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

Applicant/Program: Kentuckiana Pride Foundation, Inc Pride Parade, Concert, & Festival				
Executive Summary of Request:				
Executive Summary of Request:				
The Kentuckiana Pride Parade, Conce Belvedere in Downtown Louisville. The allies to come together in celebration of	ert, & Festival will be held June 17-18 on The ne parade and festival allow the LGBT community and of the diversity.			
The funding will primarily go to suppor the parade, concert, and festival.	t the infrastructure costs associated with producing			
Is this program/project a fundraiser?	□ V □ N			
Is this applicant a faith based organization? Does this application include funding for sub-	$\begin{array}{c c} & & & & & & & \\ & & & & & & \\ \hline & & & &$			
within Metro Council guidelines and request a	Development Fund Application and have found it complete and approval of funding in the following amount(s). I have read the be furthered by the funds requested and I agree that the public the disclosure section below, if required.			
21 Council Member Signature	$-\frac{\$5,000}{\text{Amount}} \qquad \frac{5-5-16}{\text{Date}}$			
Primary Sponsor Disclosure				
List below any personal or business relationsh	ip you, your family or your legislative assistant have with this			
organization, its volunteers, its employees or r	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:			

1|Page Effective July 2015

Applicant/Program: Kentuckiana Pride Foundation, Inc.

Additional Disclosure and Signatures

Additional Council Office 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.

District #	Council Member Signature	500 Amount	4/21/16 Date
District #	Mary Norther Signature	Amount	4/21/16 Date
13 District #	Vicki Oubrey Welch Council Member Signature	#500°9 Amount	4/21/16 Date
District #	Council Member Signature	Amount 500.00	4/21/16 Date
District #	Council Member Signature	# 500 60 Amount	<u>4/25/16</u>
S District #	Council Member Signature	1500,00 Amount	4/27/16 Date 127/16
District #	Davin Manke Council Member Signature	450,00 Amount	4/28/16 Date

Additional Disclosure and Signatures

A	dditional	Council	Office	Disclosure
∠ A	uuiuiviiai	Counti	OHILL	Distibute

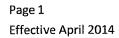
List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

5	Chei B. Hamilton	\$5000	4-28-16
District #	Council Member Signature	Amount	Date
25 District #	Council Member Signature	#500.00 Amount	4-28-11 Date
District #	Council Member Signature	\$ 5 60 € Amount	الم کا
15 District #	Marana Dully Council Member Signature Aug	#/	5-4-16 Date
District #	Council Member Signature	Amount	Date
District #	Council Member Signature	Amount	Date
 District #	Council Member Signature	Amount	Date

Legal Name of Applicant Organization: Kentuckiana Pride Foundation, Inc. Program Name and Request Amount: Kentuckiana Pride Parade, Concert, & Festival 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? N/A 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? Yes If Metro funding is for a separate taxing district is the funding appropriated for a program outside N/A the legal responsibility of that taxing district? Is the entity in good standing with: • Kentucky Secretary of State? Louisville Metro Revenue Commission? Yes | Louisville Metro Government? Internal Revenue Service? Louisville Metro Human Relations Commission? 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? Yes 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? IN/A Is the most recent annual audit (if required by organization) included? IN/A Is 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 N/A faith-based) included? Are the Articles of Incorporation of the Agency included? Ye<u>s</u> Is the IRS Form W-9 included? Yes Is 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 IN/A required to do so)? Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant N/A met the BBB Charity Review Standards? Prepared by: Date: 4-21-16



	SI	ECTION 1 – APPLICA	NT INFORMATION		
Legal Name of Applicant Organization: (as listed on: http://www.sos.ky.gov/business/records) Kentuckiana Pride Foundation, Inc.					
	Main Office Street & Mailing Address: PO Box 32216, Louisville, KY 40232-2216				
Website: www.kypride	c.com				
Applicant Contact:	Rodney Coffm	nan	Title:	Director	
Phone:	502-794-9950		Email:	Rodney.Coffman@kypride.com	
Financial Contact:	Mary Radcliffe	(formerly Beedy)	Title:	Treasurer	
Phone:	502-797-8285		Email:	Mary.Radcliffe@kypride.com	
Organization's Repres	entative who att	ended NDF Training	:Rodney Coffman	& Mary Radcliffe(formerly Beedy)	
GEOG	RAPHICAL AREA	S) WHERE PROGRAI	M ACTIVITIES ARE (WILL BE) PROVIDED	
Program Facility Locat	ion(s): The B	elvedere, Downtov	vn Louisville		
Council District(s):	4		Zip Code(s):	40202	
	SECTION 2 – I	PROGRAM REQUEST	& FINANCIAL INFO	RMATION	
PROGRAM/PROJECT N	IAME: Kentuckia	na Pride Parade, Co	oncert, & Festival		
Total Request: (\$)	25,000.00	Total Metro Awa	rd (this program) in	previous year: (\$) 10,130.00	
Purpose of Request (c	heck all that app	ly):			
		innot exceed 33% of			
		s for direct benefit to			
Capital Proje	ct of the organiz	ation (equipment, fu	rnishing, building, e	tc)	
The Following are Req	uired Attachmer	its:		edheedh All Marrens eachd a bhail at each	
IRS Exempt Status Det			_	osts are being requested	
Current Year Projecte			IRS Form W9		
List of Board of Direct Current financial state		L L	_	sed in the proposed program	
Most recent IRS Form				ired by organization)	
Articles of Incorporat			☐ Faith Based Organization Certification Form, if required☐ Staff including the 3 highest paid staff		
Cost estimates from p	proposed vendor if	request is for		mgnest palu stati	
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.					
	n/a	A	mount: (\$)		
Source:		A	mount: (\$)		
Source:		A	mount; (\$)		
Has the applicant contacted the BBB Charity Review for participation? Yes No					
Has the applicant met		•			





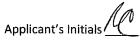
SECTION 3 - AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The vision of Kentuckiana Pride Foundation, Inc. (KPF) is to strengthen the LGBT population and connect people across the community regardless of gender identity or sexual orientation so that we may celebrate the diversity of every person.

The mission of KPF is to provide a forum for creative expression and education related to the LGBT community and to give back through charitable and in-kind donations.

KPF produces and supports many events throughout the year, but our primary event is the Kentuckiana Pride Parade, Concert, & Festival held the third Friday and Saturday of June on The Belvedere in Downtown Louisville.





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.):

The Kentuckiana Pride Parade, Concert, & Festival will be held June 17 & 18, 2016 on The Belvedere in Downtown Louisville. The parade will step off around 7 PM that Friday night and travel down Main Street to begin our celebration. The festival will open at the conclusion of the parade and have programming from approximately 8:00 - Midnight Friday and then 1:00 PM until Midnight on Saturday.

The parade and festival allow the LGBT community (currently estimated at 4.5% of the metro population *Gallop) to come together in celebration of the diversity and uniqueness of the people who attend. While we cater to the LGBT people in our community, we are open and welcoming to all persons who want to celebrate who they are. The diversity in our community is what makes us great.

Festival attendees are introduced to some of the nation's greatest entertainment acts, as well as some local talent. There is also space for the various community organizations that serve the people to promote their offerings and connect people to services. For many attendees this is their first interaction with the multitude of services available in our community.

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):
The funding will primarily go to support the infrastructure costs associated with producing the parade, concert, and festival. There are various permits and requirements to be able to produce this event and each of those is a significant cost to the organization.

Some funding will help cover the booth cost for local community organizations and non-profits to have space at the festival. The rental of tents, tables, and chairs is an expense that some organizations are not charged because of their mission to support the people in our community. KPF considers this part of our mission in connecting people with the resources needed.



C: If this request is a fundraiser, please detail how the proceeds will be spent: N/A
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: Festival attendees will be connected with various community organizations that provide services to assist with the well-being of each person. Organizations provide services that assist with financial, emotional, and physical health of community members. This is also a place where people come to meet others like them in the community for support and celebration of what makes us unique and diverse.

The various organizations will provide services on-site and also schedule appointments for off-site services where appropriate. These organizations will collect and distribute

for off-site services where appropriate. These organizations will collect and distribute information to festival attendees to promote their activities and hopefully connect people with services to improve their quality of life and our community at large.

KPE will be collecting information on festival attendance and will also ask that the

KPF will be collecting information on festival attendance and will also ask that the participating community organizations report figures on how many attendees took advantage of services or received information for future reference.

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.

KPF is the sole producer of the parade, concert, and festival. Community organizations participate in the festival by providing services or information to attendees at booths inside the festival grounds. Some organizations may also provide entertainment or activities throughout the event. It is the intention of KPF to use the festival as a way to connect the community together and to showcase the various services that are provided by the many organizations in attendance. Many community organizations are provided free booth space at the festival in order to secure their participation and connection with the attendees. KPF also donates admission and VIP packages for some non-profit groups to raffle or auction to help raise funds for the charities.



SECTION 5 - PROGRAM/PROJECT BUDGET SUMMARY

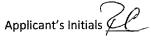
THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

	Column 1	Column 2	Column (1+2)=3
Program/Project Expenses	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits	0	0	0
B: Rent/Utilities	0	0	0
C: Office Supplies	0	0	0
D: Telephone	0	0	0
E: In-town Travel	0	0	0
F: Client Assistance (Attach Detailed List)	0	0	0
G: Professional Service Contracts	0	0	0
H: Program Materials	0	0	0
I: Community Events & Festivals (Attach Detail List)	25,000	146,200	171,200
J: Machinery & Equipment	0	0	0
K: Capital Project	0	0	0
L: Other Expenses (Attach Detail List)	0	0	0
*TOTAL PROGRAM/PROJECT FUNDS	25,000	146,200	171,200
% of Program Budget	15 %	85 %	100%

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

Other (please specify) Total Revenue for Columns 2 Expenses **	0.00 \$146,200
Fees Collected from Program Participants	\$121,200
Private Contributions (do not include individual donor names)	\$25,000
United Way	0.00
Other State, Federal or Local Government	0.00

^{*}Total of Column 1 MUST match "Total Request on Page 1, Section 2"



^{**}Must equal or exceed total in column 2.



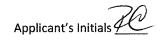
Detail of In-Kind Contributions for this PROGRAM only: Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor*/Type of Contribution	Value of Contribution	Method of Valuation
volunteers/2,000 hours	\$40,580	Financial Accounting Standards Board (FASB) 2014 (\$20.29 Kertucky)
KPF/VIP admission	\$1,800	KPF gate price for 2015; donated 6 VIP passes for 2 to non-profit groups
KPF/Festival Booth	\$3,600	KPF 2015 booth price; donated 8 spaces to non-profit groups
Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution &Other In Kind)	\$45,980	FASB 2014; KPF 2015 prices for VIP & booth

^{*} DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER **PERSON PER WEEK**

Agency Fiscal Year Start Date: Octob	per 1
Does your Agency anticipate a significant budget projected for next fiscal year?	t increase or decrease in your budget from the current fiscal year to the NO YES
If YES, please explain:	

KPF plans to continue to solicit private donations and sponsorships with the assistance of a professional consulting service that has experience working with regional Pride festivals. As we grow the size of our event, then we anticipate growth in our budget with increased sponsorships as our donors realize the potential exposure to the increasing LGBT market. We are increasing regional promotion to encourage more visitors to our community during this event. Louisville has gained national attention in the past year as a progressive city for LGBT with HRC recognition in addition to various publications and media outlets recognizing the growing community and support.





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

- 1. 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.
- 2. 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.
- 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).
- 5. 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
- 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.
- 11. 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.
- 2. 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.
- 5. 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.

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.					
Signatur	e of Legal Signatory:	KU		Date:	03/31/2016
Legal Signatory: (please print): Rodney Coffman Title: Directo				Director	
Phone:	502-794-9950	Extension:	Email	: Rodney.Co	offman@kypride.com

Page 8
Effective April 2014

Applicant's Initials

KENTUCKIANA PRIDE FOUNDATION, INC.

