
Form 990	or Form 990-EZ		01	Form 990-T (corporation)			07
Form 990-	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		02	Form 1041-A			
	0 (individual)		03	Form 4720 (other than individual)		·	09
Form 990-			04	Form 5227			10
	T (sec. 401(a) or 40	J8(a) trust)	05	Form 6069			
						·····	11
Form 990-	T (trust other than		06	Form 8870		·	11 12
		MIKE NORMAN		Form 8870	1020	2_268	12
The box	oks are in the care	MIKE NORMAN of > 727 WEST MAIN S		Form 8870 P - LOUISVILLE, KY	1020	2-268	12
The bo     Telepho	oks are in the care	MIKE NORMAN of ▶ 727 WEST MAIN S -560-7174	TREE!	Form 8870  T - LOUISVILLE, KY of Fax No.			12
• The bo	oks are in the care one No. ► 502 rganization does no	MIKE NORMAN of ► 727 WEST MAIN S -560-7174 of have an office or place of business	TREE!	Form 8870  P - LOUISVILLE, KY  Fax No. >  inted States, check this box			12 1 
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• The bortel Telephore • If the original in the six box bortel I required is for both bortel I required in the six box box box box box box box box box bo	oks are in the care one No. > 502 rganization does no for a Group Return. If it is for part quest an automatic FEBRUARY rethe organization's calendar year tax year entered	MIKE NORMAN  of ▶ 727 WEST MAIN S  -560-7174  of have an office or place of business in, enter the organization's four digit of the group, check this box ▶  3-month (6 months for a corporation 15, 2016, to file the exempt is return for:  or  ning JUL 1, 2014  in line 1 is for less than 12 months, check in line 1 is for less than 12 months in	in the Ur Group Exe and atta required organization, an	Form 8870  P - LOUISVILLE, KY of Fax No.  Inted States, check this box	is is fo memb	r the whole ers the ext	12  1  group, check this tension is for.
• The botal Telephotal Fit the or the box to	oks are in the care one No. > 502 rganization does no sor a Group Return. If it is for part quest an automatic FEBRUARY rethe organization's calendar year x tax year entered Change in accou	MIKE NORMAN  of ▶ 727 WEST MAIN S  -560-7174  of have an office or place of business in, enter the organization's four digit of the group, check this box ▶  3-month (6 months for a corporation 15, 2016, to file the exempt is return for:  or  or  ning JUL 1, 2014  in line 1 is for less than 12 months, chanting period	in the Ur Group Exe and atta required organization , and	Form 8870  P - LOUISVILLE, KY of Fax No.  Interpretation Number (GEN)	is is fo memb til above.	r the whole ers the ext	12  1  group, check this tension is for.
• The bor Telephe • If the or • If this is box ▶ 1 I required is for ▶ 2 If the 3a If this	oks are in the care one No. > 502 rganization does no sor a Group Return. If it is for part quest an automatic FEBRUARY rethe organization's calendar year x tax year entered Change in accou	MIKE NORMAN  of ▶ 727 WEST MAIN S  -560-7174  of have an office or place of business in, enter the organization's four digit of the group, check this box ▶ □  3-month (6 months for a corporation 15, 2016, to file the exempt is return for:  or  or  ning _JUL 1, 2014  in line 1 is for less than 12 months, chenting period  Forms 990-BL, 990-PF, 990-T, 4720,	in the Ur Group Exe and atta required organization , and	Form 8870  P - LOUISVILLE, KY of Fax No.  Interpretation Number (GEN)	is is fo memb til above.	r the whole ers the ext	12  1  group, check this tension is for.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

by using EFTPS (Electronic Federal Tax Payment System). See instructions.

estimated tax payments made. Include any prior year overpayment allowed as a credit. c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,

# Articles of Incorporation

# BOOK 0468 PAGE 000

#### ARTICLES OF AMENDMENT TO

Aug 29 3 46 PH '94

#### ARTICLES OF INCORPORATION OF

THE LOUISVILLE SCIENCE CENTER, INC.

Pursuant to the provisions of KRS 273.267, the undersigned corporation hereby executes these Articles of Amendment to its Articles of Incorporation:

- 1. The name of the corporation is The Louisville Science Center, Inc. (the "Corporation").
  - 2. Article XI is amended as follows:

The affairs of the Corporation shall be managed by a Board of Directors who shall be elected as provided in the By-Laws of this Corporation. The number, terms of office, and qualifications of such Directors shall be fixed by said By-Laws; provided, however, that the number of Directors shall not be less than ten (10) nor more than sixty (60).

