

Form **990**

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

OMB No. 1545-0047

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ 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.

A For the 2015 calendar year, or tax year beginning _____ **and ending** _____

B Check if applicable:
 Address change
 Name change
 Initial return
 Final return/terminated
 Amended return
 Application pending

C Name of organization
FOUNDATION FOR A HEALTHY KENTUCKY, INC.
 Doing business as _____
 Number and street (or P.O. box if mail is not delivered to street address) Room/suite
1640 LYNDON FARM CT #100
 City or town, state or province, country, and ZIP or foreign postal code
LOUISVILLE, KY 40223

D Employer identification number
**** - *** 4753**

E Telephone number
502-326-2583

F Name and address of principal officer: **SUSAN ZEPEDA**
SAME AS C ABOVE

G Gross receipts \$ **17,177,854.**

H(a) Is this a group return for subordinates? Yes No
H(b) Are all subordinates included? Yes No
 If "No," attach a list. (see instructions)

H(c) Group exemption number ▶ _____

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ **WWW.HEALTHY-KY.ORG**

K Form of organization: Corporation Trust Association Other ▶ _____

L Year of formation: **2001** **M State of legal domicile:** **KY**

Part I Summary			
Activities & Governance	1 Briefly describe the organization's mission or most significant activities: THE FOUNDATION FOR A HEALTHY KENTUCKY IS A NON-PROFIT, PHILANTHROPIC ORGANIZATION WORKING TO		
	2 Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VI, line 1a)	3	15
	4 Number of independent voting members of the governing body (Part VI, line 1b)	4	15
	5 Total number of individuals employed in calendar year 2015 (Part V, line 2a)	5	9
	6 Total number of volunteers (estimate if necessary)	6	44
	7 a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
b Net unrelated business taxable income from Form 990-T, line 34	7b	0.	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 1,260,468.	Current Year 0.
	9 Program service revenue (Part VIII, line 2g)	0.	0.
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	3,444,454.	2,244,575.
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	<20,735.>	<4,622.>
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	4,684,187.	2,239,953.
Expenses	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	2,056,150.	1,669,367.
	14 Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	908,008.	1,032,756.
	16a Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.		
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	862,127.	734,440.
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	3,826,285.	3,436,563.
19 Revenue less expenses. Subtract line 18 from line 12	857,902.	<1,196,610.>	
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 56,237,796.	End of Year 52,061,916.
	21 Total liabilities (Part X, line 26)	789,453.	741,469.
	22 Net assets or fund balances. Subtract line 21 from line 20	55,448,343.	51,320,447.

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here ▶ Signature of officer: **SUSAN ZEPEDA** Date: _____
 ▶ Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name JEFFREY K MCCAFFREY	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN P00938853
Firm's name ▶ DEMING MALONE LIVESAY & OSTROFF PSC	Firm's EIN ▶ ** - *** 4249		Phone no. (502) 426-9660	
Firm's address ▶ 9300 SHELBYVILLE RD STE 1100 LOUISVILLE, KY 40222-5187				

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response or note to any line in this Part III [X]

1 Briefly describe the organization's mission: THE FOUNDATION FOR A HEALTHY KENTUCKY IS A NON-PROFIT, PHILANTHROPIC ORGANIZATION WORKING TO ADDRESS THE UNMET HEALTH CARE NEEDS OF KENTUCKIANS. THE FOUNDATION'S APPROACH CENTERS ON DEVELOPING AND INFLUENCING HEALTH POLICY, TO PROMOTE LASTING CHANGE IN THE SYSTEMS BY

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No If "Yes," describe these new services on Schedule O.

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, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 2,950,389. including grants of \$ 1,669,367.) (Revenue \$) THE FOUNDATION MADE GRANTS AND CONDUCTED PROGRAM ACTIVITIES IN 2015 UNDER THE FOLLOWING INITIATIVES AND PROGRAMS:

