Department of the Treasury Internal Revenue Service

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

▶ 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

Inspection

OMB No. 1545-0047

A	For t	ne 2014 calendar year, or tax year beginning $$ JUL $1,$ 2014 and ϵ	ل ending	<u>UN 30, 2015</u>)		
В	Check applica	C Name of organization		D Employer identif	ication number		
	Add char Nam			<u>.</u>			
<u>L</u>	char	ge Doing business as		61-0)516171		
<u>L</u>	∏lnitia retur ∏Fina retur	Number and street (of P.O. DOX if mail is not delivered to street address)	Room/suite	E Telephone number 502-583-0564			
•	term			G Gross receipts \$	3,430,799.		
	Ame	nded TOTTCTTTTT WY ACCO		H(a) Is this a group			
	Appl	F Name and address of principal officer; LEON THOMAS			s? Yes X No		
	pend	Ing SAME AS C ABOVE		H(b) Are all subordinates			
Τ.	Tax-e:	xempt status: X 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or	527		a list. (see instructions)		
J	Webs	ite: ▶ WWW.KYLIONSEYE.ORG		H(c) Group exemption			
K	orm o	of organization: X Corporation Trust Association Other	L Year o		M State of legal domicile: KY		
Pa	art I	Summary					
	1	Briefly describe the organization's mission or most significant activities: SEE S	CHEDU:	LE O			
Governance							
rha	2	Check this box if the organization discontinued its operations or dispose	d of more	than 25% of its net as	sets.		
<u>×</u>	3	Number of voting members of the governing body (Part VI, line 1a)		3	46		
	4	Number of independent voting members of the governing body (Part VI, line 1b)			46		
Activities &	5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	***********	5	4		
jŧį.	6	Total number of volunteers (estimate if necessary)	• • • • • • • • • • • • • • • • • • • •	6	500		
ç	7 a	Total unrelated business revenue from Part VIII, column (C), line 12			.0.		
_	b	Net unrelated business taxable income from Form 990-T, line 34		7b	0.		
				Prior Year	Current Year		
Revenue	8	Contributions and grants (Part VIII, line 1h)		147,411.	283,061.		
	9	Program service revenue (Part VIII, line 2g)		1,639,825.	1,889,875.		
eve	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		134,097.	156,899.		
œ	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		-3,167.	3,348.		
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		1,918,166.	2,333,183.		
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		64,297.	61,294.		
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.		
· o	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		672,217.	798,826.		
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.		
be		Total fundraising expenses (Part IX, column (D), line 25) 9,016	5 .				
Û	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,059,823.	1,021,227.		
	18	Total expenses: Add lines 13-17 (must equal Part IX, column (A), line 25)		1,796,337.	1,881,347.		
	-19	Revenue less expenses. Subtract line 18 from line 12		121,829.	451,836.		
or			Beg	inning of Current Year	End of Year		
t Assets od Balanc	20	Total assets (Part X, line 16)		3,562,156.	3,960,994.		
t As id Bi	21	Total liabilities (Part X, line 26)		156,063.	185,464.		
<u> </u>	22	Net assets or fund balances. Subtract line 21 from line 20		3,406,093.	3,775,530.		
	rt II	Signature Block	+.				
		alties of perjury, I declare that I have examined this return, including accompanying schedules a			knowledge and belief, it is		
true,	corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of which	h preparer h	as any knowledge.			
		Jem frommer		5/1	4/16		
Sigr	1	Signature of officer		Date /	•		
Here	9	LEON THOMAS, TREASURER					
		Type or print name and title	·				
		Print/Type preparer's name Preparer's signature	Da	. / / / i	PTIN		
Paid		JOSEPH D. JOHNSTON		//////////////////////////////////////			
Prep		Firm's name STROTHMAN & COMPANY PSC		Firm's EIN	61-1191655		
Use	Only	Firm's address 325 W. MAIN ST. SUITE 1600					
		LOUISVILLE, KY 40202-4251		Phone no. (5			
May	the II	RS discuss this return with the preparer shown above? (see instructions)			X Yes No		

Forr	n 990 (2014) KENTUCKY LIONS EYE FOUNDATION, INC.	61-0516171	Page 2
	rt III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		
•	THE KENTUCKY LIONS EYE FOUNDATION MISSION IS TO PREVENT	AND CURE	
	BLINDNESS BY SUPPORTING RESEARCH, OPERATING EYE CLINICS		<u>'a</u>
	DDIADMEDD DI DOLLOKILING KEDEAKCH, OLEKALING ELE CHINICO	WIND DIE DUND	
_	Did the experimentary undertake any clarificant management is a divise the year which was not listed as		
2	Did the organization undertake any significant program services during the year which were not listed on	r	(32)
	the prior Form 990 or 990-EZ?	Yes	X No
	If "Yes," describe these new services on Schedule O.		
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	?Yes	X No
	If "Yes," describe these changes on Schedule O.		
4	Describe the organization's program service accomplishments for each of its three largest program services, a	s measured by expenses.	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to oth	ers, the total expenses, a	nd
	revenue, if any, for each program service reported.		
4a	(Code:) (Expenses \$ 1,692,328 · including grants of \$ 61,294 ·) (Revi	enue \$ 1,891,	375.
	EYE BANK PROVIDES CORNEAS AND TISSUE FOR TRANSPLANTS AND		SIX
	HUNDRED AND FORTY CORNEAS WERE PROVIDED FOR TRANSPLANT A		
	AND THIRTY SIX CORNEAS WERE PROVIDED FOR RESEARCH. VOLUM		
	PROVIDE SCREENINGS, SUPPORT FOR EYE EXAMS, SURGERIES, RI		-
	GLASSES, AND OTHER NEEDS OF VISUALLY IMPAIRED. OVER FIFT		
	CHILDREN AND ELEVEN THOUSAND SIX HUNDRED ADULTS WERE SCH		
	FIFTY-ONE VISUALLY IMPAIRED INDIVIDUALS WERE PROVIDED AS		
	SURGERIES AND OTHER NEEDS. THE EYE CLINIC PROVIDED EYE I	SXAMS AND OTH.	EK
	SERVICES FOR APPROXIMATELY TWO THOUSAND INDIVIDUALS.		
			
4b	(Code:) (Expenses \$) (Reve	enue \$)
			
	A.	·	
		· · · · · · · · · · · · · · · · · · ·	
		·	·
4c	(Code:) (Expenses \$ including grants of \$) (Reve	nue \$)
		·	
		· · · · · · · · · · · · · · · · · · ·	
			
		<u></u>	
		W.L.,	
4d	Other program services (Describe in Schedule O.)		
	(Expenses \$ including grants of \$) (Revenue \$)	•
	Total program contine expenses 1 692 328		

Form 990 (2014) KENTUCKY LIONS EYE FOUNDATION, INC.

Part IV | Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	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
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
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		Х
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		Х
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	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		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		7.5	
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D.			
77	Part VI	11a	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	11b		X
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	1	X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d	ļ	X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Х	
12a	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	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000		-	
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		<u> X</u>
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any	. [
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		<u>X</u>
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	ŀ		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		X
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18	X	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		

977-78	(community)		T	
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		Yes	No
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	1	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	ĺ
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current		†	1
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete		1	
	Schedule J	23	l	X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete		1	
	Schedule K. If "No", go to line 25a	24a		X
b		24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			l
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part !	25a		X
. b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990 EZ? If "Yes," complete			
	Schedule L, Part I	25b		X
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? // "Yes,"			v
07	complete Schedule L, Part II	_26		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	1.		
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	07		х
28	of any of these persons? If "Yes," complete Schedule L, Part III Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV	27		
20	instructions for applicable filing thresholds, conditions, and exceptions):			
a	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	e district	X
· b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
_	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30	- 1	X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		_X_
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		<u> </u>
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		<u>X</u>
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	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	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			v
	If "Yes," complete Schedule R, Part V, line 2	36	-	<u> </u>
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1	-	v
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		<u> X</u>
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		x	
	Note. All Form 990 filers are required to complete Schedule O	38	990 //	0014

Form 990 (2014) KENTUCKY LIONS EYE FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance

	Check if Schedule O contains a response or note to any line in this Part V				
				Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	1a	6		
b		1b	0	· "	
С		portable gaming		1	
	(gambling) winnings to prize winners?		1c	Х	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,				
	filed for the calendar year ending with or within the year covered by this return	2a	1		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax return	າຣ?	2b	X	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	***************************************	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule of	o	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other at	uthority over, a	ľ		
	financial account in a foreign country (such as a bank account, securities account, or other financial account	ccount)?	4a	<u> </u>	Х
b	If "Yes," enter the name of the foreign country:	· · · · · · · · · · · · · · · · · · ·		3.4	3
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Ac	counts (FBAR).		1 77 6 5 5	
	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		5a		X
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transac	tion?	_5b		X
С	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		5c		
6a		-			7.7
	any contributions that were not tax deductible as charitable contributions?		6a		X
þ	If "Yes," did the organization include with every solicitation an express statement that such contribution	ons or gifts			
-	were not tax deductible?		6b	. Levi (3)	98 L 189
7	Organizations that may receive deductible contributions under section 170(c). Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and serv	iege provided to the payor?	70	1.00 A 10 1 10 10 10 10 10 10 10 10 10 10 10 1	X
	temperature and the second		7a 7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was	required	70		
·	to file Form 8282?	3 roquirou	7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d	8.5		
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit co		7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract		7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file For		7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization	on file a Form 1098-C?	7h	•	
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained l	by the			135%
	sponsoring organization have excess business holdings at any time during the year?		8		
9	Sponsoring organizations maintaining donor advised funds.				
а	Did the sponsoring organization make any taxable distributions under section 4966?	•	9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		9b	3 . 3	. Dishesi
10	Section 501(c)(7) organizations. Enter:	1	A today		
		10a	-		
	English the second seco	10b			
	Section 501(c)(12) organizations. Enter:	المعما			
	Gross income from members or shareholders Gross income from other sources (Do not net amounts due or paid to other sources against	11a			
D	•	11b			
122	amounts due or received from them.) Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1		12a		- 6
		12b	120		1, 2,3
	Section 501(c)(29) qualified nonprofit health insurance issuers.	120	1 1		
	Is the organization licensed to issue qualified health plans in more than one state?		13a		
-	Note. See the instructions for additional information the organization must report on Schedule O.	•••••••••			
b.	Enter the amount of reserves the organization is required to maintain by the states in which the				
	- · · · · · · · · · · · · · · · · · · ·	13b			
	•	13c			
	Did the organization receive any payments for indoor tanning services during the tax year?		14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No." provide an explanation in Schedule	O	14b		
			_	OOO "	