General Information

Organization

0702112

Number

KENTUCKIANA PRIDE FOUNDATION, INC.

Profit or Non-

Profit

Name

N - Non-profit

Company Type

KCO - Kentucky Corporation

Status

A - Active

Standing

G - Good

State

ΚY

File Date

4/3/2008

Organization Date 4/3/2008

Last Annual

Report

5/20/2015

Principal Office

P.O. BOX 32216

LOUISVILLE, KY 40232-2216

Registered Agent CHAD EDDINGS

6918 SANDSTONE BLVD LOUISVILLE, KY 40219

Current Officers

President

Rodney Coffman

Vice President

Chad Eddings

Secretary

Aaron Angel

Treasurer

Mary Beedy

Director

Chad Eddings

Director

Rodney Coffman

Director

Aaron Angel

Director

Mary Beedy

Director

M LeRoy Gross

Executive

M LeRoy Gross

Executive

Mike Shouse

Individuals / Entities listed at time of formation

Director MICHAEL SHOUSE **Director CHAD EDDINGS** Director **BRIAN WALTERS Director RODNEY COFFMAN Director MARGARET PHILLIPS** Incorporator MICHAEL SHOUSE **Incorporator CHAD EDDINGS Incorporator BRIAN WALTERS** Incorporator **RODNEY COFFMAN** Incorporator MARGARET PHILLIPS

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	5/20/2015	1 page	<u>PDF</u>	
Annual Report	6/18/2014	1 page	<u>PDF</u>	
Annual Report	5/16/2013	1 page	<u>PDF</u>	
Annual Report	4/13/2012	1 page	<u>PDF</u>	
Annual Report	3/29/2011	1 page	<u>PDF</u>	
Registered Agent name/address change	1/30/2011 9:51:21 PM	1 page	<u>PDF</u>	
Annual Report	5/17/2010	1 page	<u>PDF</u>	
<u>Amendment</u>	2/25/2010	4 pages	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	5/13/2009	1 page	<u>PDF</u>	
Articles of Incorporation	4/3/2008	4 pages	<u>tiff</u>	<u>PDF</u>

Assumed Names

Activity History

Filing	File Date	Effective Date	Org. Referenced
	5/20/201	5 5/20/201	5
Annual report	7:46:54	7:46:54	
	PM	PM	
	6/18/201	4 6/18/201	4

. Annual report	10:16:50 AM	10:16:50 AM
Annual report	5/16/2013 5:31:22 PM	
Annual report	4/13/2012 9:51:41 AM	
Annual report	3/29/2011 11:47:14 AM	3/29/2011 11:47:14 AM
Registered agent address change	1/30/2011 9:51:21 PM	1/30/2011 9:51:21 PM
Annual report	5/17/2010 10:50:34 AM	•
Amendment - Miscellaneous amendments	2/25/2010 3:47:45 PM	
Annual report	12:01:24	5/13/2009 12:01:24 AM
Add	4/3/2008 11:37:49 AM	4/3/2008

Microfilmed Images



				2				
			Ţ	estival 2016	Festival 2016 Budget Worksheet	sheet		
	2015 Income Budget		2015 Expense Budget	Variance	2016 Income Budget	2016 Expense Budget	Variance	Notes
Admissions	\$ 32,0		-	\$ 29,500.00	\$ 36,000.00	\$ 2,500.00	\$ 33,500.00	
Advertising	5 7	750.00 \$	\$ 8,000.00	\$ (7,250.00)	٠,	\$ 13,500.00	\$ (13,500.00)	
Beverage	\$ 46,0	46,000.00	\$ 25,000.00	\$ 21,000.00	\$ 60,000.00	\$ 29,430.00	\$ 30,570.00	
Booth	\$ 16,5	16,500.00	\$ 3,200.00	\$ 13,300.00	\$ 20,000.00	\$ 4,000.00	\$ 16,000.00	
Consulting		-		٠.	٠,	\$ 15,000.00	\$ (15,000.00)	festival mgmt, new branding, (15,000.00) soliciting new sponsors
Décor	\$,	\$ 1,000.00	\$ (1,000.00)	ς.	٠,	S	
Events/Activities	\$		\$ 500.00	\$ (500.00)	٠ •	\$ 2,000.00	\$ (2,000.00)	
Entertainment	\$,	\$ 40,000.00	\$ (40,000.00)	` \$	\$ 59,300.00	\$ (59,300.00)	
Facilities	<	'	\$ 20,600.00	\$ (20,600.00)	\$ 23,066.00	\$ 23,066.00	· .	grounds rental, permits, security, utilities, support svcs
Misc Income/Expense	\$	'	\$	\$. \$	\$ \$00.00	\$ (500.00)	(500.00) tent, tables, chairs, etc.
Pageants	\$ 1,5	1,500.00	\$ 4,900.00	\$ (3,400.00)	\$ 500.00	\$ 5,000.00	\$ (4,500.00)	
Parade	\$ 2,0	2,000.00	\$ 12,000.00	\$ (10,000.00)	\$ 4,934.00	\$ 12,000.00	\$ (7,066.00)	Expense includes security & (7,066.00) permits for parade
Retail	\$ 4,0	4,000.00	\$ 3,500.00	\$ 500.00	\$	\$	- \$	
Sponsorship	\$ 22,5	22,500.00	\$ 3,500.00	\$ 19,000.00	\$ 25,000.00		\$ 25,000.00	
VIP Tent	\$ 4,5	4,500.00	\$ 3,500.00	\$ 1,000.00	\$ 1,700.00	\$ 4,750.00	\$ (3,050.00)	
Volunteer	\$,	\$ 1,000.00	\$ (1,000.00)	٠,	\$ 1,000.00	\$ (1,000.00)	
Totals	\$ \$ 729,7	129,750.00	\$ 129,200.00	\$ 550.00	\$ 171,200.00 \$	\$ 172,046.00	\$ (846.00)	



Board of Directors

Rodney Coffman, Director

Brandon Fullen, Vice Director

Aaron Angel, Secretary

Mary Radcliffe (formerly Beedy), Treasurer

M. LeRoy Gross, Parliamentarian

Current Board of Directors assumed office on October 1, 2014* and serve a two year term in line with the fiscal operating calendar. Revision to By-Laws in February of 2015 states that new Board will be elected in July 2016 and will take office on October 1, 2016. There are no term limits for the Board of Directors.

*Brandon Fullen filled the role vacated by Chad Eddings in October 2015

Kentuckiana Pride Foundation, Inc. is operated with a strictly volunteer committee and has no paid staff.

INTERNAL REVENUE SERVICE P. O. BOX 2508 CINCINNATI, OH 45201

Date:

MAR 08 2010

KENTUCKIANA PRIDE FOUNDATION INC PO BOX 32216 LOUISVILLE, KY 40232-2216 Employer Identification Number:

DLN:

17053289317039

Contact Person:

ERIC KAYE

ID# 31612

Contact Telephone Number:

(877) 829-5500

Accounting Period Ending:

September 30

Public Charity Status:

509(a)(2)

Form 990 Required:

Yes

Effective Date of Exemption:

June 20, 2009

Contribution Deductibility:

Yes

Addendum Applies:

NO

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. We determined that you are a public charity under the Code section(s) listed in the heading of this letter.

Please see enclosed Publication 4221-PC, Compliance Guide for 501(c)(3) Public Charities, for some helpful information about your responsibilities as an exempt organization.

LINTUCKIANA PRIDE FOUNDATION INC

Sincerely,

Robert Choi

Director, Exempt Organizations Rulings and Agreements

Enclosure: Publication 4221-PC

Kentuckiana Pride Foundation Profit & Loss Detail October 1, 2015 through February 11, 2016

Total Organizational (corp) expenses	Organizational (corp) expenses Bill 01/01/2016 annu Interpride Inc	Total Office Supplies	Office Supplies Check 01/15/2016 c/c#2 Staples	Total Mobile Phones	Expense Administrative Expenses Mobile Phones Bill 10/26/2015 9/27 Verizon Wireless Bill 12/26/2015 11/27 Verizon Wireless Bill 12/26/2015 11/27 Verizon Wireless	Gross Profit	Total Income	Total Fund Raising	Total Fund Raising - Other	Fund Raising - Other General Jou 10/01/2015 EB pa General Jou 10/15/2015 EB pa Deposit 11/09/2015 4398 Play Dance Bar	Total online payout reserve	Fund Raising online payout reserve General Jou 10/26/2015 EB Dep Eventbrite	Total Eamed Income/Pride Festival	Total Interest-savings/short-term inv	Earned Income/Pride Festival Interest-savings/short-term inv Deposit 10/31/2015 General Jou 11/30/2015 int inc Deposit 12/31/2015	Total Donations	Ordinary Income/Expense Income Donations Deposit 11/16/2015 Amazon Smile	Type Date Num Name
	annual dues		flash drive							Nikki Carr net sales thru EventBrite Nikki Carr net profit EventBrite online sales Door sales and donation (no breakdown)		Final dep for Nikki Carr online sales			Interest Nov interest Interest		Deposit	Memo
	Accounts pay		5th 3rd-Operat		Accounts pay Accounts pay Accounts pay					5th 3rd-Operat 5th 3rd-Operat 5th 3rd-Operat		5th 3rd-Operat			5th 3rd Saving 5th 3rd Saving 5th 3rd Saving		5th 3rd-Operat	Split
300.00	300.00	12.99	12.99	291.28	96.99 96.99 97.30	1,485.22	1,485.22	1,480.00	1,153.17	125.84 127.33 900.00	326.83	326.83	0.21	0.21	0.07 0.07 0.07	5.01	5.01	Amount
300.00	300.00	12.99	12.99	291.28	96.99 193.98 291.28	1,485.22	1,485.22	1,480.00	1,153.17	125.84 253.17 1,153.17	326.83	326.83	0.21	0.21	0.07 0.14 0.21	5.01	5.01	Balance

02/11/16 9:17 PM **Accrual Basis**

Kentuckiana Pride Foundation Profit & Loss Detail October 1, 2015 through February 11, 2016

Net Income	Net Ordinary Income	Total	Ţ	₿		Deposit		Bill		B B B B		Bill	Туре
	Income	Total Expense	Total Pride Festival Expenses	Total Facilities and Permits Festival Management 10/01/2015 Total Festival Management	Total Facilities and Permits - Other	Facilities and Permits - Other 10/21/2015 1181 \tag{1}	Total Support Services	Support Services 11/10/2015	Total Storage Unit Rent	Storage Unit Rent 10/12/2015 11/12/2015 12/12/2015 01/12/2016	Total Festival Grounds and utilities	Pride Festival Expenses Facilities and Permits Festival Grounds and utilities 10/01/2015 Reser V	Date
			nses	ermits nt ement	d Permits	rmits - Ot 1181	vices	es 139871	t Rent	Oct Nov Dec	unds and		Nun
				JD Events & Festivals	- Other	her Waterfront Develop		Cunningham Golf C		Stor-All Brownsboro Stor-All Brownsboro Stor-All Brownsboro Stor-All Brownsboro	utilities	s and utilities Reser Waterfront Develop	Name
				Per contract for 2016 Festival Mgmt		belvedere deposit refund for 2015 festival		golf carts-they forgot to bill		increased \$14 increased \$14		2016 Belvedere Grounds Dep	Memo
				Accounts pay		5th 3rd-Operat		Accounts pay		Accounts pay Accounts pay Accounts pay Accounts pay Accounts pay		Accounts pay	Split
-16,689.06	-16,689.06	18,174.28	15,720.40	10,000.00	-1,3/5.00	-1,375.00	1,623.00	1,623.00	824.00	199.00 199.00 213.00 213.00	4,648.40	4,648.40	Amount
-16,689.06	-16,689.06	18,174.28	15,720.40	10,000.00	-1,3/5.00	-1,375.00	1,623.00	1,623.00	824.00	199.00 398.00 611.00 824.00	4,648.40	4,648.40	Balance