A. PROMOTING RESPONSIVE HEALTH POLICY. TO HELP MAKE PUBLIC POLICY MORE RESPONSIVE TO THE HEALTH AND HEALTH CARE NEEDS OF KENTUCKIANS, THE FOUNDATION HAS ENTERED INTO A MEMORANDUM OF UNDERSTANDING WITH THE KENTUCKY DEPARTMENT FOR PUBLIC HEALTH AND EPIDEMIOLOGISTS AT THE UNIVERSITY OF KENTUCKY, TO PROVIDE COUNTY-LEVEL HEALTH DATA ON THE WWW.KENTUCKHEALTHFACTS.ORG WEBSITE; JOINS WITH INTERACT FOR HEALTH, FROMERLY KNOWN AS THE HEALTH FOUNDATION OF GREATER CINCINNATI, TO FUND AND DISSEMINATE FINDINGS OF THE ANNUAL KENTUCKY HEALTH ISSUES POLL; AND EVERY THREE TO FIVE YEARS FUNDS THE PARENT SURVEY AND THE KENTUCKY

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses 2,950,389.

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i>		X
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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? <i>If "Yes," complete Schedule C, Part II</i>	X	
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? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	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? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>	X	
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>		X
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	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? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	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? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part I</i>		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? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>		X
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		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? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		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)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		
Note. All Form 990 filers are required to complete Schedule O	X	

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

Input box for Schedule O

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include: 1a Enter the number of voting members of the governing body at the end of the tax year (15); 1b Enter the number of voting members included in line 1a, above, who are independent (15); 2 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? (X); 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? (X); 4 Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? (X); 5 Did the organization become aware during the year of a significant diversion of the organization's assets? (X); 6 Did the organization have members or stockholders? (X); 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? (X); 7b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? (X); 8 Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? (X); b Each committee with authority to act on behalf of the governing body? (X); 9 Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O (X).

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include: 10a Did the organization have local chapters, branches, or affiliates? (X); 10b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?; 11a Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? (X); 11b Describe in Schedule O the process, if any, used by the organization to review this Form 990.; 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 (X); 12b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? (X); 12c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done (X); 13 Did the organization have a written whistleblower policy? (X); 14 Did the organization have a written document retention and destruction policy? (X); 15 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official (X); b Other officers or key employees of the organization (X); If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).; 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? (X); 16b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed [X] KY
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. [X] Own website [] Another's website [X] Upon request [] Other (explain in Schedule O)
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: [X] FOUNDATION FOR A HEALTHY KENTUCKY, - 502-326-2583 1640 LYNDON FARM CT#100, LOUISVILLE, KY 40223

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

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

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

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ROSALIE ALBRIGHT SECRETARY	1.00	X		X				0.	0.	0.
(2) MARY ANN BARNES BOARD MEMBER	1.00	X						0.	0.	0.
(3) PROMOD BISHNOI BOARD MEMBER	1.00	X						0.	0.	0.
(4) DAVID BOLT CHAIR	1.00	X		X				0.	0.	0.
(5) MARK CARTER TREASURER	1.00	X		X				0.	0.	0.
(6) JENNIFER HATCHER BOARD MEMBER	1.00	X						0.	0.	0.
(7) ALLEN MONTGOMERY JR BOARD MEMBER	1.00	X						0.	0.	0.
(8) DONA RAINS BOARD MEMBER	1.00	X						0.	0.	0.
(9) CHARLES ROSS BOARD MEMBER	1.00	X						0.	0.	0.
(10) LEE GATLIFF DURHAM BOARD MEMBER	1.00	X						0.	0.	0.
(11) CHRISTOPHER ROSZMAN VICE-CHAIR	1.00	X		X				0.	0.	0.
(12) JANICE BLYTHE BOARD MEMBER	1.00	X						0.	0.	0.
(13) VIVIAN LASLEY-BIBBS BOARD MEMBER	1.00	X						0.	0.	0.
(14) DANIEL MONGIARDO BOARD MEMBER	1.00	X						0.	0.	0.
(15) R. BRENT WRIGHT BOARD MEMBER	1.00	X						0.	0.	0.
(16) SUSAN ZEPEDA PRESIDENT / CEO	40.00				X			193,006.	0.	46,333.
(17) MARY JO SCHIRCLIFFE VICE PRESIDENT OF OPERATIONS & ADMIN	40.00					X		105,986.	0.	22,186.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

Table with 6 main columns: (A) Name and title, (B) Average hours per week, (C) Position, (D) Reportable compensation from the organization, (E) Reportable compensation from related organizations, (F) Estimated amount of other compensation. Includes sub-totals for lines 1b, 1c, and 1d.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization 2

Table with 3 columns: Question number, Yes, No. Contains questions 3, 4, and 5 regarding compensation reporting.