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			X				
Sec	tion A. Governing Body and Management							
			Yes	No				
1a	Enter the number of voting members of the governing body at the end of the tax year	5	1					
	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	5						
` ₂	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other	1						
_	officer, director, trustee, or key employee?	2	Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision		<u></u>					
Ü	of officers, directors, or trustees, or key employees to a management company or other person?	3		x				
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X				
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X				
6 Did the organization have members or stockholders?								
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	6		X				
14	more members of the governing body?	7a		x				
h	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or							
IJ	was a standard the account and a standard to	7b		Х				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	1,0		14.52				
		8a	Х	oleta tapor				
	The governing body? Each committee with authority to act on behalf of the governing body?	8b	X					
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the	0.0						
9	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х				
Sac	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)	1 3						
	uen 2.1 energe (This Section & requests information about policies not required by the internal nevertide Code.)		Yes	No				
100	Did the organization have local chapters, branches, or affiliates?	10a	163	X				
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,	104						
D	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	- 1					
440	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filling the form?	11a	х					
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		44.5.45	76 88 86 44				
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	teed, illinoid				
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X					
	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	120						
C		12c		X				
13	in Schedule O how this was done Did the organization have a written whistleblower policy?	13		X				
14	Did the organization have a written whistleblower policy? Did the organization have a written document retention and destruction policy?	14		<u>x</u>				
15	Did the process for determining compensation of the following persons include a review and approval by independent							
10	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	V. 3						
_	The organization's CEO, Executive Director, or top management official	15a	х	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1				
	Other officers or key employees of the organization	15b	$\frac{1}{x}$					
Ü	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		.879.4	计例				
16-	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a		3 J					
iva	taxable entity during the year?	16a		X				
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	100	1 1 2 2					
IJ	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's							
		16b	- 44					
Sec	exempt status with respect to such arrangements?	100						
	List the states with which a copy of this Form 990 is required to be filed ▶KY							
17 12	Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) a	vailahla						
18	for public inspection. Indicate how you made these available. Check all that apply.	- 4114010						
	Own website X Another's website X Upon request Other (explain in Schedule O)							
40	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	financi	al					
19		manu	ul					
00	statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records:							
20	EXECUTIVE DIRECTOR - 502-583-0564							
	201 F MINISMAD ATT DIVID TONITOVITLE VV 40202-1504	·						

Form 990 (2014)			
	- www	Ω	(OO+ 4)

KENTUCKY LIONS EYE FOUNDATION, INC.

61-0516171

Page 7

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

Check if Schedule O contains a response or note to any line in this Part VII

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

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

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

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

Check this box if neither the organization n (A)	(B)	l	IIIZa		C)	nper	Sale	(D)	(E)	(F)
Name and Title	Average	١		Pos	itior			Reportable	Reportable	Estimated
	hours per	box	, unle	ss pe	rson i	than d is both	an	compensation	compensation	amount of
	week		cer an	id a d	lirecto	or/trus	tee)	from	from related	other
	(list any	ector]			the	organizations	compensation
	hours for	or di	8			ated		organization	(W-2/1099-MISC)	from the
	related organizations	ustee	trust	ŀ	83	ubeus		(W-2/1099-MISC)		organization and related
	below	曹	fional		nploy	st con	_			organizations
*	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ALBERT RICH	1.00							· _		
PAST PRESIDENT KLEF		X						0.	0.	.0 •
(2) BETTY WITTEN	1.00							_		
DISTRICT GOVERNOR 43 E		X						0.	0.	0.
(3) BOB SWETT	1.00							_	_	
COUNCIL CHAIR		X		X				0.	0.	0.
(4) BRETT HINES	1.00				1					
TRUSTEE 43-T		X						0.	0.	0.
(5) BYRON C. WATKINS	1.00							_		
PAST PRESIDENT KLEF		Х						0.	0.	0.
(6) CARADINE HARRISON	1.00	Ċ			ĺ					•
TRUSTEE 43-E	<u> </u>	X						0.	0.	0.
(7) CARL FOSTER	1.00							_		
TRUSTEE 43-E		X						0.	0.	0.
(8) CAROLYN SUE WATSON	1.00				ŀ			_	_	
TRUSEE 43-K		X						0.	0.	0.
(9) CHARYN LONNEMAN	1.00								_	
3RD VICE PRESIDENT		X		X				0.	0.	0.
(10) CHUCK CARLSON	1.00								2.7	
PRESIDENT		X		X				0.	0.	0.
(11) CHUCK DANISON	1.00								_	_
TRUSTEE 43 N		X						0.	0.	0.
(12) DAVID SATTERLY	1.00									
TRUSTEE LOUISVILLE DOWNTOW		X						0.	0.	. 0.
(13) EDDIE HYATT	1.00								_	_
PAST PRESIDENT KLEF		X						0.	0.	0.
(14) FRANK BOARMAN	1.00									_
PAST PRESIDENT KLEF		X						0.	0.	0.
(15) GEORGE LONNEMAN	1.00								_	
TRUSTEE 43-T		Х						0.	0.	0.
(16) GERALD WEDDING	1.00									
1ST VICE PRESIDENT		X		X	<u> </u>			0.	0.	. 0 •
(17) HAROLD SMITH	1.00									_
DISTRICT GOVERNOR 43 N		X						0.	0.	0.

Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees,	and	iH t	ghe	st C	ompensated Employee	s (continued)		·
(A)	(B)				C)			(D) ·	(E)		(F)
Name and title	Average	(do	not c	Pos heck	itior more	ገ than	one	Reportable	Reportable		Estimated
	hours per	box	, unle	ss pe	rson i	is boti or/trus	n an	compensation	compensation		amount of
	week	—	Cer ai	144	I ecit	Jiriius	100)	from	from related	ı	other
•	(list any hours for	iecto						the	organizations	,	compensation
	related	or d	盟			sated		organization (W-2/1099-MISC)	(W-2/1099-MISC	!	from the organization
	organizations	ustee	trustee	ļ	ee	ubeu		(88-271099-181130)			and related
	below	ual tr	fional		lg So	E 8	_		•		organizations
	line)	Individual trustee or director	Institutional t	Officer	Key employee	Highest compensated employee	Former				organizations
(18) HENRY (HANK) WILHOIT	1.00	=	=	9	- <u>x</u> -	Ξ 60	-			_	
TRUSTEE 43-C	1.00	x			ĺ	ľ		0.	(١.	0.
(19) IRA JOHNSTON	1.00					_	-			\dashv	
PAST PRESIDENT KLEF	1.00	х						0.	·		0.
(20) JAMES ARCHEY	1.00	A			_	\vdash		0.	<u> </u>	•	<u> </u>
DISTRICT GOVERNOR 43-Y	1.00	x						0.	, , ,		0.
·	1 00				_	-		0.		' · 	<u> </u>
(21) JAMES MORTON	1.00	٧,						ا م ا		.	
PAST PRESIDENT KLEF	1 00	Х						0.).	0.
(22) JANET SWETT	1.00										0
2ND VP AND TRUSTEE 43-C	4 00	X		Х		-		0.) -	0.
(23) JERRY BENNETT	1.00										•
PAST PRESIDENT KLEF		X				_		0.) •	0.
(24) JOHN HORTON	1.00							,	_		_
PAST PRESIDENT KLEF		X						0.	C).	0.
(25) JOHN SHOUSE	1.00							_	·		
DISTRICT GOVERNOR 43 C		X						0.	O) .	0.
(26) KEN DICK	1.00										
PAST PRESIDENT KLEF		X		•				0.).	. 0.
1b Sub-total							>	0.).	0.
c Total from continuation sheets to Part VII								74,703.),	10,968.
d Total (add lines 1b and 1c)							>	74,703.	0		10,968.
2 Total number of individuals (including but no							o re	ceived more than \$100,0	000 of reportable		
compensation from the organization											. 0
											Yes No
3 Did the organization list any former officer,	director, or tru	stee	, ke	y en	olqr	yėe,	or h	ighest compensated en	nployee on	12	
line 1a? If "Yes," complete Schedule J for su										. [3 X
4 For any individual listed on line 1a, is the su	m of reportable	e co	mpe	nsa	tion	and	oth	er compensation from th	ne organization		
and related organizations greater than \$150											4 X
5 Did any person listed on line 1a receive or a	ccrue compen	satio	on fr	om a	anv	unre	late	d organization or individ	ual for services		
rendered to the organization? If "Yes." com								· ·			5 X
Section B. Independent Contractors	olete Scheome	0.70	/I_QL/	<u> </u>	7013	<i></i>	• • • • • • • • • • • • • • • • • • • •				
Complete this table for your five highest cor	nnensated ind	enei	nder	nt co	ntra	ctor	s th	at received more than \$	100.000 of comper	satio	on from
the organization. Report compensation for t											
(A)	no daleridar ye	, ca, C	i i din	9			Ť	(B)			(C)
Name and business	address	NC	NE	1			-	Description of se	ervices	Co	mpensation
		-10									
							\dashv				
							╅				
							-				
							-+				
	•										
<u> </u>							<u>_</u>				Agental and the second of the
2 Total number of independent contractors (in		ot lin	nited	l to 1	nos	e lisi N	ted :	above) who received mo	re than		
\$100,000 of compensation from the organiz	ation >	T 3 T	773	m	<u> </u>) (1)	122	GMC		1.65	orm 990 (2014)