Form **990**

Return of Organization Exempt From Income Tax Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Open to Public Inspection

Depar	iment of the Treatal Revenue Service	Information about Form 990 and its instructions is at www.irs.	gov/form990).	1	Inspection
		calendar year, or tax year beginning 10/01 , 2014, and er	nding 9/	'30		2015
2/00/00/00/00/00/00/00/00/00/00/00/00/00	Zieck if applicable			D Employe	r identilles	tion number
	Address char	THE THE PROPERTY OF THE PROPER		· · · · · · · · · · · · · · · · · · ·		
	Name chang	P O BOX 32216		E Telepho		
	Insitiati return	LOUISVILLE, KY 40232-2216		502-	·548-9	332
	Final return/ten	enaled				
	Amended ret	*		G Gross re		172,795.
	Application p		1 11	a group return		become from
	L	SAME AS C ABOVE	H(b) Are a	il subordinates , attach a list.	included? (see instruc	tions) Yes No
1	Tax-exempt st	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
J	Website: >	N/A	H(c) Seou	o exemption nu	mber 🕨	Sheer was seen as a s
K	Form of organic	No. of the last of	emation:	M s	tate of lega	I domicile:
o.	rtt Sun	IMAIV	ungogateoletania gaza, a mana y	entral en		echanoschique
	7 Deinfly	describe the organization's mission or most significant activities: TO PRO	DUCE AN	<u>ANNUAL</u>	FEST	IVAL_FOCUSED_
o)	ON T	HE GAY, LESBIAN, BI-SEXUAL AND TRANSGERED COMMU	NITY IN	THE KEN	TUCKI	ANA AKLA,
Č	WITH	PROCEEDS TO GIVE BACK TO THE COMMUNITY THROUGH	- CHWKT IV	mre non	INTAN	D
Governance	week street street to	his box F if the organization discontinued its operations or disposed of	of more than	25% of its	net asse	
ð	2 Check	r of voting members of the governing body (Part VI, line 1a).			3	4
ಿಶ	A Numbe	r of independent voting members of the governing body (Part VI, line 1b)			4	0
Activities &	E Total n	umber of individuals employed in calendar year 2014 (Part V, line 2a)			5	O CONTRACTOR OF THE PROPERTY O
Ž	6 Total n	umber of volunteers (estimate if necessary)			6	0
A	7a Total u	nrelated business revenue from Part VIII, column (C), line 12			7a 7b	0. 0.
	b Net un	related business taxable income from Form 990-T, line 34		Prior Year	1 /u	Current Year
		and Action Action Action	- Annie Service Servic	20,8	22	35,533,
ø	8 Contrit	utions and grants (Part VIII, line 1h)	-constrain-		774.	
Revenue	9 Progra	m service revenue (Part VIII, line 2g)nent income (Part VIII, column (A), lines 3, 4, and 7d)	man de programma de	gravesta a su a	1	Almin-marik-simple assumptions
eve	10 Investi	revenue (Part VIII, column (A), lines 5, 5d, 8c, 9c, 10c, and 11e)	\$40pmone-44.5+01050	-12,3		-8,864.
سلمج	11 Other	evenue – add lines 8 through 11 (must equal Part VIII, column (A), line 12)	8,4	140.	26,670.
*******	13 Grants	and similar amounts paid (Part IX, column (A), lines 1-3)				Market
	14 Benefi	is paid to or for members (Part IX, column (A), line 4)				
	15 Salarie	es, other compensation, employee benefits (Part IX, column (A), lines 5-10)) <u> </u>	W	- engagambianan	
Ses		sional fundraising fees (Part IX, column (A), line 11e)				
Expenses	L Total		70.			
Š	D TOTAL	expenses (Part IX, column (A), lines 11a-11d, 11f-24e).	Chippenigum couper, March Company of the Company of	15,	868.	14,646.
	1 2 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	expenses (Part IX, column (A), miles (12-14), 111 Expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	A T T T T T		868.	14,646.
	18 Total	ue less expenses. Subtract line 18 from line 12			428.	12,024.
8		UE 1255 EXPENDED. CEDITION TO NOTE WITH THE	Beair	ning of Curre	gyntengyyene i ni ng na filono	End of Year
438	20 Total	assets (Part X, line 16)		34,	414.	48,066.
Not Assets	20 Total	iabilities (Part X, line 26)	* * * · · ·	1,	880.	3,508.
ž	22 Net a	sets or fund balances. Subtract line 21 from line 20.		32,	534.	44,558
	ZZ WELCH		rationisti a and a transfer and a transfer to the angle of the angle 	engan na najarahan na n	OND STATE OF THE PARTY OF THE P	may
	31	mature Block	and to the best (of my knowledg	e and belie	f, it is true, correct, and
COL	der penalties of p nplete. Declaratio	wruny, I declare that I have examined this return, including accompanying schedules and statements, it of preparer (other than officer) is based on all information of which preparer has any knowledge.	on the south more than the	wyw.iii.c.		
Jag years		T KIGOT	noperation lateral properties of the contribution of	$\perp = \omega I$	414	
C	gn	Signature of Officer		Date	~ 4	
	ere	RODNEY COFFMAN	PRE	SIDENT	es was your second or the seco	
* *		Type or print name and title.			4	AND AND SECTION SECTIO
ANDONE	P	rim/Type preparer's name Prepaler's signature Date	• 1	Check		TIN
D	aid	RAIG SPEARS CRAIG SELARS	27116	self-ompk	oy:	· · · · · · · · · · · · · · · · · · ·
	·	rm's name - STUEDLE SPEARS & COMPANY PSC		ping (symmetres		
		rm's address 2821 S. HURSTBOURNE PKWY STE 1	and the restriction of the second	Firm's Elf	10010090	graphic many places
		LOUISVILLE, KY 40220		Phone no	(502	2) 491-5253

Par	-		growing
onoversite/IP	100000000000000000000000000000000000000	esponse or note to any line in this Part III	
1	Briefly describe the organization's mission		
	TO PRODUCE AN ANNUAL FEST	IVAL FOCUSED ON THE GAY, LESBI	AN, BI-SEXUAL AND TRANSGERED
		ANA AREA, WITH PROCEEDS TO GIV	E BACK TO THE COMMUNITY
	THROUGH CHARITABLE DONATI	ONS.	
	And And And Print Spire	AND DESCRIPTIONS OF THE PROPERTY OF THE PROPER	
2	Did the organization undertake any significa	ant program services during the year which were not	listed on the prior
	Form 990 or 990-EZ?		Yes X No
	If 'Yes,' describe these new services on	Schedule O.	M-sph-dills Shreenpark
3		or make significant changes in how it conducts, a	ny program services? Yes X No
	If 'Yes,' describe these changes on Sche		The manest the second s
4	Describe the organization's program ser-	vice accomplishments for each of its three larges	t program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organize	stions are required to report the amount of grants	and allocations to others, the total expenses,
	and revenue, if any, for each program se	ervice reported.	
4 2	(Code:) (Expenses \$	10,401. including grants of \$) (Revenue \$)
	PRODUCE AN ANNUAL FESTIVA	L THAT WILL FOCUS ON THE GAY,	LESBIAN, BI-SEXUAL AND
	TRANGENDERED COMMUNITY AN	ID GIVE BACK TO THE COMMUNITY T	HROUGH CHARITABLE DONATIONS.
	TOO SELECT GENERAL SPEEDS TOTAL SPEEDS SELECT SERENCE SECURIOR SECURIOR SELECT	- SANGE TRANSIC (ASSESS HANDER MICHAEL MICHAEL MARKER MARKER STRAIN (STRAIN) MARKER MICHAEL MARKER M	of Sings seeds with Sings Sping Sping Sping Anish Anish Anish anish Anish seeds wasse grown asing Silva well's reson were write
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**********	e Total program service expenses 🕨	10,401.	Form 990 (2014)
BA	4	TEEA0102L 05/28/14	roini 330 (2014)

Page 2

Form 990 (2014) KENTUCKIANA PRIDE FOUNDATION

(8)	TIV Checklist of Required Scheddles	Ī	Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If 'Yes,' complete Schedule A.	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		X
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		X
	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If 'Yes,' complete Schedule C, Part II	4		<u>X</u>
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If 'Yes,' complete Schedule C, Part III	5	ecojon 🐟 jurganists et	X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If 'Yes,' complete Schedule D, Part I.	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If 'Yes,' complete Schedule D, Part II	7		X
8	the state of warter at art historical transures, or other similar assats? If 'Yes'	8	- Anti-Anti-Anti-Anti-Anti-Anti-Anti-Anti-	Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? If 'Yes,' complete Schedule D, Part IV.	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If 'Yes,' complete Schedule D, Part V.	10		Х
11	If the organization's answer to any of the following questions is 'Yes', then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.			
	a Did the organization report an amount for land, buildings and equipment in Part X, line 10? If 'Yes,' complete Schedule D, Part VI.	11 a	X.	
	b Did the organization report an amount for investments — other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VII.	11 b	Macronomics	X
	c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part VIII.	110		<u>x</u>
	d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If 'Yes,' complete Schedule D, Part IX.	11 0	edemontrosco w	Х
	e Did the organization report an amount for other liabilities in Part X, line 25? If 'Yes,' complete Schedule D, Part X	116	1 ^	-
	f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If 'Yes,' complete Schedule D, Part X	11 f		X
1:	2 a Did the organization obtain separate, independent audited financial statements for the tax year? If 'Yes,' complete Schedule D, Parts XI, and XII.	12a		X
	b Was the organization included in consolidated, independent audited financial statements for the tax year? If 'Yes,' and if the organization answered 'No' to line 12a, then completing Schedule D, Parts XI and XII is optional.	121 13	1	X
1	Is the organization a school described in section 170(b)(1)(A)(ii)? If 'Yes,' complete Schedule E	142		X
1	4a Did the organization maintain an office, employees, or agents outside of the United States?		- Committee	-
	b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If 'Yes,' complete Schedule F, Parts I and IV.	141	>	X
1	5 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		<u> </u>
1	6 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If 'Yes,' complete Schedule F, Parts III and IV.	16		X
1	7 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If 'Yes,' complete Schedule G, Part I (see instructions)	17		X
1	8 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If 'Yes,' complete Schedule G, Part II.	į	<u> </u>	
	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If 'Yes,' complete Schedule G, Part III	. 19	~	X
2	on a Did the groanization operate one or more hospital facilities? If 'Yes,' complete Schedule H	. 20	enne de somme som	X
_	bif 'Yes' to line 20a, did the organization attach a copy of its audited financial statements to this return?	20	b	

D	Checklist of Required Schedules (continued)	· · · · · · · · · · · · · · · · · · ·		NO MODELLA COMPANSA
		pass - 10 - 10 - 10 - 10 - 10 - 10 - 10 -	Yes	No
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If 'Yes,' complete Schedule I, Parts I and II	21	~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~	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.	22		X
23	Did the organization answer 'Yes' to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If 'Yes,' complete Schedule J.	23	And the desired of the second	Х
	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If 'Yes,' answer lines 24b through 24d and complete Schedule K. If 'No, 'go to line 25a.	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b	***************************************	
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		haddening ero 40%
	Did the organization act as an 'on behalf of' issuer for bonds outstanding at any time during the year?	24d	Marian Marian and	
	a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule L, Part I	25a		X
1	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If 'Yes,' complete Schedule L, Part I	25b	ook ka saya a saya saya ka saya saya saya	X
	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If I'ves' complete Schedule L. Part II.	26	***************************************	X
	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If 'Yes,' complete Schedule L, Part III.	27		Х
	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):			X
	a A current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28a		1-
	b A family member of a current or former officer, director, trustee, or key employee? If 'Yes,' complete Schedule L, Part IV.	28b	Andrews view arrives	X
	c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If 'Yes,' complete Schedule L. Part IV.	28c	aga ana mana mana ana ana ana ana ana ana	X
29	Did the organization receive more than \$25,000 in non-cash contributions? If 'Yes,' complete Scredule M	29	-	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If 'Yes,' complete Schedule M	30	and the same of th	Х
31	and case operations? If 'Yes,' complete Schedule N, Part L	31	***************************************	X
32	disease of or transfer more than 25% of its net assets? If 'Yes,' complete	32		х
33	100% at an entity discognidarias separate from the proprietation under Regulations sections	33		Х
	Was the organization related to any tax-exempt or taxable entity? If 'Yes,' complete Schedule R, Part II, III, or IV,	. 34		Х
35	and Part v, line 1	35a		X
•	b if "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	į.		
34	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If 'Yes,' complete Schedule R, Part V, line 2.	ĺ		X
3	the Extra Factor of the political through an entity that is not a related organization and that is	1		X
3	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O.	38		X
		For	m 99f	02014