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

Table with 3 columns: (A) Name and business address, (B) Description of services, (C) Compensation. Row 1: MORGAN STANLEY, 1585 BROADWAY AVENUE, NEW YORK, NY 10036, INVESTMENT SERVICES, 160,711.

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization 1

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a					
	b Membership dues	1b					
	c Fundraising events	1c					
	d Related organizations	1d					
	e Government grants (contributions)	1e					
	f All other contributions, gifts, grants, and similar amounts not included above	1f					
	g Noncash contributions included in lines 1a-1f: \$						
	h Total. Add lines 1a-1f						
Program Service Revenue	2 a	Business Code					
	b						
	c						
	d						
	e						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		1,364,661.			1,364,661.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	(i) Real	155,198.				
		(ii) Personal					
		b Less: rental expenses	159,820.				
		c Rental income or (loss)	<4,622.>				
	d Net rental income or (loss)		<4,622.>	<4,622.>			
	7 a Gross amount from sales of assets other than inventory	(i) Securities	15,657,995.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	14,778,081.				
		c Gain or (loss)	879,914.				
	d Net gain or (loss)		879,914.			879,914.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
		b Less: direct expenses	b				
c Net income or (loss) from fundraising events							
9 a Gross income from gaming activities. See Part IV, line 19	a						
	b Less: direct expenses	b					
	c Net income or (loss) from gaming activities						
10 a Gross sales of inventory, less returns and allowances	a						
	b Less: cost of goods sold	b					
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a							
	b						
	c						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions.			2,239,953.	<4,622.>	0.	2,244,575.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,669,367.	1,669,367.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees	239,340.	215,406.	23,934.	
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	573,611.	464,944.	108,667.	
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits	162,088.	121,278.	40,810.	
10 Payroll taxes	57,717.	47,985.	9,732.	
11 Fees for services (non-employees):				
a Management				
b Legal	7,694.		7,694.	
c Accounting	35,625.		35,625.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	171,268.		171,268.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	86,482.	82,134.	4,348.	
12 Advertising and promotion	9,905.	9,148.	757.	
13 Office expenses	50,511.	34,185.	16,326.	
14 Information technology	32,116.	11,780.	20,336.	
15 Royalties				
16 Occupancy	12,893.	9,670.	3,223.	
17 Travel	72,116.	48,744.	23,372.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings	91,360.	80,425.	10,935.	
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	134,429.	134,429.		
23 Insurance				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a DUES AND SUBS	28,565.	19,643.	8,922.	
b MISCELLANEOUS	833.	608.	225.	
c GRANTEE WEBINARS	643.	643.		
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	3,436,563.	2,950,389.	486,174.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here if following SOP 98-2 (ASC 958-720)

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
Assets	1 Cash - non-interest-bearing		1	
	2 Savings and temporary cash investments	148,887.	2	104,933.
	3 Pledges and grants receivable, net	625,000.	3	625,000.
	4 Accounts receivable, net		4	355,955.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	14,012.	9	12,992.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 3,503,627.		
	b Less: accumulated depreciation	10b 397,221.	2,986,940.	10c 3,106,406.
	11 Investments - publicly traded securities	45,500,415.	11	40,375,293.
	12 Investments - other securities. See Part IV, line 11	6,959,200.	12	7,477,620.
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11	3,342.	15	3,717.
16 Total assets. Add lines 1 through 15 (must equal line 34)	56,237,796.	16	52,061,916.	
Liabilities	17 Accounts payable and accrued expenses	181,304.	17	374,676.
	18 Grants payable	608,149.	18	366,793.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 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		23	
	24 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		25	
	26 Total liabilities. Add lines 17 through 25	789,453.	26	741,469.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	54,823,343.	27	50,695,447.
	28 Temporarily restricted net assets	625,000.	28	625,000.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	55,448,343.	33	51,320,447.
34 Total liabilities and net assets/fund balances	56,237,796.	34	52,061,916.	