Part VII Section A. Officers, Directors, Tru	ustees. Kev E			_						0171
(A) (B)					C)			(D)	(E)	(F)
Name and title	Average				o, sitio	า		Reportable	Reportable	Estimated
Tanto and the	hours	(0	heck				ıly)	compensation	compensation	amount of
	per	Ė	T		T	T	Ī	from	from related	other
	week				l	oyee	ŀ	the	organizations	compensation
	(list any	recto		١.		E	1	organization	(W-2/1099-MISC)	from the
	hours for	or di	20			sated		(W-2/1099-MISC)		organization
,	related organizations	ustee	trust		 g	ubeus				and related organizations
•	below	la ta	tional	١. ١	n go	stcor	ييا	·	,	Organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) LEON THOMAS	5.00						T			
TREASURER		X		X				0.	0.	0.
(28) LINDA CRAWFORD	1.00									
TRUSTEE 43-Y		X						0.	0.	0.
(29) MARK WEBSTER	1.00								, , , , , , , , , , , , , , , , , , , ,	
TRUSTEE LOUISVILLE DOWNTOWN		Х			!			0.	0.	. 0.
(30) MEL GILBERT	1.00									
TRUSTEE 43-C		x		l		L		0.	0.	0.
(31) MIKE LEVINSON	1.00									
PAST PRESIDENT KLEF		X						0.	0.	0.
(32) NOEL HARDWICK	1.00									
IMMEDIATE PAST PRESIDENT		X		Х	L.			0.	0.	0.
(33) OMAR ROGERS	5.00					:				
PAST PRESIDENT		X						0.	0.	0.
(34) PAT COLE	1.00	ļ				1		_	_	_
TRUSTEE 43-N		X						0.	0.	0.
(35) PAUL WITTEN	1.00									,
TRUSTEE 43-E		X						0.	0.	0.
(36) PENNY HARDWICK	1.00									
DISTRICT GOVERNOR 43 K		X				_		0.	0.	0.
(37) PHILLIP CATRON	1.00							_		_
PAST PRESIDENT		X						0.	0.	0.
(38) ROBERT "BOB" RYAN	1.00									_
DISTRICT GOVERNOR 43 T		X						0.	0.	0.
(39) SAMUEL HUMPHREY	1.00									
PAST PRESIDENT KLEF		X			<u> </u>	ļ		0.	0.	0.
(40) SHEA NICKELL	1.00									•
TRUSTEE 43-K		X			ļ	_		0.	0.	0.
(41) STEVE MILLER	1.00									•
TRUSTEE 43-Y		X				_		0.	0.	0.
(42) TOM MATNEY	1.00		١.			ļ			•	•
PID PAST PRESIDENT KLEF		X				<u> </u>		0.	0.	0.
(43) TOM VAN ETTEN	1.00				h			_	^	•
PAST PRESIDENT KLEF	4 00	X	ļ			<u> </u>		0.	0.	0.
(44) TONY BISHOP	1.00							,	. ,	•
SECRETARY	1 00	X	<u> </u>	X		├		0.	0.	0.
(45) YANCEY WATKINS	1.00							.		•
PID PAST PRESIDENT KLEF	40.00	X			<u> </u>	ـــ		0.	0.	0.
(46) WENDA OWEN	40.00	-		7.7				74 702	0.	10 050
EXECUTIVE DIRECTOR	l			X	Щ.	<u> </u>		74,703.	<u> </u>	10,968.
Tatal to Doub VIII Continue A line 10								74,703.		10,968.
Total to Part VII, Section A, line 1c							••••	,	<u> </u>	

			Check if Schedule O cont	tains a response	or note to any li	ne in this Part VIII			
						(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
20 0	a 1	а	Federated campaigns	1a					
Contributions, Giffs, Grants	(Membership dues	·····					
جَنَّ جَنَّ	3			1 1	16,341.				
ts, <	₫		Fundraising events		10,541.		Prince (Vice the British Co.)	The state of the second of	
<u>.</u>	3		d Related organizations 1d e Government grants (contributions) 1e						
S,							L. Yang di Tanggirin Lati	TO SUMMERS AND STREET	luk nasasi
ΪÖ	<u> </u>	f	All other contributions, gifts, gran	its, and					
bud	4		similar amounts not included abor	ve 1f	266,720.				
ΈÇ	*	g	Noncash contributions included in lines	1a-1f: \$	167,312.				
Ö	1		Total. Add lines 1a-1f			283,061.			
					Business Code		Charles Separates		1 34 38 00 36 80
	١,	_	EYEBANK PROCESSING FEE		624100	1,889,875.	1,889,875.		
<u>.</u> 2	2		THE PROPERTY OF THE PROPERTY O	·	021100	1,005,075.	1,003,073.		
Program Service Revenue		b							
S	1	С					<u> </u>		
a S		d		·					
<u> </u>		е							
ቯ		f	All other program service reve	nue					
			Total. Add lines 2a-2f			1,889,875.	不是是是一种的原则	454 325	
	3		Investment income (including						
	[-		other similar amounts)			57,489.			57,489.
	4		Income from investment of tax						
	1								
	5		Royalties				HATTAKAT MENYTAKA 2500 TA		 \$7 1.34 4.5 1.5 2.5 1.5 2.5 4.5
				(i) Real	(ii) Personal				
	6	а	Gross rents						
		b	Less: rental expenses						
		С	Rental income or (loss)						
			No. 1.12						
			Gross amount from sales of	(i) Securities	(ii) Other			\$1.54t.587.1	
	•	"	assets other than inventory	1,147,478.	<u> </u>				
		L	Less: cost or other basis						
				1 040 060					
			and sales expenses	1,048,068.	<u> </u>				
			Gain or (loss)	99,410.	<u> </u>				
		d	Net gain or (loss)		. <u></u>	99,410.	· · · · · · · · · · · · · · · · · · ·		99,410.
<u>e</u>	8	а	Gross income from fundraising						
			including \$16,	341. of					
ķ			contributions reported on line	1c). See					
æ			Part IV, line 18		51,396.				
Other Reven			Less: direct expenses						
₹					10,000	1,848.			1,848.
			Net income or (loss) from fund			1,040.			1,040.
	9		Gross income from gaming act						
			Part IV, line 19	a	·				
ĺ	İ	b	Less: direct expenses	b	L				
		С	Net income or (loss) from gami	ing activities	>				
	10	а	Gross sales of inventory, less r	eturns					
- 1			and allowances						
	1		Less: cost of goods sold						
					· •	Late of the Control of the Control of	1 2 2 2 3 AMET - 2 T		
}		<u>U</u>	Net income or (loss) from sales		D				
}			Miscellaneous Revenue	9	Business Code		1 500	tate Electronic No. 1	
	11 :	а	OTHER		999999	1,500.	1,500.		
.	١	b							
	(C							
	, (d	All other revenue	********			1.		
						1,500.			
l	19		Total revenue See instructions.			2,333,183.	1,891,375.	0.	158,747

Sec	Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).										
	Check if Schedule O contains a respo	nse or note to any line in		(C)							
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	Total expenses	(B) Program service expenses	Management and general expenses	Fundraising expenses						
1	Grants and other assistance to domestic organizations										
	and domestic governments. See Part IV, line 21	· · · · · · · · · · · · · · · · · · ·									
2	Grants and other assistance to domestic	61 204	61: 204								
	individuals. See Part IV, line 22	61,294.	61,294.								
3	Grants and other assistance to foreign										
	organizations, foreign governments, and foreign										
4	individuals. See Part IV, lines 15 and 16 Benefits paid to or for members	<u></u>									
5	Compensation of current officers, directors,			N							
Ū	trustees, and key employees	85,671.	21,418.	64,253.							
6	Compensation not included above, to disqualified										
_	persons (as defined under section 4958(f)(1)) and										
	persons described in section 4958(c)(3)(B)										
7	Other salaries and wages	687,708.	645,291.	42,417.							
8	Pension plan accruals and contributions (include										
	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits	12,023.	10,758.	1,265.	· · · · · · · · · · · · · · · · · · ·						
10	Payroll taxes	13,424.	6,065.	7,359.	·						
11	Fees for services (non-employees):				•						
a	Management		,								
d	Legal	26,210.	9,666.	16,544.							
ب د	Accounting Labbying	20,210.	5,000.	10,044.							
. e	Lobbying Professional fundraising services. See Part IV, line 17										
. c	Investment management fees										
	Other. (If line 11g amount exceeds 10% of line 25,										
3	column (A) amount, list line 11g expenses on Sch O.)	100,883.	100,883.								
12	Advertising and promotion	23,609.	18,166.	5,443.							
13	Office expenses	51,767.	25,292.	22,372.	4,103.						
14	Information technology										
15	Royalties										
16	Occupancy	40.000	40 450								
17	Travel	49,088.	42,453.	6,635.							
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials	3,609.		3,609.							
19	Conferences, conventions, and meetings	3,003.		3,009.							
20 21	Interest Payments to affiliates				····						
22	Depreciation, depletion, and amortization	43,707.	38,278.	5,429.							
23	Insurance	9,096.	7,167.	1,929.							
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 0.)										
а	CORNEA IMPORTS	238,266.	238,266.								
b	LAB SUPPLIES	129,536.	129,536.		·						
С	EYE CLINIC	95,150.	95,150.								
d	LAB FEES	90,876.	90,876.	0 540	4 012						
•	All other expenses	159,430. 1,881,347.	151,769. 1,692,328.	2,748.	4,913. 9,016.						
<u>25</u>	Total functional expenses. Add lines 1 through 24e	1,001,34/	1,034,340.	100,003.	3,010.						
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.	•	Ì								
	Check here if following SOP 98-2 (ASC 958-720)										
	I in following don so-z (Add sod-rzu)				F 000 (004.4)						

KENTUCKY LIONS EYE FOUNDATION, INC. 61-0516171 Page 11 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 340,988. 281,296. 1 Cash - non-interest-bearing 206,006. 191,168. Savings and temporary cash investments 2 2 183,372. 21,188. 3 Pledges and grants receivable, net 3 180,950. 283,350. Accounts receivable, net 4 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 instr). Complete Part II of Sch L 6 Notes and loans receivable, net 8 Inventories for sale or use 1,412. 6,664. Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other 594,679. basis. Complete Part VI of Schedule D ______ 10a 361,432. 233,247. b Less: accumulated depreciation 10b 175,035. 10c Investments - publicly traded securities _____ 2,636,577. 2,781,897. 11 11 Investments - other securities. See Part IV, line 11 12 12 Investments - program-related. See Part IV, line 11 13 13 14 intangible assets 14 15 Other assets. See Part IV, line 11 15 3,562,156. Total assets. Add lines 1 through 15 (must equal line 34) 3,960,994. 16 156,063. 185,164. 17 Accounts payable and accrued expenses 17 18 18 Grants payable 300. 19 19 Deferred revenue 20 Tax-exempt bond liabilities Escrow or custodial account liability. Complete Part IV of Schedule D 21 21 Loans and other payables to current and former officers, directors, trustees, 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 Unsecured notes and loans payable to unrelated third parties 24 25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 156,063. 185,464 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. **Fund Balances** 2,009,995. 2,229,519. 27 Unrestricted net assets 90,016. 248,095. 28 Temporarily restricted net assets ,297,916. 1,306,082. Permanently restricted net assets Organizations that do not follow SFAS 117 (ASC 958), check here

3,775,530.