- 3. The foregoing Amendment was adopted by a unanimous vote of the Board of Directors on June 22, 1994, at a meeting at which a quorum of the Board of Directors was present.
- 4. The members of the Corporation are not entitled to voting rights.

IN TESTIMONY WHEREOF, witness the signature of the Secretary of the Corporation effective July 1994.

THE LOUISVILLE SCIENCE CENTER, INC.

Munu &

Michael B. Vincenti, Secretary

BGOK 0468 PAG 1001

THIS INSTRUMENT PREPARED BY:

Michael B. Vincenti WYATT, TARRANT & COMBS 2700 Citizens Plaza Louisville, Kentucky 40 (502) 589-5235

1:\HAWL\SCIENCE.AMD

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Document No: 1994114078
Lodged By: W T C
Recorded On: Sep O5, 1994 12:30:59 P.M.
Total Fees: \$9.00
County Clerk: Rebecca Jackson
Deputy Clerk: KATHYL

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# BOOK 455 PAGE 514

ARTICLES OF AMENDMENT TO

ARTICLES OF INCORPORATION OF

LOUISVILLE MUSEUM OF HISTORY
AND SCIENCE FOUNDATION, INCORPORATED

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SCHETANYO) STATE

The undersigned, being the Secretary of the corporation, states the following:

- 1. The name of the corporation is Louisville Museum of History and Science Foundation, Incorporated.
  - 2. Article I is amended to read as follows:

#### ARTICLE I

The name of the Corporation is The Louisville Science Center, Inc.

- 3. The Amendment was adopted by majority vote of the Board of Directors on August 18, 1993, at a meeting at which a quorum of the Board of Directors was present.
- 5. The members of the Corporation are not entitled to voting rights.

IN TESTIMONY WHEREOF, witness the signature of the Secretary of the Corporation effective August 23, 1993.

LOUISVILLE MUSEUM OF HISTORY AND SCIENCE FOUNDATION, INCORPORATED

By:

ames S. Welch, Secretary

This instrument prepared by:

OGDEN NEWELL & WELCH 2200 One Riverfront Plaza

40202 Louisville, KY

(502) 582-1601

BOOK 455 PAGE 515

END OF DOCUMENT

Document No: 1993110942 Lodged By: MAIL Recorded Dn: Aug 27, 1993 07:59:49 A.M. Total Fees: \$5.50 County Clerk: Rebecca Jackson Deputy Clerk: SHERRI

ED IN OFFICE OCT 14 1950

ORIGINAL COPY FILED SECRETARY OF STATE OF KENTUCKY FRANKIDRY, RENTUCKY

ARTICLES OF INCORPORATION OF

LOUISVILLE MUSEUM OF

HISTORY AND SCIENCE FOUNDATION, INCORPORATED KNOW ALL MEN BY THESE PRESENTS:

That I, the undersigned, in order to form a Corporation having no capital stock from which no private pecuniary gain or profit is to be derived, and pursuant to the Laws of the Commonwealth of Kentucky, do hereby certify as follows:

#### ARTICLE I

The name of the Corporation is: LOUISVILLE MUSEUM OF HISTORY AND SCIENCE FOUNDATION, INCORPORATED. shall be perpetual.

#### ARTICLE II

This Corporation is organized exclusively for charitable, religious, educational, and scientific purposes, including, for such purposes, the making of distributions to organizations that qualify as exempt organizations under section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law). It may transact only such business as is authorized under the provisions of Chapter 273 of the Kentucky Revised Statutes.

#### ARTICLE III

The Corporation shall neither have nor exercise any power, nor shall it engage directly or indirectly in any activity, that would invalidate its status (1) as a corporation which is exempt from federal income taxation as an organization described in Section 501(c)(3) of the Internal Revenue Code of 1954, (or the corresponding provision of any future United States Internal Revenue Law), or (2) as a corporation contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law).

#### ARTICLE IV

The Corporation and its agents and representatives shall not engage directly or indirectly in any activity involving discrimination against any person by reason of age, sex, race, color, religion, national origin or economic status.

#### ARTICLE V

No part of the net earnings of the Corporation shall inure to the benefit of, or be distributable to its members, directors, officers, or other private persons, except that the Corporation shall be authorized and empowered to pay reasonable compensation for services rendered and to make payments and distributions in furtherance of its proper purposes.

#### ARTICLE VI

No substantial part of the activities of the Corporation shall consist of carrying on propaganda, or otherwise attempting to <u>influence legislation</u>; nor shall it in any manner or to any extent participate in, or intervene in (including the publishing or distributing of statements), any political campaign on behalf of any candidate for public office.