Part 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	2,239,953.
2	Total expenses (must equal Part IX, column (A), line 25)	2	3,436,563.
3	Revenue less expenses. Subtract line 2 from line 1	3	<1,196,610.>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	55,448,343.
5	Net unrealized gains (losses) on investments	5	<2,931,286.>
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	51,320,447.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
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 on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form 990 (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

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

2015

Open to Public Inspection

Name of the organization **FOUNDATION FOR A HEALTHY KENTUCKY, INC.** Employer identification number ****-***4753**

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E (Form 990 or 990-EZ).)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 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.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 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.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 11a through 11d that describes the type of supporting organization and complete lines 11e, 11f, and 11g.
 - a **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
 - b **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
 - c **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
 - d **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
 - e 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 1
 - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
VARIOUS		9		X	1,669,367.	
Total					1,669,367.	0.

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.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3						
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 Public support. Subtract line 5 from line 4.						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(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 instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	%
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	%
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid 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						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

Part IV Supporting Organizations (continued)

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		X
b A family member of a person described in (a) above?		X
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 .		X

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
1	X	
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		
2		X

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		
1		

Section D. All Type III Supporting Organizations

	Yes	No
1 Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):		
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.		
2a		
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.		
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .		
3a		
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.		
3b		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. See instructions. All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued)

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

Schedule A (Form 990 or 990-EZ) 2015

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

SCHEDULE A; PART IV; SECTION A; LINE 1

THE FOUNDATION SUPPORTS A "CLASS" OF ORGANIZATIONS. PER THE BYLAWS "ORGANIZATIONS ADDRESSING THE UNMET HEALTH CARE NEEDS OF KENTUCKIANS INCLUDING BY INFLUENCING HEALTH POLICY, IMPROVING ACCESS TO CARE, REDUCING HEALTH RISKS AND DISPARITIES, AND PROMOTING HEALTH EQUITY". THOSE ORGANIZATIONS ARE REPRESENTED BY, AND PER THE BYLAWS: "A MINIMUM OF TWELVE (12) COMMUNITY ADVISORY COMMITTEE MEMBERS SHALL BE OFFICERS, DIRECTORS, TRUSTEES, AND/OR ADMINISTRATIVE OFFICERS (INCLUDING EXECUTIVE-LEVEL EMPLOYEES), AND OTHER SIMILARLY SITUATED PERSONS, OF ORGANIZATIONS ADDRESSING THE UNMET HEALTH CARE NEEDS OF KENTUCKIANS INCLUDING BY INFLUENCING HEALTH POLICY, IMPROVING ACCESS TO CARE, REDUCING HEALTH RISKS AND DISPARITIES, AND PROMOTING HEALTH EQUITY. SUCH SPECIFIED MEMBERS SHALL BE REFERRED TO HEREWITH AS SUPPORTED CLASS REPRESENTATIVES."

SCHEDULE A; PART IV; SECTION B; LINE 1

THE FOUNDATION HAS A 31-MEMBER COMMUNITY ADVISORY COMMITTEE (CAC). THE CAC ELECTS A 7-MEMBER COMMITTEE, NAMED THE CAC APPOINTMENT SUB-COMMITTEE. EACH OF THESE 7 MEMBERS MUST BE, PER THE BYLAWS, "SUPPORTED CLASS REPRESENTATIVES" OR "OFFICERS, DIRECTORS, TRUSTEES, AND/OR ADMINISTRATIVE OFFICERS (INCLUDING EXECUTIVE-LEVEL EMPLOYEES), AND OTHER SIMILARLY SITUATED PERSONS, OF ORGANIZATIONS ADDRESSING THE UNMET HEALTH CARE NEEDS OF KENTUCKIANS INCLUDING BY INFLUENCING HEALTH POLICY, IMPROVING ACCESS TO CARE, REDUCING HEALTH RISKS AND DISPARITIES, AND PROMOTING HEALTH EQUITY." THE CAC APPOINTMENT SUB-COMMITTEE DIRECTLY APPOINTS A MAJORITY OF THE BOARD OF DIRECTORS.

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

SCHEDULE A; PART IV; SECTION A; LINE 6

THE FOUNDATION ALSO MAKES GRANTS TO NONPROFIT ORGANIZATIONS TO CONDUCT HEALTH SYSTEMS RESEARCH AND INCREASE PUBLIC AWARENESS IN SUPPORT OF THE FOUNDATION'S MISSION TO ADDRESS THE UNMET HEALTHCARE NEEDS OF KENTUCKIANS.