30

31

32

33

3,406,093.

3,562,156.

Vet Assets or

30

31

33

and complete lines 30 through 34.

Total liabilities and net assets/fund balances

Capital stock or trust principal, or current funds Paid-in or capital surplus, or land, building, or equipment fund

Retained earnings, endowment, accumulated income, or other funds

Total net assets or fund balances

Forn	n 990 (2014) KENTUCKY LIONS EYE FOUNDATION, INC.	61-	0516171	Page 12
Pa	rt XI Reconciliation of Net Assets			
	Check if Schedule O contains a response or note to any line in this Part XI			
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2,333	
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,881	<u>,347.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3		,836.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		,093.
5	Net unrealized gains (losses) on investments	5	-82	,399.
6	Donated services and use of facilities	6		
7	Investment expenses	7		
8	Prior period adjustments	8		
9	Other changes in net assets or fund balances (explain in Schedule O)	9		0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			
	column (B))	10	3,775	<u>,530.</u>
Pa	rt XII Financial Statements and Reporting			
	Check if Schedule O contains a response or note to any line in this Part XII			X
1	Accounting method used to prepare the Form 990: Cash X Accrual Other If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule ().		es No X
2a	Were the organization's financial statements compiled or reviewed by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed separate basis, consolidated basis, or both: Separate basis Consolidated basis Both consolidated and separate basis Were the organization's financial statements audited by an independent accountant?		2a 2b	X
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate consolidated basis, or both: X Separate basis Consolidated basis Both consolidated and separate basis If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	basis, audit,		
	review, or compilation of its financial statements and selection of an independent accountant? If the organization changed either its oversight process or selection process during the tax year, explain in Sched As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing Act and OMB Circular A-133? If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required.	dule O. de Audit		X
Ŋ	It is, the organization undergo the required addition addition the organization did not undergo the require	, a addit		1

Form **990** (2014)

SCHEDULE A.

Department of the Treasury

Internal Revenue Service

(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 at www.irs.gov/form990.

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization Employer identification number KENTUCKY LIONS EYE FOUNDATION. 61-0516171 Reason for Public Charity Status (All organizations must complete this part.) See instructions. Part I 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 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E.) A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name. An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 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, 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 it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) Is the organization (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of listed in your (described on lines 1-9 organization support (see other support (see governing document? above or IRC section Instructions) Instructions) Yes No (see instructions))

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

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

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")			:			
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
٠.	or expended on its behalf						•
3	The value of services or facilities					-	
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3			·			
5	The portion of total contributions	State of the	A CONTRACTOR N	12.53 · 特别。13.50			
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the	Craff and					
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.	Na PE WAR		rainsky procesia			· · · · · ·
	tion B. Total Support	(1)					
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties			·			
	and income from similar sources				_		
9	Net income from unrelated business						
	activities, whether or not the			•			
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital			•			
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						
12	Gross receipts from related activities,	etc. (see instructio	ns)			12	
13	First five years. If the Form 990 is for	the organization's	first, second, third	l, fourth, or fifth tax	k year as a section	501(c)(3)	
	organization, check this box and stop	A					>
	tion C. Computation of Public				· · · · · · · · · · · · · · · · · · ·	· · · · · · · · · · · · · · · · · · ·	
	Public support percentage for 2014 (lin			•		14	<u>%</u>
	Public support percentage from 2013					15	%
16a	33 1/3% support test - 2014. If the o	-		•		•	
	stop here. The organization qualifies a						
	33 1/3% support test - 2013. If the o	-					
	and stop here. The organization qualit						
17a	10% -facts-and-circumstances test	- 2014. If the orga	anization did not cl	neck a box on line	13, 16a, or 16b, ar	nd line 14 is 10% or	more,
	and if the organization meets the "fact			-		-	
	meets the "facts-and-circumstances" t	est. The organizati	on qualifies as a p	ublicly supported o	organization		▶□
b	10% -facts-and-circumstances test	- 2013. If the orga	anization did not cl	neck a box on line	13, 16a, 16b, or 17	7a, and line 15 is 10	% or
	more, and if the organization meets the	e "facts-and-circun	nstances" test, che	eck this box and	stop here. Explain	in Part VI how the	
	organization meets the "facts-and-circu	ımstances" test. T	he organization qu	ialifies as a publicl	y supported organ	ization	▶□
18	Private foundation. If the organization	did not check a b	ox on line 13, 16a	, 16b, 17a, or 17b,	check this box an	d see instructions	>
					Saha	dule A (Form 990 o	- 000 EZ\ 0044

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

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

Callest gray fair (fixed lyear beginning in)	Se	ction A. Public Support	·	noto i are ii.,			· · · · · · · · · · · · · · · · · · ·	
1 Giffs, grants, contributions, and membership fees modelved, (Do not include any 'unusual grants,') 2 Gross receipts from admissions, emerchandise sold or services performed, or facilities furnished to grantition to traveworth purpose 3 Gross receipts from admissions traveworth purpose 3 Gross receipts from admission to the programment of the progr	Cale	ndar year (or fiscal year beginning in)	(a) 2010	(b) 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
mctude any 'unusual grants.' 305, 293. 139, 363. 150, 213. 147, 411. 283, 061. 1025341.	1	Gifts, grants, contributions, and						
2 Gross receipts from admissions, merchandes sold or services performed, or facilities furnished in any admission from admissions with at realized to the organization's tax-exempt purpose 3 Gross receipts from admissions and a unrelated trade or business under section 513 4 Tax revenues levide for the organization's exercise such as a section of the services of admissions without charge 15. The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid to or expended on its behalf 5. The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid persons 5. The value of services or facilities furnished by a governmental unit to the organization's benefit and either paid readows 5. The value of services or facilities furnished by a governmental unit to the organization's the organization's the facilities of the services of services or facilities for the services or facilities for the services of services or facilities for the services or facilities for the services of services or facilities for the services of services or facilities for the services or facilities for the services of services from similar encurses. 10 a Cross income from interest, dividende, payments received or securities locals, rents, royalties and income from similar encurses. 10 a Cross income from similar encurses. 10 a Cross income from the services of services or facilities for the services or securities of thouse of the services of services or facilities and income from similar encurses. 10 a Cross income from the services or services for services or facilities and income from similar encurses. 11 a Cross income from the services or services or services or services for services or services or services or services or ser								
merchardise sold or services participed in any activity that is related to the organization's tracewamp turpose of control tracewamp turpose of services that the control tracewamp turpose of services		include any "unusual grants.")	305,293.	139,363.	150,213.	147,411.	283,061.	1025341.
formed, or facilities furnished to the organization's tax-exempt purpose of garnization's benefit and either paid to or expended on its behalf or expended on its beh	2					·		
any activity that is related to the organization star exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513								· .
3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons be assentially a service of the services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons be assentially assentia		any activity that is related to the						
are not an unrelated trade or business under section 513			1350353.	1451300.	1482870.	1639825.	1889875.	7814223.
Incess under section 513	3	•		•				
4 Tax revenues level of for the organization's benefit and either paid to or expended on its behalf. 5 The value of services or facilities furnished by a governmental unit to the organization without charge 6 Total. Add lines 1 through.5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons by three the state of capital services and a conserved from disqualified persons by three the state of capital services are serviced to the services of services of services to the services of services			CE 164	FC 006	66 561	22 521	E1 20C	072 550
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or expended on its behalf 5. The value of services or facilities turnished by a governmental unit to the organization without charge 6. Total. Add lines 1 through 5. 7a Amounts included on lines 1.2, and 3 received from disqualified persons by a more included on lines 1.2, and 3 received from disqualified persons by a more included on lines 1.2, and 3 received from disqualified persons by a more included on lines 1.2, and 3 received from disqualified persons by a more included on lines 1.2, and 3 received from disqualified persons by a more included in lines 2 and 3 received from disqualified persons by a more included in lines 2 and 3 received from disqualified persons by a more of 3.2 Public support (Benedia 1.2) and 3 received from the service of 8.00 or 4 for the serviced on search 1.2 and 1.2 a	4	•						
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3 received from disqualified persons b Amounts included on lines 2 and 8 received from other than disqualified persons that exceed the greater of \$5.000 or 1% of the exceed the greater of \$5.000 or		-						
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Part IV | Supporting Organizations

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

Section A. All Supporting Organizations

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

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Pa	rt IV Supporting Organizations _(continued)			
		·	Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
	A family member of a person described in (a) above?	11b		ļ
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		<u> </u>
Sec	ction B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			1
	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,	Tayler Tayler		
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			<u> </u>
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		·	
		Mar 1	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed		34	
C	the supported organization(s).	1	L	
Sec	tion D. Type III Supporting Organizations		r	
		F27 (3 15 15 7	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	13 mil 15 mil	98.9.7 <u>5</u>	100
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1 7 000	- 15 G 1 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			
		2		
2	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a	2		
3	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	e.ye	1000
Sec	tion E. Type III Functionally-Integrated Supporting Organizations		اا	
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):	I v		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
С	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see insti	ructions)		
2	Activities Test. Answer (a) and (b) below.	ارداره المالي	Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	W.		
	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	Y.		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b	·	

	edule A (Form 990 or 990-EZ) 2014 KENTUCKY LIONS EYE FOUN rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			1-0516171 Page 6
1	Check here if the organization satisfied the Integral Part Test as a qualifying			ictions. All
	other Type III non-functionally integrated supporting organizations must co	-	·	
Sect	ion A - Adjusted Net Income	,	(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1		·
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or	İ		
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
-	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):	7.7		
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		. , .
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
e	Discount claimed for blockage or other	1. 27		
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,		·	
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Secti	on C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		
7	Check here if the current year is the organization's first as a non-functional	ly-integra	ted Type III supporting organ	ization (see