#### ARTICLE VII

Upon the dissolution of the Corporation, the Board of Directors after paying or making provision for the payment of all of the liabilities of the Corporation, shall distribute all remaining assets of the Corporation, if any, exclusively to the Louisville Museum of Natural History and Science,

Louisville, Jefferson County, Kentucky, provided that, at the time of any such distribution the Louisville Museum of Natural History and Science shall qualify as an organization described in Section 501(c)(3) of the Internal Revenue Code of 1954; and, in the event that the Louisville Museum of Natural History and Science is not then so qualified, said distribution shall be made in such manner, or to such organization or organizations organized and operated exclusively for charitable, educational, religious, or scientific purposes as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1954 (or the corresponding provision of any future United States Internal Revenue Law), as the Board of Directors shall determine. Any such assets not so disposed of shall be disposed of by the Jefferson County Circuit Court, exclusively for such purposes or to such organization or organizations, as said Court shall determine, which are organized and operated exclusively for such purposes.

#### ARTICLE VIII

The address of the principal office of the Corporation in the Commonwealth of Kentucky is 4810 Cherry Valley Road. Prospect, Jefferson County, Kentucky, 40059. The name and address of the resident agent for service of process is year formy Jelly form. Jean Wode Frazier, Prospect, Kentucky, 40059.

#### ARTICLE IX

The name and address of the incorporator of the Corporation is Jean Wode Frazier, 4810 Cherry Valley Road, Prospect, Jefferson County, Kentucky, 40059.

#### ARTICLE X

The initial members, and first Board of Directors, of the Corporation, shall be as follows:

Name:

Address:

Jean Wode Frazier

4810 Cherry Valley Road, Prospect, Kentucky 40059

James E. Hardy, Jr.

340 E. Main Street,

Louisville, Kentucky 40202

Kenneth H. Clay

956 South Sixth Street, Louisville, Kentucky 40203

#### ARTICLE XI

The affairs of the Corporation shall be managed by a Board of Directors who shall be elected as provided in the By-Laws of this Corporation. The number, terms of office, and qualifications of such Directors shall be fixed by said By-Laws; provided, however, that the number of Directors shall not be less than three (3) nor more than thirty (30).

#### ARTICLE XII

The private property of the Incorporator and Directors shall not be subject to the payment of the debts of the Corporation to any extent.

#### ARTICLE XIII

Pursuant to the provisions of Chapter 273 of the Kentucky Revised Statutes, the Board of Directors, by resolution, may designate and appoint one or more committees, which shall consist of two or more Directors, which shall have and exercise all authority of the Board of Directors, as is allowable under said Statute.

This \_\_\_\_\_\_ day of September, 1980.

This Instrument Prepared By:

2800 First National Tower

Fred M. Goldberg GOLDBERG & PEDLEY

Louisville, Kentucky

-5-

40202

(Rev. December 2014) Department of the Treasury Internal Revenue Service

### **Request for Taxpayer Identification Number and Certification**

Give Form to the requester. Do not send to the IRS.