SCHEDULE A; PART IV; SECTION A; LINE 2

THE FOUNDATION DOES SUPPORT SOME ORGANIZATIONS, WHICH ARE NOT REQUIRED TO OBTAIN RECOGNITION OF ITS PUBLIC CHARITY STATUS BECAUSE IT IS A CHURCH, STATE UNIVERSITY, OR OTHER ORGANIZATION DESCRIBED IN SECTION 4948(B). THE FOUNDATION DOES OBTAIN SUPPORTING DOCUMENTATION FROM THE ORGANIZATION TO VERIFY THEY ARE AN EXEMPT ORGANIZATION.

SCHEDULE C
(Form 990 or 990-EZ)

Political Campaign and Lobbying Activities

OMB No. 1545-0047

2015

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

For Organizations Exempt From Income Tax Under section 501(c) and section 527

- ▶ **Complete if the organization is described below. ▶ Attach to Form 990 or Form 990-EZ.**
- ▶ **Information about Schedule C (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.**

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations: Complete Parts I-A and B. Do not complete Part I-C.
- Section 501(c) (other than section 501(c)(3)) organizations: Complete Parts I-A and C below. Do not complete Part I-B.
- Section 527 organizations: Complete Part I-A only.

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)): Complete Part II-A. Do not complete Part II-B.
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)): Complete Part II-B. Do not complete Part II-A.

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

- Section 501(c)(4), (5), or (6) organizations: Complete Part III.

Name of organization FOUNDATION FOR A HEALTHY KENTUCKY, INC.	Employer identification number **-***4753
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Part I-A Complete if the organization is exempt under section 501(c) or is a section 527 organization.

- 1 Provide a description of the organization's direct and indirect political campaign activities in Part IV.
- 2 Political expenditures ▶ \$ _____
- 3 Volunteer hours _____

Part I-B Complete if the organization is exempt under section 501(c)(3).

- 1 Enter the amount of any excise tax incurred by the organization under section 4955 ▶ \$ _____
- 2 Enter the amount of any excise tax incurred by organization managers under section 4955 ▶ \$ _____
- 3 If the organization incurred a section 4955 tax, did it file Form 4720 for this year? Yes No
- 4a Was a correction made? Yes No
- b If "Yes," describe in Part IV.

Part I-C Complete if the organization is exempt under section 501(c), except section 501(c)(3).

- 1 Enter the amount directly expended by the filing organization for section 527 exempt function activities ▶ \$ _____
- 2 Enter the amount of the filing organization's funds contributed to other organizations for section 527 exempt function activities ▶ \$ _____
- 3 Total exempt function expenditures. Add lines 1 and 2. Enter here and on Form 1120-POL, line 17b ▶ \$ _____
- 4 Did the filing organization file **Form 1120-POL** for this year? Yes No
- 5 Enter the names, addresses and employer identification number (EIN) of all section 527 political organizations to which the filing organization made payments. For each organization listed, enter the amount paid from the filing organization's funds. Also enter the amount of political contributions received that were promptly and directly delivered to a separate political organization, such as a separate segregated fund or a political action committee (PAC). If additional space is needed, provide information in Part IV.

(a) Name	(b) Address	(c) EIN	(d) Amount paid from filing organization's funds. If none, enter -0-.	(e) Amount of political contributions received and promptly and directly delivered to a separate political organization. If none, enter -0-.

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. Schedule C (Form 990 or 990-EZ) 2015

LHA
532041
10-05-15

Part II-A Complete if the organization is exempt under section 501(c)(3) and filed Form 5768 (election under section 501(h)).

- A** Check if the filing organization belongs to an affiliated group (and list in Part IV each affiliated group member's name, address, EIN, expenses, and share of excess lobbying expenditures).
- B** Check if the filing organization checked box A and "limited control" provisions apply.