Schedule A (Form 990 or 990-EZ) 2014

instructions).

	rt V Type III Non-Functionally Integrated 509			1-05161/1 Page 7
Sect	tion D - Distributions	(a)(a) = app =9 =	Continued	Current Year
1	Amounts paid to supported organizations to accomplish exe	empt purposes		
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3_	Administrative expenses paid to accomplish exempt purpose			
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	ne organization is responsive)	
	(provide details in Part VI). See instructions.			
9_	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount	1	T	
		(i)	(ii)	(iii)
ect	ion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions	Distributable
1	Distributable amount for 2014 from Section C, line 6		Pre-2014	Amount for 2014
2	Underdistributions, if any, for years prior to 2014			
_	(reasonable cause required-see instructions)		·	
3	Excess distributions carryover, if any, to 2014:			
a				
b b				
c				
ď				
	From 2013			
	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2014 distributable amount			
j.	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: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2014 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
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 3j			
	and 4c.			
8	Breakdown of line 7:			
<u>a</u>				
<u>b</u>				
<u>C</u>	Excess from 2013			
(I	EXCHAN DOMEZULO		the second of th	The state of the s

Schedule A (Form 990 or 990-EZ) 2014

e Excess from 2014

Schedule A	(Form 990 or 9	90-EZ) 2014	KENTUC	CKY L	IONS	EYE	FOUN	DATION	, INC.		<u>61-05</u>	<u> 16171</u>	Page 8
Part VI	Suppleme	ntal Infor	mation. Pr	rovide the	e explana	ations re	quired by	Part II, line	10; Part II, Iir	ne 17a or 1	7b; and Pa	rt III, line 1	2.
	Also complete	e this part fo	r any additior	nal inforn	nation. (S	ee instr	uctions).						
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Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

OIVIB No. 1545-0047

2014

Name of the organization

Employer identification number

Schedule B (Form 990, 990-EZ, or 990-PF) (2014)

	KENTUCKY LIONS EYE FOUNDATION, INC.	61-0516171
Organization type (cl	heck one):	
Filers of:	Section:	
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
· · · · · · · · ·	ation is covered by the General Rule or a Special Rule. 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Ri	ule. See instructions.
	ization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totalin n any one contributor. Complete Parts I and II. See instructions for determining a contributor	
Special Rules		•
sections 509 any one cont	ization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support (a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a ributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount of the 1. Complete Parts I and II.	, or 16b, and that received from
year, total co	ization described in section 501(c)(7), (8), or (10) filing Form 990 or 990 EZ that received from ntributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or edun of cruelty to children or animals. Complete Parts I, II, and III.	and the second s
year, contribu is checked, e purpose. Do i	ization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from utions exclusively for religious, charitable, etc., purposes, but no such contributions totaled noter here the total contributions that were received during the year for an exclusively religious not complete any of the parts unless the General Rule applies to this organization because tritable, etc., contributions totaling \$5,000 or more during the year	nore than \$1,000. If this box us, charitable, etc., it received <i>nonexclusively</i>
out it must answer "N	tion that is not covered by the General Rule and/or the Special Rules does not file Schedule or on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).	

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

Name of organization

Employer identification number

KENTUCKY LIONS EYE FOUNDATION, INC.

61-0516171

Part I	Contributors (see instructions). Use duplicate copies of Part I if additiona	l space is needed.	•
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 96,195.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
2		\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
3_		\$ 5,955.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
4		\$5,347 .	Person X Payroll
(a) No.		(c) Total contributions	(d) Type of contribution
5		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
6		\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
23452 11-05-	.14	Schedule B (Form 9	90, 990-EZ, or 990-PF) (2014)

Name of organization

Employer identification number

KENTUCKY	LIONS	EYE	FOUNDATION,	INC.
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61-0516171

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$5,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
8		\$92,312.	Person Payroll Noncash X (Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Oncash Complete Part II for noncash contributions.)
(a) No.		(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Occupate Part II for noncash contributions.)
(a) No.	_	(c) Total contributions	(d) Type of contribution
	.	\$	Person Payroll Noncash (Complete Part II for
		Schedula R /Form 9	noncash contributions.)

Name of organization

Employer identification number

KENTUCKY LIONS EYE FOUNDATION, INC.

61-0516171

Part II	Noncash Property (see instructions). Use duplicate copies of Part I	II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
8	VISION SCREENING EQUIPMENT		12/21/14
(a) No. from	(b) Description of noncash property given	\$ 92,312. (c) FMV (or estimate) (see instructions)	12/31/14 (d) Date received
Part I			
		\ \$	·
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			· · · · · · · · · · · · · · · · · · ·
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
			00, 990-EZ, or 990-PF) (2014)

Employer identification number

No.	the year from any one contributor. Complete completing Part III, enter the total of exclusively religion. (b) Purpose of gift	us, charitable, etc., contributions of \$1,000 or less	ection 501(c)(7), (8), or (10) that total more than \$1,000 fog line entry. For organizations for the year. (Enter this info. once.)
m	completing Part III, enter the total of exclusively religion Use duplicate copies of Part III if addition	us, charitable, etc., contributions of \$1,000 or less	for the year. (Enter this info. once.) • \$
m		nai space is needed.	•
m	(b) Purpose of gift	I .	
<u>rt1 </u>		(c) Use of gift	(d) Description of how gift is held
_ .			
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-		(e) Transfer of gift	
	·	(e) transier of gift	
	Transferee's name, address, a	and 7I P + 4	Relationship of transferor to transferee
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		(e) Transfer of gift	
_	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
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n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
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o. n	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
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-		(e) Transfer of gift	
		(0, 112110101 01 3111	
	Transferee's name, address, a	and ZIP + 4	Relationship of transferor to transferee
	Transfer de d'Itame, dadi ette i		

SCHEDULE D

(Form 990)

3

Department of the Treasury

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047

Inspection

Employer identification number

Name of the organization

KENTUCKY LIONS EYE FOUNDATION. INC 61-0516171 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 1 Aggregate value of contributions to (during year)

Addregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only

for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of a historically important land area Preservation of land for public use (e.g., recreation or education)

Preservation of a certified historic structure Protection of natural habitat

Aggregate value of grants from (during year)

Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last

day of the tax year.

Held at the End of the Tax Year a Total number of conservation easements Total acreage restricted by conservation easements c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax

Number of states where property subject to conservation easement is located

Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year 6

Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year > \$ 7

Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for

conservation easements Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" to Form 990, Part IV, line 8. 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included in Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide

the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenue included in Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Schedule D (Form 990) 2014

Sche		Y LIONS EY					51617		age 2		
Pai	rt III Organizations Maintaining C										
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the f	following that	t are a sig	nificant use of its	collection	items	3		
	(check all that apply):										
а	Public exhibition	ď	I . Loan or exc	hange progra	ams						
b	Scholarly research	e	Other	·							
С	Preservation for future generations										
4	Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.										
5	During the year, did the organization solicit of	or receive donations o	of art, historical treas	sures, or othe	er similar	assets			_		
	to be sold to raise funds rather than to be ma	aintained as part of ti	ne organization's co	llection?			Yes		No		
Par	t IV Escrow and Custodial Arran	gements. Comple	ete if the organizatio	n answered '	"Yes" to I	Form 990, Part IV	, line 9, or				
	reported an amount on Form 990, Pa					,					
1a	Is the organization an agent, trustee, custodi	ian or other intermed	iary for contributions	s or other ass	sets not i	ncluded			_		
	on Form 990, Part X?				,	[Yes		No		
b	If "Yes," explain the arrangement in Part XIII	and complete the fol	lowing table:								
	•						Amount	<u>:</u>			
c	Beginning balance					1c					
d	Additions during the year					1d					
е	Distributions during the year		***********************			1e					
f	Ending balance					1f					
	Did the organization include an amount on F					ty?L	Yes	<u></u>	No		
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been p	<u>provided in P</u>	art XIII			<u> </u>			
Par	t V Endowment Funds. Complete i	f the organization an	swered "Yes" to For	m 990, Part							
		(a) Current year	(b) Prior year	(c) Two year		(d) Three years bac					
1a	Beginning of year balance	2,147,002.	1,863,832.		1,111.	1,833,688			327.		
b	Contributions	13,942.	76,570.		1,024.	21,843			671.		
c	Net investment earnings, gains, and losses	10,474.	265,164.	131	1,654.			142,610.			
đ	Grants or scholarships										
е	Other expenditures for facilities				.		-		•••		
	and programs	54,552.	58,564.	55	5,957.	102,681	•	39,	985.		
f	Administrative expenses		<u> </u>								
g	End of year balance	2,116,866.			3,832.	1,744,111	. 1,	781,	011.		
2	Provide the estimated percentage of the curr		e (line 1g, column (a)) held as:							
а	Board designated or quasi-endowment	40.00	_%								
b	Permanent endowment ► 57.00	%									
С	Tomportani, roometer entre in the in-	<u>3.00</u> %									
	The percentages in lines 2a, 2b, and 2c shou	ıld equal 100%.									
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held an	nd administer	ed for the	e organization	ľ				
	by:	•						Yes	No_X		
	(i) unrelated organizations								X		
	(ii) related organizations						. 3a(ii)	-			
b	If "Yes" to 3a(ii), are the related organizations						3b				
4	Describe in Part XIII the intended uses of the		wment funds.								
Par	t VI Land, Buildings, and Equipm		D / D/ P - 44 - 0	000	David V II	no 10					
	Complete if the organization answere		l l				(a) D = -1	e veli:			
	Description of property	(a) Cost or o		or other		ocumulated oreciation	(d) Bool	value	e		
		basis (investr	nenty Dasis	(other)	uer	necialion					
1a	Land				g st. t. All wa						
b	Buildings					· · · · · · · · · · · · · · · · · · ·		•			
С	Leasehold improvements		FO	4,679.		861,432.	223	3,2	47		
d	Equipment			±,0/J•		,01,434.	433	,,4	- / •		
e	Other			<u></u>		·	233	3 24	17		

	ONS EYE FOUNI	DATION, INC. 61-0516171 Page
Part VII Investments - Other Securities.	t - F 000 D+ 0/ 0	111- O Farm 000 Part V line 10
Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	to Form 990, Part IV, line	(c) Method of valuation: Cost or end-of-year market value
	(b) BOOK Value	(c) Method of Valuation. Cost of end-or-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)	•	
(C)		
(D)		
(E)		
(F)		·
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		 After a place with the second Advantagement of the Country of the Electric of the After and the Country of the After and the After a second of the After and the After a second of the Af
Living in the property of the second of the	- C 000 Dart IV line	tt. Cas Form 000 Port V line 10
Complete if the organization answered "Yes" t (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
	(b) Book value	(b) Mothod of Valuation Good of Sha of your market value
(1)		
(2)		
(3)		
(4)		
(6)	····	
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(7)		
(7) (8)		
(7)		

			(a) D	escription				(b) Book valu
(1)								
(2)						<u> </u>	 	
(3)	·				·			
(4)							 	
(5)							 	
(6)							 ·	
(7)				-				
(8)							 	
(9)		-		-				

Part X Other Liabilities.