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	Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V		Yes	No.
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable.	Tal O	162	NO
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable.	1b		
	. Did the organization comply with backup withholding rules for reportable payments to vendors and re	·	1c	
2 a	(gambling) winnings to prize winners? Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax State-	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		
	ments, filed for the calendar year ending with or within the year covered by this return	2a 0/	2 b	
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see ins			
***	Did the organization have unrelated business gross income of \$1,000 or more during the year	17	3a	X
			3 b	er
	At any time during the calendar year, did the organization have an interest in, or a signature or othe financial account in a foreign country (such as a bank account, securities account, or other fi	er authority over, a	4a	X
Į.	If 'Yes,' enter the name of the foreign country:			
**	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial	Accounts. (FBAR)		
52	Was the organization a party to a prohibited tax shelter transaction at any time during the ta		5 a	X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelt	er transaction?	5 b	X
	If 'Yes,' to line 5a or 5b, did the organization file Form 8886-T?		5 c	Street Land Control of Land Co
	Does the organization have annual gross receipts that are normally greater than \$100,000, a solicit any contributions that were not tax deductible as charitable contributions?	nd did the organization	6a	Х
	If 'Yes,' did the organization include with every solicitation an express statement that such contribut not tax deductible?		6 b	
7	Organizations that may receive deductible contributions under section 170(c).			
	a Did the organization receive a payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made partly as a contribution and payment in excess of \$75 made payment in excess o	eartly for goods and	7 a	X
ŀ	If 'Yes,' did the organization notify the donor of the value of the goods or services provided?	v.v.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	7 b	CONTRACTOR STREET
ŧ	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it is	was required to file		in-consortium entres
	Form 8282?		7c	X
	If 'Yes,' indicate the number of Forms 8282 filed during the year		-	Х
€	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal	Denemi Contract?	7e 71	$\frac{\lambda}{X}$
1	Did the organization, during the year, pay premiums, directly or indirectly, on a personal ber	Promisor		**************************************
	g if the organization received a contribution of qualified intellectual property, did the organization file as required?		7g	
1	h If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the	e organization the a	7 h	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	i by the sponsoring		
	organization have excess business holdings at any time during the year?		8	
	Sponsoring organizations maintaining donor advised funds.			
i	a Did the sponsoring organization make any taxable distributions under section 4966?		9a	
ļ	b Did the sponsoring organization make a distribution to a donor, donor advisor, or related pe	rson? , , ,	9 b	
10	Section 501(c)(7) organizations. Enter:	*		
;	a Initiation fees and capital contributions included on Part VIII, line 12	10a		
	b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b		
11	Section 501(c)(12) organizations. Enter:	11a		
	a Gross income from members or shareholders	11 d		
	b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	11b	10-	
12	a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu	12b	12a	-
	b If 'Yes,' enter the amount of tax-exempt interest received or accrued during the year	I L U		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		13a	
	a is the organization licensed to issue qualified health plans in more than one state?		134	
	Note. See the instructions for additional information the organization must report on Scheduler and the additional information the organization must report on Scheduler and the additional information the organization must report on Scheduler and the additional information the organization must report on Scheduler and the organization must report of	IIC V.		
	b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans	13b		
	c Enter the amount of reserves on hand	136	14a	Х
14	a Did the organization receive any payments for indoor tanning services during the tax year? b If 'Yes,' has it filed a Form 720 to report these payments? If 'No,' provide an explanation in	Schedule O	14b	
BA		Control of the second s	Form 990	(2014)

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Form 990 (2014) KENTUCKIANA PRIDE FOUNDATION Part VI Governance, Management, and Disclosure For each 'Yes' response to lines 2 through 7b below, and for a 'No' response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI..... Section A. Governing Body and Management 1 a Enter the number of voting members of the governing body at the end of the tax year....
If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. b Enter the number of voting members included in line 1a, above, who are independent... 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 employee?..... 2 X Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? 3 X Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?..... Δ Х 5 Did the organization become aware during the year of a significant diversion of the organization's assets? X 5 6 Did the organization have members or stockholders? X 6 7a 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 a X b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Х 7 b Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body?..... 82 X b Each committee with authority to act on behalf of the governing body?..... X Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If 'Yes,' provide the names and addresses in Schedule O...... Χ Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes 10 a Did the organization have local chapters, branches, or affiliates? X 10 a b if 'Yes,' 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's exempt purposes? 10h 11 a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?...... X b Describe in Schedule O the process, if any, used by the organization to review this Form 990. SEE SCHEDULE O 12a Did the organization have a written conflict of interest policy? If 'No,' go to line 13. X 12a b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?..... c Did the organization regularly and consistently monitor and enforce compliance with the policy? If 'Yes,' describe in Schedule Q how this was done..... 120 13 Did the organization have a written whistleblower policy?..... X 13 14 Did the organization have a written document retention and destruction policy?..... X 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official. X b Other officers or key employees of the organization. X If 'Yes' to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?.... 16a X 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? Section C. Disclosure 17 List the states with which a copy of this Form 990 is required to be filed * NONE 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. Another's website Own website Upon request Other (explain in Schedule O) Describe in Schedule 0 whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to 19 the public during the tax year. SEE SCHEDULE O

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State the name, address, and telephone number of the person who possesses the organization's books and records: MICHAEL SHOUSE P O BOX 32216 LOUISVILLE KY 40232 502-548-9332

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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

- Ta 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.

[X] Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee. (C) Position (do not check more **(F)** (A) Name and Title (D) (E) (B) inan one box, unless person is both an officer and a director/trustee) Reportable compensation from Reportable compensation from Estimated Average hours amount of other Nated organization (W-2/1099-MISC) the organization (W-2/1099-M/SC) per wask REPORTER

	(list any hours for related organiza- hors halow dotted line)	r director	nest business and the second s	A S	sy employee	ig as contamand	ome	(As-511000-Asizer)	(W-S) (DBB -MID D.)	ngen ization organization and related organizations
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SECRETARY	0	-	-	-	 	-	Tananan Tananan	0.	0.	
(2) CHAD M EDDINGS VICE PRESIDENT	0	ARTON - ARTON DESCRIPTION	deligoration was entr	and the control of	e composition	aglausive through	Marine Comme	0.	0.	0.
	0_		******	- Company of the Comp	magazina mana	<u> </u>	-			Walk Walk and the Park
(3) MARY BEEDY TREASURER	1 0 -	and the state of t			apode meneralizeda	TCC BARBORIUM		0.	0.	0.
(4) RODNEY COFFMAN	0_					Ţ			And the same of th	
PRESIDENT	0			-	-			0.	0.	O .
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(13)	i cione ana mais sain		***************************************	-	-		-			The state of the s
(14)		\top	-	-			-			100 miles (100 miles (

Part VII Section A. Officers, Director	s, Trustees,	Key l	Emj	plo	yees	s, and	d Highest Com	P orroucou arriz	ees (continued)
	(B)			(C)	•				
(A) Name and little	Average hours per	box.	not on weins	# Det	more th son is rector/l	both an Irustee)	(D) Reportable compensation from	(E) Reportable companisation from	(F) Estimated amount of other
	week (list any hours for related organiza - hons below dolted inne)	Individual bustos or director	insubutional trustice	988	Key antioyee	Tigness compositions	the organization (W-2/1099-MISC)	related organizations (W-2/1099-MISC)	compensation from the organization and related organizations
[15]	in 1950 halo <mark>4400</mark> 4500 alian 1500 4400 Aliangaharanda anda anda aliangaharan aliangaharan anda anda anda anda anda anda anda	deposit or week	Control of Section 1	in the second			ACTIVITY CONTRACTOR CONTRACTOR AND STATE OF THE STATE OF		Andrew Andrews (All Schools and Schools and Schools (All Schools and All Schoo
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19)	and the transfer of the transf	-	-	A STATE OF THE PARTY OF THE PAR	e antigo suprementa e e e e e e e e e e e e e e e e e e e			iner de de commence en esta en el participa de la ser de de describe de la companya de commence en el commence	
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25) 25) 260 000 1001 1002 1002 1002 1002 1003 1003	Sing were book to the second of the second o								
1 b Sub-total	I, Section A				• • • • •		0.		
d Total (add lines 1b and 1c). 2 Total number of individuals (including but no	l limited to those	listed	abov	/e) v	who re		0 . more than \$100,0	0 . 00 of reportable com	0 pensation
from the organization 0	and the probability of the second	is diame ntific with	व्यवक ्रमान्त्रका इस्त्री व्यक्तिकार	KipangaP#N9PKS	2. 10,000,000,000,000,000,000,000,000,000,	······································		essen pillentidenna vistansis entit <mark>agani entarya entarya e</mark> n entito entito entito entito entito entito entito ent	Yes No
3 Did the organization list any former office on line 1a? If 'Yes,' complete Schedule J	tor such individ	14/01/	* * * *				******		3
4 For any individual listed on line 1a, is the the organization and related organization such individual.	s creater than a	HOU,U	mpe 007	// '\ // '\	ition a Yes' c	and ot iompie	her compensation te Schedule J for	from	4
5 Did any person listed on line 1a receive of for services rendered to the organization.			on fro	om Iule	any u <i>J for</i>	inrelat such	ed organization o person	r individual	5 >
Section B. Independent Contractors	nomnossied in	risarisar	reservi	1 20	ntrant	fors th	at received more	than \$100,000 of	ad manadashi sama (yeng i sama a spisas a spisas a spisas a shi sama a s pisas a gwallang a spisas a spisas a s
compensation from the organization. Report	compensation fo	the c	alen.	dar	year (nding	wan or wanning o	idanicamin prav kes	
Name and busine	ess address	pio <u>m</u>		#2000000000000000000000000000000000000		rwanikkan stadistili (4.5)	Description	of services	(C) Compensation
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		energy or econo		ngantangantha		nya cid Salinda a Nadigala w		Colorente de marie d Colorente de marie d	
2 Total number of independent contractors (in		mited	lo the)Se	listed	above	who received mor	e than	
\$100,000 of compensation from the organ	nization = 0	TOTAL A	enterone	(C) (B)	/09/15	MILLION COSTO OFFICE			Form 990 (201