	A Name (a share a shar					·
	1 Name (as shown on your income tax return). Name is required on this line; KENTUCKY SCIENCE CENTER	do not leave this line blank.				
હ	2 Business name/disregarded entity name, if different from above					***********
age						
Print or type Specific instructions on page	3 Check appropriate box for federal tax classification; check only one of the ☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corpora	4 Exemption certain entitle instructions of	s, not indiv			
type	single-member LLC Limited liability company. Enter the tax classification (C=C corporation, S	6=S corporation, P=partnership) ■	•	Exempt payer		y)(v
Print or type Instructions	Note. For a single-member LLC that is disregarded, do not check LLC; the tax classification of the single-member owner.	check the appropriate box in the	line above for	Exemption fro	m FATCA i	reporting
2 5	☐ Other (see instructions) ►			(Applies to account	s mainteined ou	tside the U.S.)
통	5 Address (number, street, and apt. or suite no.)	Req	uester's name	and address (o	otional)	
8	727 WEST MAIN STREET					
8	6 City, state, and ZIP code					
Sec.	LOUISVILLE, KY 40202					
	7 List account number(s) here (optional)		······································			
Par						
	our TIN in the appropriate box. The TIN provided must match the na		Social se	curity number		
	o withholding. For individuals, this is generally your social security nu it alien, sole proprietor, or disregarded entity, see the Part I instruction					
	s, it is your employer identification number (EIN). If you do not have a					
T/N on	page 3.	,	or			
	f the account is in more than one name, see the instructions for line	and the chart on page 4 for	Employer	Identification	number	
guideli	nes on whose number to enter.					
Part	II Certification		•			
Under	penalties of perjury, I certify that:					
1. The	number shown on this form is my correct taxpayer identification num	nber (or I am waiting for a nur	nber to be is:	sued to me); a	ind	
Sen	not subject to backup withholding because: (a) I am exempt from brice (IRS) that I am subject to backup withholding as a result of a faile onger subject to backup withholding; and	ackup withholding, or (b) I have are to report all interest or div	ve not been n idends, or (c)	otified by the the IRS has i	Internal R notified me	evenue that I am
3. lam	a U.S. citizen or other U.S. person (defined below); and					
4. The	FATCA code(s) entered on this form (if any) indicating that I am exem	pt from FATCA reporting is c	orrect.			
becaus interest genera instruct	cation instructions. You must cross out Item 2 above if you have be e you have falled to report all interest and dividends on your tax return paid, acquisition or abandonment of secured property, cancellation by, payments other than interest and dividends, you are not required tions on page 3.	m. For real estate transaction of debt, contributions to an le	s, item 2 doe ndividual retir	s not apply. Fement arrang	or mortga ement (IR/	ige A), and
Sign Here	Signature of U.S. person > Albulla Bullel	Date ▶	813/19	5		
Gene	eral Instructions	Form 1098 (home mortgage (tuition)	interest), 1098	-E (student loar	interest), 1	098-T

Section references are to the Internal Revenue Code unless otherwise noted.

Future developments. Information about developments affecting Form W-9 (such as legislation enacted after we release it) is at www.irs.gov/fw9.

#### **Purpose of Form**

An individual or entity (Form W-9 requester) who is required to file an information An involutation of entity (Form W-3 requester) who is required to the an information return with the IRS must obtain your correct texpayer identification number (TIN), which may be your social security number (SSN), individual taxpayer identification number (TIN), adoption texpayer identification number (TIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following:

- Form 1099-INT (interest earned or paid)
- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- . Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding? on page 2.

By signing the filled-out form, you:

- 1. Certify that the TfN you are giving is correct (or you are waiting for a number to be issued),
- 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- 4. Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting? on page 2 for further information.



home? (ex: doing simple and easy science experiments)

Your willingness to participate

Your knowledge about how to

help your child learn so you can help them be ready for

in an event like this again?

Your familiarity with Kindergarten Readiness

standards?

school?

Location:

4.

5.

6.

#### Science Festival Evaluation Questions

Date:

expect	expectations of the training. Multiple responses are not allowed.							
	Evaluation Questions	Very Poor	Poor	Average	Good	Very Good	Not Applicable	
	Overall, how would you rate:							
1.	Your experience today at the Science Festival?							
2.	Your opportunity to engage with your child(ren) in any of the activities?							
3.	Your comfort in engaging with							

Please answer each item below by marking with a pen or pencil the appropriate box that MOST AGREES with your

7.	In what type of setting was your child(ren) enrolled in the last 12 months?	At Home	Private Daycare/Preschool	Headstart	Early Head Start	JCPS Pre- School	Other
----	---	------------	------------------------------	-----------	---------------------	---------------------	-------

# PLEASE COMPLETE OTHER SIDE

		Yes	No
8.	Have you ever been to		
	Kentucky Science Center?		
· · · · · · · · · · · · · · · · · · ·	Age		
	Ethnicity		
	Gender		
	Zip Code		

· ·

. Additional Comments:	

# THE KENTUCKY SCIENCE CENTER, INC.

### **General Information**

Organization Number 0150450

Name THE KENTUCKY SCIENCE CENTER, INC.

Profit or Non-Profit N - Non-profit

Company Type KCO - Kentucky Corporation

StatusA - ActiveStandingG - Good

State KY

 File Date
 10/8/1980

 Organization Date
 10/8/1980

 Last Annual Report
 8/5/2016

Principal Office 727 WEST MAIN ST.