Complete if the organization answered "Yes" to Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25. (a) Description of liability (b) Book value (1) Federal income taxes (2) (3) (4) (5) (6) (7)(8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)

Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII X

	dule D (Form 990) 2014 KENTUCKY LIONS EYE FOUNDATI t XI Reconciliation of Revenue per Audited Financial Statemer				U5161/1 Page 4
L	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.		-		
1				1	2,300,332.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:				
а	Net unrealized gains (losses) on investments	2a	-82,399.		
b	Donated services and use of facilities	1 1			
С	Recoveries of prior year grants	2c]	,
d	Other (Describe in Part XIII.)		49,548.		. ,
е	Add lines 2a through 2d			2e	-32,851.
3	Subtract line 2e from line 1			3	2,333,183.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:				
а	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	0.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	2,333,183.
Pai	t XII Reconciliation of Expenses per Audited Financial Stateme	nts With	Expenses per F	Returi	Դ.
	Complete if the organization answered "Yes" to Form 990, Part IV, line 12a.				
1	Total expenses and losses per audited financial statements			1	1,930,895.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:				, , , , , , , , , , , , , , , , , , , ,
а	Donated services and use of facilities	2a			
b	Prior year adjustments			W	
С	Other losses				
ď	Other (Describe in Part XIII.)	1. 1	49,548.		
е	Add lines 2a through 2d			2e	49,548.
3	Subtract line 2e from line 1			3	1,881,347.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:				
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a			
	Other (Describe in Part XIII.)	\$ · · · · · · · · · · · · · · · · · · ·			
	Add lines 4a and 4b			4c	0.
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990. Part I. line 18.)			5	1,881,347.
Par	t XIII Supplemental Information.				
⊃rovi ines	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any addit	V, lines 1b a	nd 2b; Part V, line 4 ation.	; Part X	K, line 2; Part XI,
PAF	T X, LINE 2:				
ГНЕ	FINANCIAL ACCOUNTING STANDARDS BOARD ISSU	ED ACC	OUNTING ST	AND	ARDS
COL	IFICATION ("ASC") 740-10, ACCOUNTING FOR U	NCERTA	INTY IN IN	COME	TAXES,
IHW	CH PRESCRIBED A COMPREHENSIVE MODEL OF HOW	AN OR	GANIZATION	SHC	DULD
MEA	SURE, RECOGNIZE, PRESENT, AND DISCLOSE IN	ITS FI	NANCIAL ST	ATEM	MENTS
JNC	ERTAIN TAX POSITIONS THAT AN ORGANIZATION	HAS TA	KEN OR EXP	ECTS	TO TAKE
NC	A TAX RETURN. THERE WAS NO IMPACT TO THE F	OUNDAT	ION'S FINA	NCIA	ΔL
~	THE TABLE THE TA		740 10		
STA	TEMENTS AS A RESULT OF THE IMPLEMENTATION	OF ASC	/40-10•		
	m vi i ine op omued abiiomwewmo.				,, , , , , , , , , , , , , , , , , ,
	T XI, LINE 2D - OTHER ADJUSTMENTS:	•			
FUN	DRAISING EXPENSES NETTED WITH FUNDRAISING	INCOME			49,548.

Schedule D (Form 990) Part XIII Supple) 2014 mental Inform	KENTUCK nation (conti	Y LIC	NS EYE FOUND	ATION,	INC.	61-05	16171 Page 5
PART XII, L	•							
				FUNDRAISING	INCOME			49,548.
				· ·		·		
·						· · · · · · · · · · · · · · · · · · ·		
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SCHEDULE G

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

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.

➤ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2014

Open to Public Inspection

Name of the organization							entification number			
KENTUCK	<u>Y LIONS EYE FOUNDA</u>	TIO	Ŋ, :	INC.		61-0516	171			
Part I Fundraising Activities. required to complete this part	Complete if the organization answer.	ered "Y	'es" to	Form 990, Part IV, I	ine 17	. Form 990-EZ	filers are not			
Indicate whether the organization rais A	e Solicita	tion of	non-g	Check all that apply. overnment grants nment grants						
c Phone solicitations g Special fundraising events d In-person solicitations 2 a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or										
key employees listed in Form 990, Pa	art VII) or entity in connection with p viduals or entities (fundraisers) pursu	rofessi	onal fu	undraising services?		Yes				
compensated at least \$5,000 by the	organization.									
(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) fundi have c or cor contrib	Did aiser ustody troi of utions?	(iv) Gross receipts from activity	to (o	Amount paid r retained by) undraiser ed in col. (i)	(vi) Amount paid to (or retained by) organization			
		Yes	No							
					_					
·										
			,q,							
Total			>							
List all states in which the organization or licensing.	n is registered or licensed to solicit o	ontrib	utions	or has been notified	it is e	xempt from reg	gistration			
			·		· · · · · · ·					
	•					·				
							-			

		le G (Form 990 or 990-EZ) 2014 KENTUCK II Fundraising Events. Complete if the	Y LIONS EYE	FOUNDATION,	INC. 61-	-0516171 Page 2
Pa	art	of fundraising event contributions and gr	ne organization answered ross income on Form 990	F7 lines 1 and 6h List	events with gross receip	ts greater than \$5,000.
	1	or fundraising event contributions and gr	(a) Event #1 ALL STAR BASKETBALL G	(b) Event #2	(c) Other events NONE	(d) Total events (add col. (a) through
			(event type)	(event type)	(total number)	col. (c))
Revenue	1	Gross receipts	67,737.			67,737.
	2	Less: Contributions	16,341.			16,341.
	3	Gross income (line 1 minus line 2)	51,396.			51,396.
	4	Cash prizes				
	5	Noncash prizes				
enses	6	Rent/facility costs				
Direct Expenses	7	Food and beverages				
百	8	Entertainment Other direct expenses	49,548.			49,548.
	10	Direct expense summary. Add lines 4 through			>	49,548.
	11	Net income summary. Subtract line 10 from li	ine 3. column (d)		>	1,848.
Pá	ırt I		answered "Yes" to Form	990, Part IV, line 19, or i	reported more than	
	\$15,000 on Form 990-EZ, line 6a.		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue				
						,
nses	2	Cash prizes				
t Expenses	3	Noncash prizes				
Direc	4	Rent/facility costs				
	5	Other direct expenses				
	6	Volunteer labor	Yes % No	Yes % No	Yes% No	
	7	Direct expense summary. Add lines 2 through	n 5 in column (d)		>	
	8	Net gaming income summary. Subtract line 7	from line 1, column (d)		>	
	ls t	ter the state(s) in which the organization conducted organization licensed to conduct gaming and No," explain:	ucts gaming activities:ctivities in each of these s			Yes No
		ere any of the organization's gaming licenses re Yes," explain:		minated during the tax y	/ear?	Yes No

Sol	nedule G (Form 990 or 990-EZ) 2014 KENTUCKY LIONS EYE FOUNDATION, INC. 61-	0516:	<u> 171</u>	Page 3
11			Yes	No
	Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed		Yes	☐ No
40	to administer charitable gaming?		. 03	140
	a The organization's facility	13a		9
	o An outside facility	13b		9
14	Enter the name and address of the person who prepares the organization's gaming/special events books and records:			
	Name			
	Address ▶	· · ·		
15a	a Does the organization have a contract with a third party from whom the organization receives gaming revenue?	🔲 \	es .	No
Ł	o If "Yes," enter the amount of gaming revenue received by the organization > \$ and the amount			
	of gaming revenue retained by the third party >\$	•		
c	If "Yes," enter name and address of the third party:	•		
	Name			
	Address >			
16	Gaming manager information:			
	Name			
	Gaming manager compensation ▶ \$			
	Carming manager compensation P			
	Description of services provided			
				~.
			<u> </u>	·
	Director/officer Employee Independent contractor		٠	
	Mandatory distributions: Is the organization required under state law to make charitable distributions from the gaming proceeds to			
ā	retain the state gaming license?	Y	es	No
b	Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the			
	organization's own exempt activities during the tax year > \$			
Pa	Supplemental Information. Provide the explanations required by Part I, line 2b, columns (iii) and (v), and Part III, line 2b, columns (iii) and (v),	nes 9, 9t	o, 10b	, 15b,
	15c, 16, and 17b, as applicable. Also provide any additional information (see instructions).			
				
		•		
				·····
•				

Schedule G	(Form 990 or 990-EZ) Supplemental Infor	KENTUCKY	LIONS	EYE	FOUNDATION,	INC.	61-0516171 Page 4
Part IV	Supplemental Infor	mation (continue	ed)				
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SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

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

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

OMB No. 1545-0047

Open to Public Inspection

2 Employer identification number 61-0516171 (h) Purpose of grant or assistance X Yes Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. (f) Method of valuation (book, FMV, appraisal, other) (e) Amount of assistance non-cash Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant Enter total number of section 501(c)(3) and government organizations listed in the line 1 table INC. FOUNDATION, (c) IRC section if applicable Enter total number of other organizations listed in the line 1 table KENTUCKY LIONS EYE General Information on Grants and Assistance (b) EIN criteria used to award the grants or assistance? 1 (a) Name and address of organization or government Name of the organization Parti Part II

432101 10-15-14

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

Schedule I (Form 990) (2014)

Schedule I (Form 990) (2014) (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Supplemental Information, Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. (d) Amount of non-cash assistance ٥. 61,294. (c) Amount of cash grant (b) Number of recipients 51 PAYMENTS TO INDIVIDUALS WITH EYE ALLMENTS FOR GENERAL LIVING EXPENSES AND EYE SURGERIES. (a) Type of grant or assistance 432102 10-15-14 Part IV

Page 2

61-0516171

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" to Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

KENTUCKY LIONS EYE FOUNDATION, INC.