	Check if Schedule O contain	· · · · · · ·		/A\	(B)	(C)	(D)
	Specifical Control of the Control of			(A) Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tar under sections 512-514
	ederated campaigns						
	1embership dues		Statistical data				
	undraising events						
	Related organizations					100	
e G	overnment grants (contributions)	. 1e					
f A	il other contributions, gifts, grants, ar irmiar amounts not included above	nd 1f	35,533.				
g N	loncash contributions included in lines	la-ir: Ş_		35,533.			
h T	Total. Add lines 1a-1f		Business Code	33,335.			
2 a	CODY MANUAL CHARGE CHARGE CHARGE MORNEY SOUTH SOUTH AND A CHARGE AND				ACCOUNTS AND ACCOU		
b	allies was were their was were also sold their sold their sound and their sold their sound and their sold their					A CONTROL OF SERVICE OF THE PROPERTY OF THE PR	
c				2 No. of the last		- Control of the Cont	1
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e -	AND	A000 000 000 000		and the second s	Andrew Control of the		geographic or contribution of the contribution
1 /	All other program service reve	enue	proprieting and the second				
g T	Total. Add lines 2a-2f			- Control of the second of the			1.62
1	Investment income (including other similar amounts)						Age of the second secon
4	income from investment of ta	ix-exemp	bond proceeds.		A STATE OF THE PROPERTY OF THE		- NA SECTION OF SECTION SECTIO
5	Royalties	(i) Resi	(ii) Personsi				
	Conference and the Conference an	(1) K681	(ii) Last sets and	-			
	Gross rents						
(Less: rental expenses	The state of the s	and approximate the second				
С	Rental income or (loss)	,,					
Į.	Net rental income or (loss)	Securities	(a) Other				
7 a	Gross amount from sales of assets other than inventory	Rivermentoway and Last Associate					
Ŷ.		ijeriigi (riga n aray eesta da siis-akiis-akiis (seessa)				West Control	
þ	Less: cost or other basis and sales expenses		(g).//www.esee				
	0						
C	Net gain or (loss)			-			
3.	Gross income from fundraisi		1				
S)	(not including . \$ of contributions reported on		-				
-	See Part IV, line 18						and the second second
b	Less: direct expenses		b 146,125				-8,86
C	: Net income or (loss) from fu	ındraising	events	-8,864			0,00
1	Gross income from gaming See Part IV, line 19		- All propagations and the second sec	-conference			
b	Less: direct expenses		b L				
1	Net income or (loss) from g						
1	Gross sales of inventory, lead and allowances		. 8	-40			
Ł	b Less: cost of goods sold		. b				
	c Net income or (loss) from s	ales of in	ventory				
- springer	Mocedaneous Revenue	and the second s	Business Code				Charles and the Control of the Contr
118	William was need to seek them the the their course with the terms with the	; special statute shallow protect			and the section of th	0.000/0.000	Appropriate to the second seco
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1 1	C	which with which with	Native Season State September Septem			**************************************	The state of the s
1	d All other revenue						1
1	e Total. Add lines 11a-11d.			3 }			

	ion 501(c)(3) and 501(c)(4) organizations must com	plete all columns. All otl	her organizations must co	rnpiete column (A).	
	Check if Schedule O contains a re		AND THE RESIDENCE OF THE PROPERTY OF THE PROPE		
	not include amounts reported on lines 7b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21. Grants and other assistance to domestic				
****	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		ka da salaman na sagara kalaman na mana ka sagaran na sagaran na sagaran na sagaran na sagaran na sagaran na s		
4	Benefits paid to or for members	0.	0.1	0.	0.
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B).	0.	0.	0.	0.
7			(manufactural field for 1 to an application of productions and production of the second secon	STATE OF THE PROPERTY OF THE P	ea-(101-011)(1010)(1011)(1010)(1011)
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)		and the second s	and the second s	and the state of t
	<u>}</u> _			ne si non-kanangangan nilihi-kan ningin an angan angan nilihan di nasar nanaginjan angan mangan nanagin angan angan	
	Fees for services (non-employees):				
	Management			gaalaastaan ja ja elektriste aateraaan vastioas nyotoot oo teetaalisten horistoloo	
	Legal		Phillipse (Section of Section Control Section piles of Section and Section and Section and Section and Section	zaskanggandamanggalaskananga a an salah sa	
	Accounting	665.		665.	en klassing dat old henn, på <mark>dat krede en en</mark>
	I Lobbying				Hillyri
e	Professional fundraising services. See Part IV, line 17				Depth Company on the company of Company on the company of the co
	Investment management fees			or were the service of the School Sch	
g	Other, (If line 11g amt exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule OSCH.	1,728.		1,728.	
	Advertising and promotion	7,318.	7,318.		
13	Office expenses				- Vlaskeiseen en
14	Information technology	. 869	. 269.		
15	Royalties	en ann an ann an an an an an an an an an	hinto m tapita gallikulinte ortan a antari mantari mantari a ce a unduskiski)	elekki n manana mana	primerativisti securi se are terminalisti principio de construiri de la construiri de construiri de la c
16	Occupancy	1,852.		1,482.	370.
17	Travel	an ang ang ang ang ang ang ang ang ang a			
18	expenses for any federal, state, or local public officials.				
19	Conferences, conventions, and meetings		Spark (1994)	Silverson on the second control of the secon	y goggadinan awan ang garan
20	Interest				
21	Payments to affiliates				NAME OF THE PARTY
22	Depreciation, depletion, and amortization	62.	62.		
23 24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)			15 7 6	
	PROFESSIONAL DUES CHARITABLE DONATIONS	1,107. 1,045.	1,107. 1,045.		
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	All other expenses.		The The solution of the second		
25	Total functional expenses. Add lines 1 through 24e	14,645.	10,401.	3,875,	370.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here Fig. 15 following				

BAA

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X... (A) Beginning of year (B) End of year 47,412. 34,071 1 Cash - non-interest-bearing 2 2 Savings and temporary cash investments 3 3 Pledges and grants receivable, net 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, 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 section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 Notes and loans receivable, net **4ssets** 8 Inventories for sale or use..... 9 9 Prepaid expenses and deferred charges..... 10a Land, buildings, and equipment: cost or other basis.
Complete Part VI of Schedule D...... 10a 2.432 10 c 654. 343. 11 11 Investments – publicly traded securities 12 12 Investments - other securities. See Part IV, line 11..... 13 13 investments - program-related. See Part IV, line 17.......... 14 15 15 Other assets. See Part IV, line 11..... 16 48,066 Total assets. Add lines 1 through 15 (must equal line 34).... 34,414 16 17 2,033 405. Accounts payable and accrued expenses..., 17 18 Grants payable 18 19 Deferred revenue..... 19 20 Tax-exempt bond liabilities..... 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D. 21 Loans and other payables to current and former officers, directors, trustees. key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L 22 23 Secured mortgages and notes payable to unrelated third parties..... 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D. 25 1,475. 1,475. 1,880. 26 3,508. 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. Net Assets or Fund Balances 27 44,558. 32,534 Unrestricted net assets..... 28 Temporarily restricted net assets 29 Permanently restricted net assets..... Organizations that do not follow SFAS 117 (ASC 958), check here * and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds..... Paid-in or capital surplus, or land, building, or equipment fund..... 31 32 32 Retained earnings, endowment, accumulated income, or other funds..... 33 44,558. 32,534. Total net assets or fund balances..... 34 48,066. 34,414. Total liabilities and net assets/fund balances 34 Form 990 (2014)

Forn	n 990 (2014) KENTUCKIANA PRIDE FOUNDATION	Page 12
Pai	Reconciliation of Net Assets	gendenous,
et beziehet zienlizertize	Check if Schedule O contains a response or note to any line in this Part Xt	
1	Total revenue (must equal Part VIII, column (A), line 12)	26,670.
2	Total expenses (must equal Part iX, column (A), line 25)	14,646.
3	Revenue less expenses. Subtract line 2 from line 1	12,024.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	32,534.
5	Net unrealized gains (losses) on investments	
6	Donated services and use of facilities	and the second s
7	Investment expenses7	
8	Prior period adjustments	
9	Other changes in net assets or fund balances (explain in Schedule O)	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,	** EEO
***	CORNER COMMENT	44,558.
	nt XII Financial Statements and Reporting	terinosil
	Check if Schedule O contains a response or note to any line in this Part XII	
	konnoù kusten konsul	Yes No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other	
	If the organization changed its method of accounting from a prior year or checked 'Other,' explain in Schedule O.	
2:	a 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
	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: 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
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	
	a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a X
	b If 'Yes,' did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.	3 b
BA	A	Form 990 (2014)

SCHEDULE A (Form 990 or 990-EZ)

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ. ► Information about Schedule A (Form 990 or 990-EZ) and its instructions is

Department of the Treasury Internal Revenue Service

OMB No. 1545-0047

Open to Public Inspection

at www.irs.gov/form990. Employer identification number Name of the organization KENTUCKIANA PRIDE FOUNDATION Part I Reason for Public Charity Status (All organizations must complete this part.) ns. 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), 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) 2 A hospital or a cooperative hospital service organization described in section 170(bX1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's 4 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 5 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 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.) 7 X A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 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 9 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). 10 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. 11 Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that is a Type I, Type III, 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). (v) Amount of monetary (vi) Amount of other (i) EIN (iii) Type of organization (described on lines 1-9 above or IRC section (see instructions)) (iv) is the organization listed (i) Name of supported support (see instructions) support (see instructions) in your governing document? Yes Mn (A) **(B)** (C) (D) (E)

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

Schedule A (Form 990 or 990-EZ) 2014

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.)

Sec	tion A. Public Support				enakali dengangan penangan Masalanan anakan penangan anak	The commence of the commence o	(1001)
begi	ndar year (or fiscal year nning in) >	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any 'unusual grants.')	Montes		AA popura maconisiping	3597797773		0.
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf.					10021	0 .
3	The value of services or facilities furnished by a governmental unit to the organization without charge				peo Militare a distanta		
4	Total. Add lines 1 through 3	0.	0.	0.	0.	0.	0.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						0.
6	Public support. Subtract line 5 from line 4						0.
Sec	tion B. Total Support		Analysis established		**************************************	a	And applicately the second
Cale	ndar year (or fiscal year nning in) ►	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
	Amounts from line 4		0.	0.		0.	
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources.	mere middele-distancearde reconst			The state of the s		0.
9	Net income from unrelated business activities, whether or not the business is regularly carried on.						0
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						0.
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activ	vities, etc (see ins	tructions)				0.
13	organization, check this box and	stop here		ird, fourth, or fifth	tax year as a section	on 501(c)(3)	> <u>X</u>
Sec	tion C. Computation of Pu	blic Support F	ercentage		akinaktari kangingarianahatanahilikki any alam 40 km² aktorioanalikis pinnan eska	Anna provincia de construir de construir de la construir de construir de construir de construir de construir d	iki ka militan katala sunika sunika minin katala katala matala katala milita katala katala katala katala katal
	Public support percentage for 20 Public support percentage from						A second
	33-1/3% support test - 2014.					- Adjusted	
	and stop here. The organization	i qualifies as a pu	blicly supported o	rganization		*******	· · · · · · · · · · · · · · · · · · ·
ł	33-1/3% support test - 2013. If and stop here. The organization	the organization of qualifies as a pu	fid not check a bo blicly supported o	ox on line 13 or 16 or 16 or 16 or 16 or 16	5a, and line 15 is	33-1/3% or more,	check this box
	a 10%-facts-and-circumstances to or more, and if the organization the organization meets the 'fact	meets the 'facts- s-and-circumstan	and-circumstance ces' test. The orga	s' test, check this anization qualifies	s as a publicly sur	re. Explain in Part sported organization	on
	o 10%-facts-and-circumstances to or more, and if the organization organization meets the facts-ar Private foundation. If the organ	meets the 'facts- nd-circumstances'	and-circumstance test. The organiz	s' test, check this ation qualifies as	s box and stop he a publicly suppor	re. Explain in Par ted organization	(Vi now the
*****		uzation did not Ch	SON A DOX ON HINE	13, 100, 100, 170			
BAA					So	nedule 🗚 (horm 9	90 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 faile to qualify under the tests listed below, please complete Part II.)