Limits on Lobbying Expenditures (The term "expenditures" means amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals												
1a	Total lobbying expenditures to influence public opinion (grass roots lobbying)														
b	Total lobbying expenditures to influence a legislative body (direct lobbying)	90.													
c	Total lobbying expenditures (add lines 1a and 1b)	90.													
d	Other exempt purpose expenditures	3,596,293.													
e	Total exempt purpose expenditures (add lines 1c and 1d)	3,596,383.													
f	Lobbying nontaxable amount. Enter the amount from the following table in both columns.	329,819.													
<table border="1" style="width: 100%; border-collapse: collapse;"> <thead> <tr> <th style="width: 50%;">If the amount on line 1e, column (a) or (b) is:</th> <th style="width: 50%;">The lobbying nontaxable amount is:</th> </tr> </thead> <tbody> <tr> <td>Not over \$500,000</td> <td>20% of the amount on line 1e.</td> </tr> <tr> <td>Over \$500,000 but not over \$1,000,000</td> <td>\$100,000 plus 15% of the excess over \$500,000.</td> </tr> <tr> <td>Over \$1,000,000 but not over \$1,500,000</td> <td>\$175,000 plus 10% of the excess over \$1,000,000.</td> </tr> <tr> <td>Over \$1,500,000 but not over \$17,000,000</td> <td>\$225,000 plus 5% of the excess over \$1,500,000.</td> </tr> <tr> <td>Over \$17,000,000</td> <td>\$1,000,000.</td> </tr> </tbody> </table>		If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:	Not over \$500,000	20% of the amount on line 1e.	Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.	Over \$17,000,000	\$1,000,000.		
If the amount on line 1e, column (a) or (b) is:	The lobbying nontaxable amount is:														
Not over \$500,000	20% of the amount on line 1e.														
Over \$500,000 but not over \$1,000,000	\$100,000 plus 15% of the excess over \$500,000.														
Over \$1,000,000 but not over \$1,500,000	\$175,000 plus 10% of the excess over \$1,000,000.														
Over \$1,500,000 but not over \$17,000,000	\$225,000 plus 5% of the excess over \$1,500,000.														
Over \$17,000,000	\$1,000,000.														
g	Grassroots nontaxable amount (enter 25% of line 1f)	82,455.													
h	Subtract line 1g from line 1a. If zero or less, enter -0-	0.													
i	Subtract line 1f from line 1c. If zero or less, enter -0-	0.													
j	If there is an amount other than zero on either line 1h or line 1i, did the organization file Form 4720 reporting section 4911 tax for this year?		<input type="checkbox"/> Yes <input type="checkbox"/> No												

4-Year Averaging Period Under section 501(h)
(Some organizations that made a section 501(h) election do not have to complete all of the five columns below. See the separate instructions for lines 2a through 2f.)

Lobbying Expenditures During 4-Year Averaging Period					
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) Total
2a Lobbying nontaxable amount			314,314.	329,819.	644,133.
b Lobbying ceiling amount (150% of line 2a, column(e))					966,200.
c Total lobbying expenditures			326.	90.	416.
d Grassroots nontaxable amount			78,579.	82,455.	161,034.
e Grassroots ceiling amount (150% of line 2d, column (e))					241,551.
f Grassroots lobbying expenditures					

Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

	(a)		(b)
	Yes	No	Amount
<i>For each "Yes," response on lines 1a through 1i below, provide in Part IV a detailed description of the lobbying activity.</i>			
1 During the year, did the filing organization attempt to influence foreign, national, state or local legislation, including any attempt to influence public opinion on a legislative matter or referendum, through the use of:			
a Volunteers?			
b Paid staff or management (include compensation in expenses reported on lines 1c through 1i)? ..			
c Media advertisements?			
d Mailings to members, legislators, or the public?			
e Publications, or published or broadcast statements?			
f Grants to other organizations for lobbying purposes?			
g Direct contact with legislators, their staffs, government officials, or a legislative body?			
h Rallies, demonstrations, seminars, conventions, speeches, lectures, or any similar means?			
i Other activities?			
j Total. Add lines 1c through 1i			
2a Did the activities in line 1 cause the organization to be not described in section 501(c)(3)?			
b If "Yes," enter the amount of any tax incurred under section 4912			
c If "Yes," enter the amount of any tax incurred by organization managers under section 4912			
d If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?			

Part III-A Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6).