Schedule I (Form 990) (2014)

Part III

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047

Open To Public Inspection

Department of the Treasury

Name of the organization

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

KENTUCKY LIONS EYE FOUNDATION,

Attach to Form 990.

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

Employer identification number 61-0516171

Pa	rt I Types of Property				·		
		(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu	etermining	s
1	Art - Works of art						
2	Art - Historical treasures						
3	Art - Fractional interests						
4	Books and publications						
5	Clothing and household goods						
6	Cars and other vehicles						
7	Boats and planes					-	
8	Intellectual property						
9	Securities - Publicly traded						·
10	Securities - Closely held stock					•	
11	Securities - Partnership, LLC, or						-
• •	trust interests						
12	Securities - Miscellaneous						
13	Qualified conservation contribution -						
	Historic structures			•			
14	Qualified conservation contribution - Other						
15	Real estate - Residential	1					
16	Real estate - Commercial					•	
17	Real estate - Other						
18	Collectibles					•	
19	Food inventory						
20	Drugs and medical supplies						
21	Taxidermy					, .	
22	Historical artifacts						
23	Scientific specimens						
-	Archeological artifacts						
24	Other (VISION SCREEN)	X	2	167,312.	FMV		
25							
26	Other () Other ()						
27		<u> </u>					
<u>28</u>	Other () Number of Forms 8283 received by the organization	zation during	the tax year for co	ontributions	- L		
29	for which the organization completed Form 82	2011011 ddinig 22 Part IV 1	Jonee Acknowledg	ement 29			
	for which the organization completed Portij 62	oo, raitiv, i	Jones / tolliowioug			Yes	No
00-	During the year, did the organization receive by	v contributio	n any property rep	orted in Part I, lines 1 throu	gh 28, that it		
30a	must hold for at least three years from the date	of the initia	I contribution and	which is not required to be	used for		
						30a	Х
	exempt purposes for the entire holding period	f					
	If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance part of the second se	a aliau that ra	auiros tha raviou (of any non-standard contrib	itions?	31	X
31	Does the organization have a gift acceptance to	ov releted ==	agnizations to soli	sit process or sell population			 -
32a	Does the organization hire or use third parties					32a	х
	contributions?	• • • • • • • • • • • • • • • • • • • •				JEU	.
	If "Yes," describe in Part II.		aratuma af muan	hu for which column (a) is at	necked		
33	If the organization did not report an amount in	column (c) f	or a type of proper	ty for which column (a) is cr	ioundu,		
	describe in Part II:					<u> </u>	

Schedule M	(Form 990) (2014)	KENTUCKY	LIONS	EYE	FOUNDATI	.ON, I	NC.		PT-02T		Page 2
Part II	Supplemental is reporting in Part this part for any ad	Information. I, column (b), the	Provide the number of	informat contributi	ion required by ons, the numbe	Part I, lines	s 30b, 32l received,	o, and 33, a or a combi	and whether t nation of both	he organiza n. Also comp	tion olete
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SCHEDULE O

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Open to Public

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 Name of the organization KENTUCKY LIONS EYE FOUNDATION,

Inspection Employer identification number 61-0516171

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE KENTUCKY LIONS EYE FOUNDATION MISSION IS TO PREVENT AND CURE
BLINDNESS BY SUPPORTING RESEARCH, OPERATING EYE CLINICS AND EYE BANKS.
FORM 990, PART VI, SECTION A, LINE 2:
BYRAN WATKINS & YANCEY WATKINS, TRUSTEES, ARE BROTHERS.
FORM 990, PART VI, SECTION B, LINE 11:
RETURN IS REVIEWED BY THE EXECUTIVE DIRECTOR AND TREASURER PRIOR TO FILING.
FORM 990, PART VI, SECTION B, LINE 15:
ORGANIZATION'S CEO COMPENSATION IS REVIEWED BY PERSONNEL, FINANCE AND
EXECUTIVE COMMITTEES OF THE ORGANIZATION. WITHIN THESE COMMITTEES ARE
INDIVIDUALS WITH A BROAD BASE OF KNOWLEDGE AND EXPERIENCE WORKING WITH
BUSINESSES AND OTHER NON-PROFIT ORGANIZATIONS THAT ARE ABLE TO PROVIDE
INPUT INTO APPROPRIATE AND COMPARABLE COMPENSATION AMOUNTS. COMPARABLE
SALARY DATA IS REVIEWED WHEN AVAILABLE.
FORM 990, PART VI, SECTION C, LINE 19:
GOVERNING DOCUMENTS AND FINANCIAL STATEMENTS ARE AVAILABLE UPON REQUEST.
PART XII, LINE 2C
THE PROCESS HAS NOT CHANGED SINCE THE PRIOR YEAR.

Form **4562**

Department of the Treasury Internal Revenue Service (S

Depreciation and Amortization

(Including Information on Listed Property)

► Attach to your tax return.

► Information about Form 4562 and its separate instructions is at www.irs.gov/form4562
I Business or activity to which this form relates

990 2014

2014 Attachment

OMB No. 1545-0172

Identifying number

FORM 990 PAGE 10 61-0516171 KENTUCKY LIONS EYE FOUNDATION, INC. Part I Election To Expense Certain Property Under Section 179 Note: If you have any listed property, complete Part V before you complete Part I. 500,000. 1 Maximum amount (see instructions) 2 Total cost of section 179 property placed in service (see instructions) 2,000,000. 3 Threshold cost of section 179 property before reduction in limitation 4 Reduction in limitation. Subtract line 3 from line 2. If zero or less, enter -0-Dollar limitation for tax year. Subtract line 4 from line 1. If zero or less, enter -0-. If married filing separately, see instructions (b) Cost (business use only) (a) Description of property 7 Listed property. Enter the amount from line 29 . 8 8 Total elected cost of section 179 property. Add amounts in column (c), lines 6 and 7 9 9 Tentative deduction. Enter the smaller of line 5 or line 8 10 10 Carryover of disallowed deduction from line 13 of your 2013 Form 4562 11 Business income limitation. Enter the smaller of business income (not less than zero) or line 5 11 12 12 Section 179 expense deduction. Add lines 9 and 10, but do not enter more than line 11 13 Carryover of disallowed deduction to 2015. Add lines 9 and 10, less line 12 Note: Do not use Part II or Part III below for listed property. Instead, use Part V. Special Depreciation Allowance and Other Depreciation (Do not include listed property.) 14 Special depreciation allowance for qualified property (other than listed property) placed in service during . 15 15 Property subject to section 168(f)(1) election 41,689 Other depreciation (including ACRS) Part III MACRS Depreciation (Do not include listed property.) (See instructions.) Section A 2,018 17 17 MACRS deductions for assets placed in service in tax years beginning before 2014 18 If you are electing to group any assets placed in service during the tax year into one or more general asset accounts, check here Section B - Assets Placed in Service During 2014 Tax Year Using the General Depreciation System (c) Basis for depreciation (business/investment use only - see instructions) (b) Month and (d) Recovery (f) Method (a) Depreciation deduction (e) Convention (a) Classification of property year placed in service 3-year property 19a 5-year property b 7-year property d 10-year property 15-year property е 20-year property S/L 25 yrs. 25-year property g 27.5 yrs. MM S/L Residential rental property h 27.5 yrs. MM S/I MM S/L 39 vrs. Nonresidential real property i MM S/I Section C - Assets Placed in Service During 2014 Tax Year Using the Alternative Depreciation System 20a Class life S/L 12 yrs. 12-year 40 yrs. MM S/L Part IV | Summary (See instructions.) 21 21 Listed property. Enter amount from line 28 22 Total. Add amounts from line 12, lines 14 through 17, lines 19 and 20 in column (g), and line 21. 43,707. 22 Enter here and on the appropriate lines of your return. Partnerships and S corporations - see instr. 23 For assets shown above and placed in service during the current year, enter the 23 portion of the basis attributable to section 263A costs