Sect	on A. Public Support	and the state of t	til kanninger og en forder skiller i Very skiller politigen og er fry græner i kalle eksterne skiller en spesi	And the second s	120 0000	(e) 2014	(n) Total
Calend	ar year (or fiscal yr beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(E) CV 14	Metalliting plants of cells are reached in a production and an expension and a second a second and a second and a second and a second and a second a
4	Gifts, grants, contributions and membership fees	0.00		(I), as no shake	notiver cases		
	received (On not include 1) property of		d (c) remain	· ·		ann ann de la constantination de la constant
2	any unusual grants.)	and the second control of the second control	alkandedquethilisiyingilisiyesiisi		A 144 - 144		
	sions merchandise sold of					i company	
	services performed, or facilities furnished in any activity that is			- Calabara (Strike			
	related to the organization's		NAME OF THE PARTY	ease of the state			
	tax-exempt purpose		- Charles - Char	A control of the second control of the secon	and the state of t	er lander de soning	ją (zyrokanaj nekros <u>, kasponanno proposanno pr</u> okjerodnie) kiejskiejskiejskiejskiejskiejskiejskiejs
3	Gross receipts from activities that are not an unrelated trade						
	or business under section 513.			And the second section of the second section of the second section of the second section secti		Market State Committee Com	kongoglišija sija inci ili konstanta radas in ca šira k disinci jesis pozitirija siningili seljenje i
4	Tax revenues levied for the organization's benefit and		***		Manual Control of the Additional Control of		
	either haid to or expended on			and vide of	and the second		
	its behalf	Pariticis in the second of the	Antonial Antonia and Antonia	- Anti-Antidos - Antidos Antidos (Antidos (Antid	anne deministration de la company de la comp		\$20,000 \$100 \$100 \$100 \$100 \$100 \$100 \$100
5	The value of services or facilities furnished by a			Marketon - 4 4 6 7 7	at in the second		
	novernmental unit to the	New years of the second			AND ALCOHOLOGY		
	organization without charge		www.gocga	And the second s	Anna and a second secon		-
6	Total. Add lines 1 through 5 Amounts included on lines 1.	Activities and the second seco		and - and the same of the same		Provided the second sec	Contraction of the Contraction o
18	2 and 3 received from	and the state of t			·	(SEALO) - Marie Control of the Contr	
	disqualified persons	Anna Contraction of the second	\$ 100 per 100	Control of the Contro	A THE CONTRACTOR OF THE CONTRA	The second secon	A CONTRACT SAME CONTRACT CONTR
ž	Amounts included on lines 2 and 3 received from other than	The state of the s	Seculosia a		nav nitros	The state of the s	
	dismislified persons that				1		
	exceed the greater of \$5,000 or 1% of the amount on line 13				***************************************		
	for the year			The second secon	And the second s	a anni 1991 - Na anni anni anni anni anni anni anni a	and the second s
(: Add lines 7a and 7b						
8	Public support (Subtract line			L.	1		
44444	7c from line 6.)						
	tion B. Total Support	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(0 Total
Cale	idar year (or fiscal yr beginning in) >	(B) EU : W	A STATE OF THE PARTY OF THE PAR				
_	A man with drawn liver h		Water Control of the		ì	- Company	New Section of the Se
	Amounts from line 6		and the state of t		entering and the second		Magazara Hajibir Sain Sain Sain Sain Sain Sain Sain Sain
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10	a Gress income from interest, dividends, payments received on securities loans, rents, royalites and income from similar sources. I Unrelated business taxable						
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11 12	a 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 c Add lines 10a and 10b. 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,						
11 12	a 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. c Add lines 10a and 10b. 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, 10c, 11 and 12.).		nzation's first, se	cond, third, fourth,	or fifth tax year :	as a section 501 (c	
11 12 13	a 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. c Add lines 10a and 10b. 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, 10c, 11 and 12.). First five years. If the Form 99 organization, check this box air	0 is for the organ	N		inglesty market or factor and reference on the state of the section of the sectio		
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10 11 12 13 14 Se 16 Se 16	a 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. c Add lines 10a and 10b. 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, 10c, 11 and 12.) First five years. If the Form 99 organization, check this box aid ction C. Computation of Public support percentage for Public support percentage from the sale of public support percentage from the s	0 is for the organid stop here ublic Support 2014 (line 8, column 2013 Schedule reforment inc a for 2014 (line 10 a from 2013 Sche , if the organizati	Percentage mn (f) divided by A, Part III, line 1 come Percenta Dc, column (f) dividule A, Part III, I on did not check	tine 13, column (5	blumn (f))	15 16 17 18 17 18 18 18 18 18 18 18 18 18 18 18 18 18	8 8 8 8 and line 17 ion.
10 12 12 14 Se 15 16 Se 11 11	a 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. c Add lines 10a and 10b. 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, 10c, 11 and 12.). First five years. If the Form 99 organization, check this box as ction C. Computation of Public support percentage from the support tests — 2014 is not more than 33-1/3%, che b 33-1/3% support tests — 2014	0 is for the organid stop here ublic Support 2014 (line 8, column 2013 Schedule restment inc a for 2014 (line 10 a from 2013 Sche , if the organizations the organizations in the organizations in the organizations)	Percentage mn (f) divided by A, Part III, line 1 come Percenta Dc, column (f) dividule A, Part III, I on did not check stop here. The or on did not check	tine 13, column (5) age ided by line 13, column 17 the box on line 14 or a box on lin	blumn (f))	15 16 17 18 18 18 18 18 18 18 18 18 18 18 18 18	8 8 8 8 8 9 8 9 8 9 9 9 9 9 9 9 9 9 9 9
10 12 12 14 Se 15 16 Se 11 11	a 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. c Add lines 10a and 10b. 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, 10c, 11 and 12.). First five years. If the Form 99 organization, check this box as ction C. Computation of Public support percentage from the support tests — 2014 is not more than 33-1/3%, che b 33-1/3% support tests — 2014	0 is for the organid stop here ublic Support 2014 (line 8, column 2013 Schedule restment inc a for 2014 (line 10 a from 2013 Sche , if the organizations the organizations in the organizations in the organizations)	Percentage mn (f) divided by A, Part III, line 1 come Percenta Dc, column (f) dividule A, Part III, I on did not check stop here. The or on did not check	tine 13, column (5) age ided by line 13, column 17 the box on line 14 or a box on lin	blumn (f))	17 16 17 18 17 18 18 18 18 18 18 18 18 18 18 18 18 18	% % % % % % % % % % % % % % % % % % %
10 12 12 14 Se 15 16 Se 11 11	a 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. c Add lines 10a and 10b. 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, 10c, 11 and 12.). First five years. If the Form 99 organization, check this box as ction C. Computation of Public support percentage for Public support percentage from the sale of capital assets. If the source of Public support percentage from the support percentage	0 is for the organid stop here ublic Support 2014 (line 8, column 2013 Schedule restment inc a for 2014 (line 10 a from 2013 Sche , if the organizations the organizations in the organizations in the organizations)	Percentage Imn (f) divided by A, Part III, line 1 Come Percenta De, column (f) dividule A, Part III, I on did not check stop here. The or on did not check ox and stop here check a box on Iii	tine 13, column (5) age ided by line 13, column 17 the box on line 14 or a box on lin	blumn (f))	17 16 17 18 17 18 18 18 18 18 18 18 18 18 18 18 18 18	8 8 8 8 8 9 8 9 8 9 9 9 9 9 9 9 9 9 9 9

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.)

Sec	ction A. All Supporting Organizations	Sygniterionisty and American	yeses en algoritantes	regges rectanguari
400 to ish was an ac		SPINNON MARKSON	Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If 'No,' describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If 'Yes,' explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2)	2		
3	a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If 'Yes,' answer (b) and (c) below	За		
	b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If 'Yes,' describe in Part VI when and how the organization made the determination.	3b		
	c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If 'Yes,' explain in Part VI what controls the organization put in place to ensure such use	Зс		
4	a Was any supported organization not organized in the United States ('foreign supported organization')? If 'Yes' and if you checked 11a or 11b in Part I, answer (b) and (c) below	4a		
	b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If 'Yes,' describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b		
	c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If 'Yes,' explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes	4c		
5	a Did the organization add, substitute, or remove any supported organizations during the tax year? If 'Yes,' answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a		
	b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
	c Substitutions only. Was the substitution the result of an event beyond the organization's control?	_5c		_
6	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.	6		
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If 'Yes,' complete Part I of Schedule L (Form 990)	7		
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If 'Yes,' complete Part I of Schedule L. (Form 990).	8		
9	a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If 'Yes,' provide detail in Part VI	9a		
	b Did one or more disqualified persons (as defined in line 9(a)) hold a controlling interest in any entity in which the supporting organization had an interest? If 'Yes,' provide detail in Part VI	9b		
	c Did a disqualified person (as defined in line 9(a)) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If 'Yes,' provide detail in Part VI.	90		
1(Da Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If 'Yes,' answer (b) below.	10a		
	b Did the organization, have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine	101		

	Supporting Organizations (continued)	Lancon Alberta Maria	V	21-
44	Has the organization accepted a gift or contribution from any of the following persons?		Yes	No
	a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?	11a		
	b A family member of a person described in (a) above?	116		-ytrophidis yanango ayr
	c A 35% controlled entity of a person described in (a) or (b) above? If 'Yes' to a, b, or c, provide detail in Part VI	11c		eseggerolosi olino ssen
	tion B. Type I Supporting Organizations	terior escentino en escando	· samuene vogo wil	10000 pm (2000000000
		5	Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If 'No,' describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
	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	ction C. Type II Supporting Organizations		er er er er er e	E-10-parelle-street
*0x5///*00******			Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If 'No,' describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s)	1		
Se	ction D. All Type III Supporting Organizations	·		b.t
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If 'No,' explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If 'Yes,' describe in Part VI the role the organization's supported organizations played in this regard.	3		
Ç _A	ction E. Type III Functionally-Integrated Supporting Organizations			
MONTH MADE				- Andreas State Confedence
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
	a The organization satisfied the Activities Test. Complete line 2 below.			
	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 instruction	15).		
2	Activities Test. Answer (a) and (b) below.		Yes	No
	a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? if 'Yes,' then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.	2a	Name of the Control o	
	b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If 'Yes,' explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.	2b		
ž	Parent of Supported Organizations. Answer (a) and (b) below.			i
•	a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI	3a		
	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If 'Yes,' describe in Part VI the role played by the organization in this regard.			

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Acceptable Control of the Control of	tule A (Form 990 or 990-EZ) 2014 KENTUCKIANA PRIDE FOUNDATION	·····		Page 6
Par				Collection 5.1 mapping and property of the representation of the second
***	Check here if the organization satisfied the integral Part Test as a qualifying trust on No other Type III non-functionally integrated supporting organizations must complete	vemb Sect	er 20, 1970. See instructio ions A through E.	ons. All
Sect	tion A - Adjusted Net Income		(A) Prior Year	(B) Gurrent 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	- 141	
	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		
	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Sec	tion B – Minimum Asset Amount	aponetro a set o	(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):			
2	Average monthly value of securities	1a		
	Average monthly cash balances	1b	2000000	
C	Fair market value of other non-exempt-use assets.	1c		
•	Total (add lines 1a, 1b, and 1c)	1d		
•	Discount claimed for blockage or other factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		Antonic Control of the Control of th
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
б	Multiply line 5 by .035	6	Apolite interioritori receisarit a mo brazilasa erizinya nanya nanya niyeyisinin s	
7	Recoveries of prior year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	tion C – Distributable Amount	udu sepanonen (h. n. (2016))		Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A).	3		
4	Enter greater of line 2 or line 3	4		
	income tax imposed in prior year.	5		1974 - New York (1989) - Mary
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6		6160-mmm-2

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Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).