LOUISVILLE, KY 40202

Registered Agent JOANNA E. HAAS

727 W. MAIN ST.

LOUISVILLE, KY 40202

#### **Current Officers**

President
Vice President
Brad Seigel
Director
Craig Bradley
Director
Lonnie Bellar
Director
Shawn Bailey
Director
Jason Armao

# Individuals / Entities listed at time of formation

DirectorJEAN WODE FRAZIERDirectorJAMES E HARDY JRDirectorKENNETH H CLAYIncorporatorJEAN WODE FRAZIER

# Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

Annual Report	8/5/2016	1 page	PDF	
Annual Report	3/31/2015	1 page	PDF	
Annual Report	3/10/2014	1 page	PDF	
Annual Report	8/15/2013	1 page	PDF ·	
Articles of Correction	7/1/2013	1 page	tiff	<u>PDF</u>
Certificate of Assumed Name	11/30/2012	1 page	tiff	<u>PDF</u>
Amendment	8/20/2012	1 page	tiff	<b>PDF</b>

Welcome to Fasttrack Organization Search						
Annual Report	2/14/2012	1 page	PDF			
Registered Agent name/address change	4/22/2011 9:57:29 AM	1 page	<u>PDF</u>			
Annual Report	4/22/2011	1 page	PDF			
Annual Report	6/28/2010	1 page	<b>PDF</b>			
Annual Report	6/4/2009	1 page	<u>PDF</u>			
Annual Report	6/18/2008	1 page	<u>PDF</u>			
Annual Report	6/20/2007	1 page	tiff	<b>PDF</b>		
Annual Report	6/12/2006	1 page	tiff	<u>PDF</u>		
Annual Report	7/12/2005	1 page	tiff	<u>PDF</u>		
Statement of Change	7/12/2005	1 page	tiff	<b>PDF</b>		
Annual Report	9/17/2003	1 page	tiff	<u>PDF</u>		
Annual Report	9/17/2003	1 page	tiff	PDF		
Annual Report	8/26/2002	1 page	tiff	PDF		
Annual Report	5/23/2001	1 page	tiff	<u>PDF</u>		
Annual Report	10/3/2000	1 page	tiff	<b>PDF</b>		
Statement of Change	9/14/2000	2 pages	tiff	PDF		
Annual Report	12/10/1999	1 page	tiff	<u>PDF</u>		
Statement of Change	9/30/1999	2 pages	tiff	<u>PDF</u>		
Annual Report	7/1/1997	5 pages	tiff	<b>PDF</b>		
Annual Report	7/1/1996	6 pages	tiff	<u>PDF</u>		
Annual Report	7/1/1995	5 pages	tiff	<u>PDF</u>		
Amendment	8/29/1994	3 pages	tiff	<u>PDF</u>		
Annual Report	7/1/1994	5 pages	tiff	<u>PDF</u>		
Amendment	8/24/1993	3 pages	tiff	PDF		
Annual Report	4/1/1993	1 page	tiff	<b>PDF</b>		
Annual Report	7/1/1992	1 page	tiff	<u>PDF</u>		
Annual Report	7/1/1991	1 page	tiff	<u>PDF</u>		
Annual Report	7/1/1990	4 pages	tiff	<b>PDF</b>		
Annual Report	7/1/1989	3 pages	tiff	PDF		
Statement of Change	10/12/1984	2 pages	tiff	<u>PDF</u>		
Articles of Incorporation	10/8/1980	7 pages	tiff	<u>PDF</u>		

# **Assumed Names**

## KENTUCKY SCIENCE CENTER

Active

# **Activity History**

Filing	File Date	<b>Effective Date</b>	Org. Referenced
Annual report	8/5/2016 1:20:48 PM	8/5/2016 1:20:48 PM	
Annual report	3/31/2015 1:41:53 PM	3/31/2015 1:41:53 PM	
Annual report	3/10/2014 11:37:51 AM	3/10/2014 11:37:51 AM	
Annual report	8/15/2013 10:44:01 AM	8/15/2013 10:44:01 AM	
Articles of Correction	7/1/2013 11:39:40 AM	7/1/2013	
	11/30/2012		KENTUCKY SCIENCE

Added assumed name

11:42:22 AM

11/30/2012

**CENTER** 

Amendment - Change name  $\frac{8/20/2012}{10:31:11}$  AM

8/20/2012

THE LOUISVILLE SCIENCE

CENTER, INC.

# **Microfilmed Images**



David W. Tandy District 4 Councilman Keidra D.C. King Legislative Aide

August 22, 2016

Metro Council Clerk:

I have given my aide Keidra King permission to sign for me regarding the following Neighborhood Development Funds: Kentucky Science Center, Molo Village, Jeff Street Baptist Community at Liberty, Phoenix Hill Neighborhood Association.

Please contact my office if you have further question.

With warmest regards, I am...

Very truly yours,

Bail July

David W. Tandy

Fourth District Councilman