	Yes	No
1 Were substantially all (90% or more) dues received nondeductible by members?	1	
2 Did the organization make only in-house lobbying expenditures of \$2,000 or less?	2	
3 Did the organization agree to carry over lobbying and political expenditures from the prior year?	3	

Part III-B Complete if the organization is exempt under section 501(c)(4), section 501(c)(5), or section 501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," OR (b) Part III-A, line 3, is answered "Yes."

1 Dues, assessments and similar amounts from members	1	
2 Section 162(e) nondeductible lobbying and political expenditures (do not include amounts of political expenses for which the section 527(f) tax was paid).		
a Current year	2a	
b Carryover from last year	2b	
c Total	2c	
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondeductible section 162(e) dues	3	
4 If notices were sent and the amount on line 2c exceeds the amount on line 3, what portion of the excess does the organization agree to carryover to the reasonable estimate of nondeductible lobbying and political expenditure next year?	4	
5 Taxable amount of lobbying and political expenditures (see instructions)	5	

Part IV Supplemental Information

Provide the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated group list); Part II-A, lines 1 and 2 (see instructions); and Part II-B, line 1. Also, complete this part for any additional information.

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2015
Open to Public Inspection

Name of the organization FOUNDATION FOR A HEALTHY KENTUCKY, INC. **Employer identification number** **-***4753

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?	<input type="checkbox"/> Yes <input type="checkbox"/> No	
6 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 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	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

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

4 Number of states where property subject to conservation easement is located ▶ _____

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

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 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)?

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

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

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 on 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 on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

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 or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance	52,459,615.	53,995,929.	50,173,807.	49,824,309.	54,766,326.
b Contributions					
c Net investment earnings, gains, and losses	<690,553.>	1,637,693.	7,383,259.	6,190,608.	<671,780.>
d Grants or scholarships					
e Other expenditures for facilities and programs	3,916,149.	3,174,007.	3,561,137.	5,841,110.	4,270,237.
f Administrative expenses					
g End of year balance	47,852,913.	52,459,615.	53,995,929.	50,173,807.	49,824,309.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment 100.00 %
- b Permanent endowment _____ %
- c Temporarily restricted endowment _____ %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations		X
(ii) related organizations		X

b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings		3,263,549.	286,845.	2,976,704.
c Leasehold improvements				
d Equipment				
e Other		240,078.	110,376.	129,702.
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,106,406.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A) HEDGE FUND OF FUNDS	3,885.	END-OF-YEAR MARKET VALUE
(B) SCS OPPORTUNITY	1,577.	END-OF-YEAR MARKET VALUE
(C) WEATHERLOW	2,702,289.	END-OF-YEAR MARKET VALUE
(D) SKYBRIDGE	2,514,057.	END-OF-YEAR MARKET VALUE
(E) VANGHAN NELSON	2,255,812.	END-OF-YEAR MARKET VALUE
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶	7,477,620.	

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (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.) ▶	

2. 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

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements	1	<531,513.>
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	<2,931,286.>
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	<2,931,286.>
3	Subtract line 2e from line 1	3	2,399,773.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	<159,820.>
c	Add lines 4a and 4b	4c	<159,820.>
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)	5	2,239,953.

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements	1	3,596,383.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d	2e	0.
3	Subtract line 2e from line 1	3	3,596,383.
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	<159,820.>
c	Add lines 4a and 4b	4c	<159,820.>
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	3,436,563.

Part XIII Supplemental Information.

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

PART V, LINE 4:

AS OF DECEMBER 31, 2015, THE BOARD OF DIRECTORS HAD DESIGNATED \$45,000,000 OF UNRESTRICTED NET ASSETS AS A GENERAL ENDOWMENT FUND TO SUPPORT THE MISSION OF THE FOUNDATION.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(A) OF THE INTERNAL REVENUE CODE AS AN ORGANIZATION DESCRIBED IN SECTION 501(C)(3). ACCORDINGLY, NO PROVISION FOR INCOME TAXES IS REQUIRED. THE FOUNDATION'S INCOME TAX RETURNS FOR THE YEARS ENDED DECEMBER 31, 2012 THROUGH 2014 ARE SUBJECT TO EXAMINATION BY THE INTERNAL REVENUE SERVICE.