Schedule A (Form 990 or 990-EZ) 2014

Part V Type III Non-Functionally Integrated 509(a)(3) Su	<u>pporting Organiza</u>	tions (continuos)	
ection D – Distributions	Current Year		
1 Amounts paid to supported organizations to accomplish exempt pur			
2 Amounts paid to perform activity that directly furthers exempt purposes of in excess of income from activity.			· · · · · · · · · · · · · · · · · · ·
3 Administrative expenses paid to accomplish exempt purposes of su	pported organizations.	* * * * V V V V V V V V V V V V V V V V	
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 the organization in Part VI). See instructions			
9 Distributable amount for 2014 from Section C, line 6			
10 Line 8 amount divided by Line 9 amount			
Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2014	(iii) Distributable Amount for 2014
1 Distributable amount for 2014 from Section C, line 6		1	
2 Underdistributions, if any, for years prior to 2014 (reasonable cause required — see instructions)			
3 Excess distributions carryover, if any, to 2014:			
a a second of the second of th	1		
b			
c			
d the second			- 1
e From 2013			
/ Total of lines 3e through e			
g Applied to underdistributions of prior years			
h Applied to 2014 distributable amount			
I Carryover from 2009 not applied (see instructions).			
i 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	<u> </u>		
c Remainder. Subtract lines 4a and 4b from 4.			L
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)			
6 Remaining underdistributions for 2014. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions)			
7 Excess distributions carryover to 2015. Add lines 3; and 4c			
8 Breakdown of line 7:			
a	1		1
b			
C C C C C C C C C C C C C C C C C C C			·
d Excess from 2013		1	
- Curry from 2014			

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Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

SCHEDULE D (Form 990)

Supplemental Financial Statements

Complete if the organization answered 'Yes,' to Form 990,
Part IV, lines 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/form990.

OMB No. 1545-0047

Open to Public Inspection

Department of the Treasury Internal Revenue Service Name of the organization

Employer identification number

	KENTUCKIANA PRIDE FOUNDATION	
	Organizations Maintaining Donor Advised Funds or Other Simila Complete if the organization answered 'Yes' to Form 990, Part IV,	r Funds or Accounts. line 6.
+material property of the control of	(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 that the assets hel are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that gra for charitable purposes and not for the benefit of the donor or donor advisor, or for any impermissible private benefit?	nt funds can be used only other purpose conferring Yes No
Pa	Complete if the organization answered 'Yes' to Form 990, Part IV,	line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
		ation of a historically important land area
		ation of a certified historic structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in last day of the tax year.	the form of a conservation easement on the
	a Total number of conservation easements	
	b Total acreage restricted by conservation easements	
	c Number of conservation easements on a certified historic structure included in (2)	
	d Number of conservation easements included in (c) acquired after 8/17/06, and not on	But the state of t
•	structure listed in the National Register	2d
3	tax year •	ed by the organization during the
4		
5	Does the organization have a written policy regarding the periodic monitoring, inspecti	on, handling of violations,
	and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation ease	ments during the year
7	Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easemen ►\$	is during the year
8	and section 170(h)(4)(B)(ii)?	
9	include, if applicable, the text of the footnote to the organization's financial statements conservation easements.	that describes the organization's accounting for
	Organizations Maintaining Collections of Art, Historical Treasure Complete if the organization answered 'Yes' to Form 990, Part IV	es, or Other Similar Assets. , line 8.
1	a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in it art, historical treasures, or other similar assets held for public exhibition, education, or resear in Part XIII, the text of the footnote to its financial statements that describes these iter.	ch in furtherance of public service, provide.
	b if the organization elected, as permitted under SFAS 116 (ASC 958), to report in its rehistorical treasures, or other similar assets held for public exhibition, education, or research in following amounts relating to these items:	n furtherance of public service, provide the
	(f) Revenue included in Form 990, Part VIII, line 1	
	(ii) Assets included in Form 990, Part X	
	If the organization received or held works of art, historical treasures, or other similar assets f amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
	a Revenue included in Form 990, Part VIII, line 1	
	b Assets included in Form 990, Part X	·····

Part III Organizations Maintai	ning Collection	ons of Art, Histor	rical Treasures, or	Other Similar Asse	ts (continued)
3 Using the organization's acquisition, items (check all that apply):	accession, and o	ther records, check an	y of the following that are	a significant use of its c	ollection
a Public exhibition		d 🗀 Loan o	r exchange programs		
		e Other			
frame and the second se	ations		#WHIRE PARTIES AND	- 140-7 dest filmsylvinistenskin skiplytenskingsyntation of polytenskingsylvinistenskingsylvinistenskingsylvin	7500.02 5 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9 9
c Preservation for future general Provide a description of the organization		and avaisin how they:	further the proprization's	exempt ouroose in	
Part XIII.					
5 During the year, did the organizat to be sold to raise funds rather the	ian to be maintai	neo as part of the or	OMINAMENT S CANOCHOLIC	e : e > a > a + a + a + a + - a + a + x x x x x x x = 👢	Yes N
Part IV Escrow and Custodial line 9, or reported an a	l Arrangemen amount on Fo	ts. Complete if th rm 990, Part X, I	ne organization ans ine 21.	wered Yes to Fort	n 990, mart iv
1 a is the organization an agent, trus	tee, custodian, o	r other intermediary	for contributions or other	er assets not included	Yes N
on Form 990, Part X?					
b if 'Yes,' explain the arrangement	in Part XIII and (complete the following	ių tabie.	Res - All and a state of the st	Amount
c Beginning balance			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		per-kepantingan sukas opan arang
d Additions during the year		v		1d	
e Distributions during the year				. <u>le</u>	Approximation and accompanies of the contract
f Ending balance					The second secon
2 a Did the organization include an a	mount on Form 9	990, Part X, line 21, 1	for escrow or custodial	account habity/ [_ Yes _ N
bif 'Yes,' explain the arrangement	in Part XIII. Che	ck here if the explan	ation has been provided	in Part XIII	
					* ^
Part V Endowment Funds. C				m 990, Part IV, Im	e IU.
	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years bec
1 a Beginning of year balance		ing ang ang ang ang ang ang ang ang ang a		Managagas	- Onlow door was interesting by any fairness was season for man
b Contributions					894 - 2019 - 1848 1848 1849 1849 1849 1849 1849 1849 1849 1849 1849 1849 1849 1849
c Net investment earnings, gains, and losses.			ele conducto) men solo		The state of the s
d Grants or scholarships	Print continues and control of the c	SECULIA COMUNICAÇÃO SECULIA DE SE	Carlos Carlos Carlos (Alberta Carlos		- Antily College and College a
e Other expenditures for facilities and programs		00000000000000000000000000000000000000		en e	And the second section of the second
f Administrative expenses	And an activities in the second secon	tion to the control of the control o	in variante de la française de la constitució de		A STATE OF THE PARTY OF THE PAR
1	Service - Minister Color Control Color Control Color Control Color		Open retains - its - its interesting the retaining the ret		
g End of year balance	in alter a const	roar and balance (lin	e to column (a)) held:	**************************************	150 CONTROL OF THE PROPERTY OF
		real and ceanic (iii)	O 1 M' Grandelia (1) forth someone o	not not o	
a Board designated or quasi-endowm	em -	Side of the state			
b Permanent endowment	TO THE PERSON NAMED IN COLUMN TO THE	ą.			
c Temporarily restricted endowmer		eloni-pot/Windows/Works/			
The percentages in lines 2a, 2b,					
3 a Are there endowment funds not in t	the possession of	the organization that a	ire held and administered	for the	Yes
organization by:					propriority and a second secon
(i) unrelated organizations		,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		. , , , , , , , , , , , , , , , , , , ,	3a(i)
(ii) related organizations					3a(ii)
b if 'Yes' to 3a(ii), are the related					
4 Describe in Part XIII the intender		anization's endowme	ent funds.		
Pan VI Land, Buildings, and	Equipment.				a, 2000.
Complete if the organ	ization answe	red 'Yes' to Forn	n 990, Part IV, line	11a. See Form 990	J, Part X, line
Description of property	(a)	Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
la Land					h (S) in 1885 (S) in 1886 (S)
b Buildings		\$000 (0.00) Section (0.00)			
c Leasehold improvements	- Suppliered	Security of the security of th	And the second s	454400000000000000000000000000000000000	
d Equipment		agrouped and the second se		All Collection and an analysis of the second	A STATE OF THE STA
e Other		to the control of the	2,432.	1,778.	6.
Total. Add lines 1a through 1e. (Colum	mn (d) must sour	I Form 990. Part X			6
DAA	115 - FRY STIPME MAN	And the second s		Sched	ule D (Form 990) 2

Part VI_Investments -	- Other Securities.	B. C C. C C C C C C	N/A	no 12
		(b) Book value	, Part IV, line 11b. See Form 990, Part X, li (c) Method of valuation: Cost or end-of-year market value	IIIG IZ.
(a) Description of security or cate		Anna Commission (C) (C) (C) (C)	(C) SECURE OF SECULORIES COME OF COME OF SECULORIES	er program and on the second distribution dis-
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CONSTRUCT TRANSPORTED FOUNDATION		r agu 🔫
Part XI Reconciliation of Revenue per Audited Financial Statemen	ts With Revenue pe <mark>r R</mark>	eturn. N/A
Complete if the organization answered 'Yes' to Form 990, P.	art IV, line 12a.	
1 Total revenue, gains, and other support per audited financial statements	· · · · · · · · · · · · · · · · · · ·	. 1
2 Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a Net unrealized gains (losses) on investments	2 a	
b Donated services and use of facilities	2 b	
c Recoveries of prior year grants	2c	
d Other (Describe in Part XIII.)	2d	
e Add lines 2a through 2d		. 2e
3 Subtract line 2e from line 1		. 3
4 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a investment expenses not included on Form 990, Part Viii, line 7b	4a	
b Other (Describe in Part XIII.)	4b	
c Add lines 4a and 4b		4c
5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.).		5
Part XII Reconciliation of Expenses per Audited Financial Statement	nts With Expenses per	Return. N/A
Complete if the organization answered 'Yes' to Form 990, P.		
1 Total expenses and losses per audited financial statements		
2 Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a Donated services and use of facilities.	2a	
b Prior year adjustments	2 b	
c Other losses	SHOULD AND AND AND AND AND AND AND AND AND AN	
d Other (Describe in Part XIII.)		
e Add lines 2a through 2d		. 2e
3 Subtract line 2e from line 1,		3
4 Amounts included on Form 990, Part IX, line 25, but not on line 1:		. The state of the
a Investment expenses not included on Form 990, Part Vill, line 7b		
b Other (Describe in Part XIII.)		
c Add lines 4a and 4b		A STATE OF THE PARTY OF THE PAR
5 Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		. 5
Part XIII Supplemental Information.		