8**	6														
	4560 (0014)	KEN	TUCKY I	TONS	EVE	ਜ਼∪ਾ	ייברואו	TON	TNC			61-	0516	171	Pane 2
	orm 4562 (2014) Part V Listed Property (Inc.)										nd prop				
Ŀ	recreation, or amuse	ement.))												
	Note: For any vehicl through (c) of Section	e for w	hich you are u	sing the	standard	d mileag	ge rate or	deduc	ting lease	expense	, compl	ete only	/ 24a, 2	4b, colur	nns (a)
_	Section A - Dep							instruc	tions for lir	nits for p	assena	er autón	obiles.)	
24:	a Do you have evidence to suppor						Yes		24b lf "Y					Yes [No
24		(b)	(c)				(e)		(f)		g)	T	(h)	1	(i)
	Type of property	Date	Business/		(d) Cost or		asis for depr usiness/inve		Recovery	Met	hod/	Depre	eciation		cted
	(liet vehicles first) Pia	ced in rvice	investment use percenta		ther basis	; (b)	use only		period	Conv	ention	ded	uction	1	on 179 Ost
25	Special depreciation allowand	e for a	ualified listed	property	/ placed	in servi	ce durina	the ta	x vear and					12.	14.
2.0	used more than 50% in a qua										25				garan.
 26	Property used more than 50%												*		
		:	1	%											
		:	·	%											
	· :	:	 	%	·										
 27	Property used 50% or less in	a gualit													
<u></u>		:		%						S/L ·				Caraca and a second	
		:		%						S/L ·					
				%						S/L·					
28	Add amounts in column (h), li	nes 25			e and on	line 21	, page 1				28				
	Add amounts in column (i), lin												29		
<u> </u>	That arrivating it gotarin (i)	<u> </u>					on Use								
Col	mplete this section for vehicles	used b	hv a sole prop	rietor, p	artner. o	r other '	more tha	an 5% d	owner," or	related p	erson.	If you pr	ovided v	ehicles	÷
to v	your employees, first answer th	e ques	tions in Section	on C to s	see if vou	ı meet a	an except	tion to	completin	g this se	ction fo	r those v	ehicles.		
.0	your omproyees, met anewer tr	, 4000		•					•	_					
					(a)		(b)		(c)	(0	l)	(4	e)	(f)
30 Total business/investment miles driven during the			Vehicle		Vehicle		.v	ehicle	Vehicle		Vehicle		Vehicle		
-	year (do not include commuting														-
31	Total commuting miles driven									-					
	Total other personal (noncom														
_	driven														
33	Total miles driven during the			-										1	
-	Add lines 30 through 32		•			ļ ·		İ							
34	Was the vehicle available for			Yes	No	Yes	No	Yes	No	Yes	No	Yes	No	Yes	No
•	during off-duty hours?														
35	Was the vehicle used primaril														
•	than 5% owner or related per			:	1		1	1							
36	Is another vehicle available fo														
-	use?						1							·	
	Sec.	tion C	- Questions I	or Emp	lovers W	/ho Pro	vide Veh	icles f	or Use by	Their E	nploye	es			
Δno	swer these questions to detern	nine if v	ou meet an e	xception	to com	oletina S	Section E	for ve	hicles use	d by emp	oloyees	who ar	e not m	ore than	5%
	ners or related persons.		, 00 , , , 00 , 01 , 01							• .	•				
	Do you maintain a written pol	cv stat	ement that or	ohibits a	all persor	al use o	of vehicle	s. inclu	udina com	muting, I	oy your			Yes	No
3,	employees?														
20	Do you maintain a written poli	cv stat	ement that nr	ohibits r	nersonal	use of v	ehicles.	except	commutir	na, by yo	ur				
30	employees? See the instruction													.	
20	Do you treat all use of vehicle														
	Do you treat all use of vehicle Do you provide more than five												••••••	-	
4U	the use of the vehicles, and re														
	Do you meet the requirement														
41	Note: <i>If your answer to 37, 38</i>										•••••		••••••	436	
D	Note: <i>If your answer to 37, 38</i> art VI Amortization	. 39. 40). or 41 is "Ye:	s. ao no	n compli	ere oec	u∪H	me.cc	vereu vell	MCO.					*
-	(a)			(b)	Τ	(c)			(d) Code		(e)			(f)	
	(ω)		· Date	amortization	. 1	Amortiza	hla	1	Code		Amortiza	tion i	An	nortization	

Description of costs period of percentage 42 Amortization of costs that begins during your 2014 tax year: 43 43 Amortization of costs that began before your 2014 tax year 44 Total. Add amounts in column (f). See the instructions for where to report 44

Form 8868 (Rev. 1-2014)					Page 2				
If you are filing for an Additional (Not Automatic) 3-Month Ex					📐 🗓				
Note. Only complete Part II if you have already been granted an a			ed Form 8	3868.					
If you are filing for an Automatic 3-Month Extension, comple	te only Pa	art I (on page 1).	-1 /						
Part II Additional (Not Automatic) 3-Month Ex	xtensior		··········	- 					
		Enter filer's			e instructions				
Type or Name of exempt organization or other filer, see instru	ctions.	·	Employe	r identification	number (EIN) or				
print RENUTIONS TONG EVE POINDAUTO	KENTUCKY LIONS EYE FOUNDATION, INC.								
filing your 201 FACTI MITHAMMAD ALT PLATE	301 EAST MUHAMMAD ALI BLVD								
return. See instructions. City, town or post office, state, and ZIP code. For a form	reign add	ress, see instructions.		•	`				
LOUISVILLE, KY 40202		, 000, 000			-				
Enter the Return code for the return that this application is for (file	a separat	e application for each return)		,	0 1				
Application	Return	Application			Return				
ls For	Code	Is For			Code				
Form 990 or Form 990-EZ	01				08				
Form 990-BL	02	Form 1041-A							
Form 4720 (individual)	03	Form 4720 (other than individual)							
Form 990-PF	04	Form 5227 Form 6069			10				
Form 990-T (sec. 401(a) or 408(a) trust)			12						
Form 990-T (trust other than above) STOP! Do not complete Part II if you were not already granted	06	Form 8870	usly file	1 Form 8868					
EXECUTIVE DIREC		latic o-month extension on a previo	Judiy IIIC	<u> </u>					
 The books are in the care of ► 301 E. MUHAMMAD 		BLVD - LOUISVILLE,	KY 4	0202-15	94				
Telephone No. ► 502-583-0564		Fax No.		-					
If the organization does not have an office or place of business	in the Uni	ted States, check this box							
 If this is for a Group Return, enter the organization's four digit C 	Group Exe	mption Number (GEN) If	this is fo	r the whole gro	up, check this				
box ▶ . If it is for part of the group, check this box ▶		ch a list with the names and EINs of	all membe	ers the extensi	on is for.				
4 request an additional 3-month extension of time until		15, 2016		20 00	1 -				
5 For calendar year, or other tax year beginning	JUL 1	, 2014 , and ending		30, 20	<u> 15 </u>				
6 If the tax year entered in line 5 is for less than 12 months, ch	heck reaso	on: Initial return	Final r	eturn					
Change in accounting period									
7 State in detail why you need the extension ADDITIONAL TIME IS NEEDED TO G	ATHER	THIRD PARTY INFORM	ΟΤΨΑΝ	N IN ORI	DER TO				
FILE A COMPLETE AND ACCURATE R	ETURN	THE PROPERTY OF THE PROPERTY O							
TIND A COMMUNICATION TO		, , , , , , , , , , , , , , , , , , ,	· · · · · · · · · · · · · · · · · · ·						
		•							
				· · ·					
8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720,	or 6069, e	enter the tentative tax, less any			_				
nonrefundable credits. See instructions.			8a	\$	<u> </u>				
b If this application is for Forms 990-PF, 990-T, 4720, or 6069,									
tax payments made. Include any prior year overpayment allo	owed as a	credit and any amount paid			0				
previously with Form 8868.			8b	\$	0.				
Balance due. Subtract line 8b from line 8a. Include your pa		n this form, if required, by using		_	0.				
EFTPS (Electronic Federal Tax Payment System). See instru	ictions.	t be completed for Part II or	8c 8c	\$					
Under penalties of perjury, I declare that I have examined this form, including				my knowledge a	and belief				
Under penalties of perjury, I declare that I have examined this form, including it is true, correct, and complete, and that I am authorized to prepare this fo	my accomp rm.	anymy someudies and statements, and to	" IO DESE OI	my anowieuge o	and Dulluly				
Signature ► Title ► C			Date	>					
Organizatio					68 (Rev. 1-2014)				

Form 8868 (Rev. 1-2014)					Page 2			
If you are filing for an Additional (Not Automatic) 3-Month E	xtension. c	complete only Part II and check this	box		[]			
Note. Only complete Part II if you have already been granted an								
 If you are filing for an Automatic 3-Month Extension, compl 								
Part II Additional (Not Automatic) 3-Month E	xtensior	of Time. Only file the origin	al (no c	opies need	led).			
,					see instructions			
Type or Name of exempt organization or other filer, see instru	uctions	·			n number (EIN) or			
Type or Name of exempt organization or other filer, see instri-	401.01.01		,		,			
File by the KENTUCKY LIONS EYE FOUNDATION	ON, IN	rc.		61-05	16171			
due date for Number, street, and room or suite no. If a P.O. box, see instructions. Social security number.								
filing your return, See 301 EAST MUHAMMAD ALI BLVD								
instructions. City, town or post office, state, and ZIP code. For a f	foreign add	ress, see instructions.						
LOUISVILLE, KY 40202	_							
Enter the Return code for the return that this application is for (fil	e a separat	e application for each return)			0 1			
Application	Return	Application			Return			
ls For	Code	Is For			Code			
Form 990 or Form 990-EZ	01			47 v. 15				
Form 990-BL	02	Form 1041-A						
Form 4720 (individual)	03	Form 4720 (other than individual)	lividual)					
Form 990-PF	04	Form 5227						
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069						
Form 990-T (trust other than above)	06	Form 8870		·-	12			
STOP! Do not complete Part II if you were not already granted		<u>iatic 3-month extension on a previo</u>	ously file	d Form 8868.				
EXECUTIVE DIRE		DITTO I OUT CUIT I E	TZ3Z /	10202 1	E 0 /			
• The books are in the care of \triangleright 301 E. MUHAMMA	D ALT	_	NI 4	:UZUZ-I	334			
Telephone No. ► 502-583-0564		Fax No.			. —			
If the organization does not have an office or place of business	s in the Uni	ted States, check this box	this is fo	r the whole a	roup check this			
If this is for a Group Return, enter the organization's four digit		ch a list with the names and EINs of	oli eli eli lle dmam lle	ore the exten	eion is for			
oox . If it is for part of the group, check this box . I request an additional 3-month extension of time until		15, 2016	an momb	ord the extent	Olon la tol.			
			JUN	30, 20)15			
 For calendar year, or other tax year beginning If the tax year entered in line 5 is for less than 12 months, or 	heck reaso		Final (· · · · · · · · · · · · · · · · · · ·			
Change in accounting period								
7 State in detail why you need the extension								
ADDITIONAL TIME IS NEEDED TO G	SATHER	THIRD PARTY INFORM	OITAN	N IN OF	RDER TO			
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8a If this application is for Forms 990-BL, 990-PF, 990-T, 4720	, or 6069, e	nter the tentative tax, less any						
nonrefundable credits. See instructions.			8a	\$	0.			
b If this application is for Forms 990-PF, 990-T, 4720, or 6069), enter any	refundable credits and estimated						
tax payments made. Include any prior year overpayment all	owed as a	credit and any amount paid		ļ				
previously with Form 8868.			8b	\$	0.			
C Balance due. Subtract line 8b from line 8a. Include your pa		this form, if required, by using						
EFTPS (Electronic Federal Tax Payment System). See instru	uctions.		8c	\$	0.			
		t be completed for Part II or						
Under penalties of perjury, I declare that I have examined this form, include	ling accompa	anying schedules and statements, and to	the best of	my knowledge	and belief,			
it is true, correct, and complete, and that I am authorized to prepare this fo		•		. 01	12/16			
Signature \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	CPA		Date		200/2 1 201 1			
				⊢orm 88	868 (Rev. 1-2014)			