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

BAA

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 Inspection

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/form990.

ame of the organization					Elibiose, ideligipre	ESPART ESPARANTEMA
KENTUCKIANA PRIDE FOUNDAT	CION		March September 1985	Carlo Ca		***************************************
Part I Fundraising Activities. Comp	mured to come	Here this D	art.			der
1 Indicate whether the organization	raised funds th	wough any		wing activities. Check	an that apply.	
a Mail solicitations			e	Solicitation of non-		
b Internet and email solicitations	\$		•	Solicitation of gove		
c Phone solicitations			g	Special fundraising	events	
d n-person solicitations						
2a Did the organization have a written o						☐Yes 🗓 No
b If 'Yes,' list the ten highest paid indiv compensated at least \$5,000 by the	viduals or entitie ne organization	es (fundraise 1.	ers) pursuar	nt to agreements under v	vhich the fundraiser is to	Angeles de la constitución de la
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did have custo	fundraiser dy or control ibutions?	(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in column (i)	(vi) Amount paid to (or retained by) organization
		Yes	No	Separation of the second secon		and the second s
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Total 3 List all states in which the organiza	tion is registare	d or license	d to solicit (contributions or has been	notified it is exempt fro	m registration
or licensing.						
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Schedule G (Form 990 or 990-EZ) 2014

		List events with gross receipts gre	(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
ne de la company			FESTIVAL (event byce)	(CAROLLE (CAROL)	NONE (intal mayber)	(add column (a) through column (c))
alice (temperature and an analysis of contribution of the state of th			and the second s	esson was not the section of the sec	The state of the s	
a, maccor to this how	1	Gross receipts	137,261.	en e	manganinka gragor ku sama sahasakisi talah pada terga mpimopama sa pasayon manya menengidikalih	137,261
OR(S)	2	Less: Contributions				
A CONTRACTOR OF THE PERSON OF	3	Gross income (line 1 minus line 2)	137,261.			137,263
October School and American	4	Cash prizes		Barage	and the control of the state of	
VI	5	Noncash prizes		Annay lackstade to the season and season and season to the season to the season to the season to the season to		
de la constanta	6	Rent/facility costs				
Lawrence common	7	Food and beverages	Salkatary namen region and control of the Salkatary and the Salkatary and Company of the Salkatary and Company			
og springer, productively a	8	Entertainment				
Approximate the second	9	Other direct expenses	146,125.			146,12
- A MARKET COLUMN - C	าก	Direct expense summary. Add lines 4 the	rough 9 in column (d).		*************	146,12
shoosidesin	4.16	Net income summary. Subtract line 10 fr Gaming. Complete if the organiza	om line 3. column (d)			-8,86
The second secon	yang pang mengangkan	ik (piloto) karin waa aa	(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gamin (add column (a through column (c)
	1	Gross revenue	The state of the control of the state of the			
perpendien whether	2	Cash prizes	$\overline{g_{\theta}(a_{1},a_{2},a_{3},a_{4})} = 2 \pi a_{1} a_{2} a_{3} a_{4} a_{4} a_{5} a_{4} a_{5} $		graps mentalisti sistem a manara mete aj e manjaratisti da indicestri d a manara tisti d a in dicestri da semantalis	
X	3	Noncash prizes				
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ENSES	5	Other direct expenses.	Yes	Yes &	Yes 8	
ERSES	5 6	Other direct expenses	Yes No	No management of the second of	No	
12 0 LI 0	5 6 7	Other direct expenses. Volunteer labor. Direct expense summary. Add lines 2 th	Yes No No rough 5 in column (d) .	No	No	
SIZOUO	5 6 7	Other direct expenses	Yes No No rough 5 in column (d) .	No	No	
	5 6 7 8	Other direct expenses. Volunteer labor. Direct expense summary. Add lines 2 th Net gaming income summary. Subtract er the state(s) in which the organization of	Yes 8 No rough 5 in column (d). line 7 from line 1, column conducts gaming activities.	Mn (d)	No	>
9 8	5 6 7 8 Ent	Other direct expenses. Volunteer labor. Direct expense summary. Add lines 2 th Net gaming income summary. Subtract er the state(s) in which the organization of the organization licensed to conduct gamin	Yes No Yes No Inough 5 in column (d). Iline 7 from line 1, column activities and activities in each of	mn (d)	No	>
ŧ	5 6 7 8 Ent	Other direct expenses. Volunteer labor. Direct expense summary. Add lines 2 th Net gaming income summary. Subtract er the state(s) in which the organization of the organization licensed to conduct gamin	Yes 8 No wough 5 in column (d). line 7 from line 1, column activities in each of	nn (d) (es: these states?	No.	Yes N

TEEA3702L 09/16/14

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che	dule G (Form 990 or 990-EZ) 2014 KENTUCKIANA PRIDE FOUNDATION Does the organization operate gaming activities with nonmembers? Yes	Page 3 No
7		St. Married
2	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable garning?	[No
3	Indicate the percentage of gaming activity conducted in:	9.
ê	The organization's facility	3
ŧ	An outside facility	· · · · · · · · · · · · · · · · · · ·
4	Enter the name and address of the person who prepares the organization's gaming/special events books and records:	
	Name *	
	Address >	an anna mana mana windo visito vis
15:	a Does the organization have a contact with a third party from whom the organization receives gaming revenue?	es No
	b If 'Yes,' enter the amount of gaming revenue received by the organization \$ and the amount	
	of gaming revenue retained by the third party * \$	
	c If 'Yes,' enter name and address of the third party:	
	Name *	water which contact contact water
	Address *	Silk holder worden weden skaare 1000p. A
16	m to an analysis of a manufacture of the control of	
	Name *	was the state of the state same
	Gaming manager compensation ► \$	
	Description of services provided >	1000 NOW WINDS MANY PROPERTY SHOP
	Director/officer Employee Independent contractor	
17		
	alana displace di salama d	res No
	b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the	
	Continue 20, Columns (iii) are september 1, line 20, Columns (iii) are	id (v),
	and Part III. lines 9, 90, 100, 100, 100, 10, and 170, as applicable, 7000 provide any accurate	
	information (see instructions).	

SCHEDULE O (Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

2014

Open to Public Inspection

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

Employer identification number

Name of the organization

KENTUCKIANA PRIDE FOUNDATION

FORM 990, PART VI, LINE 11B - FORM 990 REVIEW PROCESS

NO REVIEW WAS OR WILL BE CONDUCTED.

FORM 990, PART VI, LINE 19 - OTHER ORGANIZATION DOCUMENTS PUBLICLY AVAILABLE

NO DOCUMENTS AVAILABLE TO THE PUBLIC.

FORM 990, PART IX, LINE 11G OTHER FEES FOR SERVICES

		(A)	(B) PROGRAM	(C) MANAGEMENT	(D) FUND-
		and the state of t	64247486	& GENERAL	RAISING
CONSULTANT FEES	TOTAL			\$ 1,728.	

Fee Receipt: \$8.00

mstratton AMD

Trey Grayson, Secretary of State Received and Filed: 2/25/2010 3:47 PM

Amended Articles of Incorporation

Kentuckiana Pride Foundation, Inc.

Amended February, 17, 2010

The Kentuckiana Pride Foundation, at it's regular meeting on February 17th, 2010, has with a quorum present and by vote of greater than 2/3 majority, moved to amend Article II of our Articles of Incorporation to include the following statement:

Article I

The name of the corporation is Kentuckiana Pride Foundation, Inc.

Article II

The purpose for which the corporation is organized is to promote the understanding of the gay, lesbian, bisexual, transgendered, queer/questioning, and inter-sexed (GLBTQI) community in the Kentuckiana area.

The foundation shall operate exclusively for charitable and educational 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, or corresponding section of any future federal tax code.

Article III

The street address of the corporation's initial registered office in Kentucky is 7002 Chippenham Road, Louisville, KY 40222. The name of the initial registered agent at that office is Michael Shouse.

Article IV

The mailing address of the corporation's principal office is P.O. Box 32216, Louisville, KY 40232-2216.

Article V

The number of directors constituting the initial board of directors is 5. The names and mailing addresses of the persons who are to serve as the initial board of directors are as follows:

Michael Shouse, 7002 Chippenham Road, Louisville, KY 40222 Chad Eddings, 6918 Sandstone Boulevard, Louisville, KY 40219

Brian Walters, 1225 Wolfe Avenue, Louisville, KY 40213 Rodney Coffman, 6918 Sandstone Boulevard, Louisville, KY 40219 Margaret Phillips, 204 Iola, Louisville, KY 40207

Article VI

The name and address of each incorporator is:

Michael Shouse, 7002 Chippenham Road, Louisville, KY 40222 Chad Eddings, 6918 Sandstone Boulevard, Louisville, KY 40219 Brian Walters, 1225 Wolfe Avenue, Louisville, KY 40213 Rodney Coffman, 6918 Sandstone Boulevard, Louisville, KY 40219 Margaret Phillips, 204 Iola, Louisville, KY 40207

Article VII

No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to its members, trustees, 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 the purposes set forth in Article Third hereof. No substantial part of the activities of the corporation shall be the carrying on of propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate in, or intervene in (including the publishing or distribution of statements) any political campaign on behalf of or in opposition to any candidate for public office. Notwithstanding any other provision of these articles, the corporation shall not carry on any other activities not permitted to be carried on (a) by a corporation exempt from federal income tax under section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or (b) by a corporation, contributions to which are deductible under section 170(c)(2) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Article VIII

Upon the dissolution of the corporation, assets shall be distributed for one or more exempt purposes within the meaning of section 501(c)(3) of the Internal Revenue Code, or the corresponding section of any future federal tax code, or shall be distributed to the federal government, or to a state or local government, for a public purpose. Any such assets not so disposed of shall be disposed of by the Circuit Court of Jefferson County, Kentucky or the Court in which the principal office of the corporation is then located, 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 IX

The Corporation will:

- A. Distribute its income for each tax year at a time and in a manner as not to become subject to the tax on undistributed income imposed by section 4942 of the Internal Revenue Code, or the corresponding section of any future federal tax code.
- B. Not engage in any act of self-dealing as defined in section 4941(d) of the Internal Revenue Code, or the corresponding section of any future federal tax code.
- C. The Corporation will not retain any excess business holdings as defined in section 4943(c) of the Internal Revenue Code, or the corresponding section of any future federal tax code.
- D. The Corporation will not make any investments in a manner as to subject it to tax under section 4944 of the Internal Revenue Code, or the corresponding section of any future federal tax code.
- E. The Corporation will not make any taxable expenditures as defined in section 4945(d) of the Internal Revenue Code, or the corresponding section of any future federal tax code.

Article X

Except as otherwise provided below, no director of the Corporation shall have any personal liability to the Corporation or its members, if any, for monetary damages for breach of his/her duties as a director. Nothing herein shall be deemed or construed to eliminate or limit the liability of a director for:

- A. Any transaction in which the director's personal financial interest is in conflict with the financial interests of the Corporation;
- B. Acts or omissions not in good faith or which involve intentional misconduct or are known to the director to be a violation of law:
- C. Any transaction from which the director derived an improper personal benefit.

Article XI

Each person who is or becomes an executive officer or director of the Corporation shall be indemnified by the Corporation and advanced expenses incurred by him/her in connection with the defense of any action, suit or proceeding, civil or criminal, in which he/she is made a party by reason of being or having been such director or officer, except in relation to matters as to which he/she shall be adjudged in such action, suit or proceeding to be liable for negligence or misconduct in the performance of duty to the Corporation. The indemnification and advancement of expenses provided by this Article shall not be deemed exclusive of any other rights to which directors or officers may be entitled under any agreement or otherwise.

In witness whereof, we have hereunto s	ubscribed our names this February 22, 2010
Director, Kentukuna Prida Foundation	
Director, Kentukuna Prich Foundates	en
I, Michael Shouse, consent to serve as corporation.	the registered agent on behalf of the
	Michael Shouse, Director

Form (Fev. January 2011) Department of the Treasury

Request for Taxpayer Identification Number and Certification

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

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	Name as shown on your income tax return. Kentuck, and Pride Foundation. Business name/disregarded entity runne, it different from above	er se og skreviske gjendyskreve krekelikeler flyresen, og de beligt moretægeligt krevegelige somfensjen som	der and height foreign week of the property and a long on the County A. Angell (Color) of the	
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number to enter.				
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Part II Certification				
Under penalties of perjury, I certify that:				
The number shown on this form is my correct texpayer identification number (or I am waiting for a number to be issued to me), and				
2. I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, and				
3. 1	am a U.S. citizen or other U.S. person (defined below).	na a managaran	mander am executive barralasticas as	
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Note: It a requester gives you a form other than Form W-9 to request				
General Instructions				

Section references are to the Internal Revenue Code unless otherwise noters

Purpose of Form

A person who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-8 only if you are a U.S. person (including a resident atien), to provide your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify that the TIN you are giving is correct for you are waiting for a number to be issued).
 - 2. Certify that you are not subject to backup withholding, or
- 2. Claim exemption from backup withholding if you are a U.S. exempt payes. 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' chare of effectively connected income.

Note. It a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- · An individual who is a U.S. citizen or U.S. resident alien,
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States,
- . An estate (other than a foreign estate), or
- A domestic trust (as defined in Regulations section 301,7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax on any foreign partners' share or income from such business. Furtner, in certain cases where a Form W-9 has not been received, a partnership is required to presume that a partner is a foreign person, and pay the withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid withholding on your share of pertnership moome.