GENERALLY ACCEPTED ACCOUNTING PRINCIPLES PRESCRIBE A COMPREHENSIVE MODEL

Part XIII Supplemental Information (continued)

FOR HOW AN ENTITY SHOULD MEASURE, RECOGNIZE, PRESENT AND DISCLOSE IN ITS FINANCIAL STATEMENTS UNCERTAIN TAX POSITIONS THAT AN ENTITY HAS TAKEN OR EXPECTS TO TAKE ON A TAX RETURN. THERE WAS NO IMPACT ON THE FOUNDATION'S FINANCIAL STATEMENTS AS A RESULT OF THE IMPLEMENTATION OF THESE ACCOUNTING PRINCIPLES.

PART XI, LINE 4B - OTHER ADJUSTMENTS:

BUILDING EXPENSE -159,820.

PART XII, LINE 4B - OTHER ADJUSTMENTS:

BUILDING EXPENSE -159,820.

**SCHEDULE I
(Form 990)**

Department of the Treasury
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization **FOUNDATION FOR A HEALTHY KENTUCKY, INC.** Employer identification number **** - *** 4753**

Part I General Information on Grants and Assistance

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 criteria used to award the grants or assistance? Yes No

2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENTUCKY EQUAL JUSTICE CENTER 201 WEST SHORT STREET, SUITE 310 LEXINGTON, KY 40507	** - *** 9545	501C(3)	10,000.	0.			HEALTH POLICY GAINS (RAPID RESPONSE)
KENTUCKY YOUTH ADVOCATES 11001 BLUEGRASS PARKWAY, SUITE 1100 LOUISVILLE, KY 40299	** - *** 9390	501C(3)	20,000.	0.			KENTUCKY ORAL HEALTH COALITION STATEWIDE ORAL HEALTH LITERACY CAMPAIGN
KENTUCKY VOICES FOR HEALTH 1640 LYNDON FARM CT STE 108 LOUISVILLE, KY 40223	** - *** 7052	501C(3)	115,000.	0.			PROMOTING RESPONSIVE HEALTH POLICY
KET 600 COOPER DRIVE LEXINGTON, KY 40502	** - *** 5473	501C(3)	100,000.	0.			HEALTH PROGRAMMING AND RELATED WEB CONTENT
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 760 ROSE STREET - LEXINGTON, KY 40536	** - *** 3693	UNIVERSITY	50,000.	0.			TO SUPPORT CENTER FOR SMOKE FREE POLICY
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 122 GREHAN JOURNALISM BUILDING - LEXINGTON, KY 40506	** - *** 3693	UNIVERSITY	35,000.	0.			SUPPORT INSTITUTE FOR RURAL JOURNALISM

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table **17.**

3 Enter total number of other organizations listed in the line 1 table **5.**

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

Schedule I (Form 990) (2015)

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENTUCKY YOUTH ADVOCATES 11001 BLUEGRASS PARKWAY, SUITE 100 LOUISVILLE, KY 40299	** - ***9390	501C(3)	50,000.	0.			PROMOTING RESPONSIVE HEALTH POLICY - TARGETED CHILDREN'S HEALTH ADVOCACY
KENTUCKY EQUAL JUSTICE CENTER 201 WEST SHORT STREET, SUITE 310 LEXINGTON, KY 40507	** - ***9545	501C(3)	50,000.	0.			HEALTH ADVOCACY IN SUPPORT OF BOOTS ON THE GROUND, ENROLLMENT OUTREACH AND CLINICAL
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION - 426 W. BLOOM STREET - LOUISVILLE, KY 40208	** - ***9626	501C(3)	40,000.	0.			SUPPORT FOR CREATION OF COMMONWEALTH INSTITUTE'S WORKFORCE DATABASE ON HEALTH PROFESSIONS
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 109 KINKEAD HALL - LEXINGTON, KY 40506	** - ***3693	UNIVERSITY	60,000.	0.			COUNTY-LEVEL ANALYSIS OF BEHAVIORAL RISK FACTOR SURVEILLANCE SYSTEM DATA
UNIVERSITY OF CINCINNATI P.O. BOX 210222 CINCINNATI, OH 45221	** - ***0989	UNIVERSITY	49,000.	0.			2015 KENTUCKY HEALTH ISSUES POLL
KENTUCKY RIVER COMMUNITY CARE PO BOX 794 JACKSON, KY 41339	** - ***5230	501C(3)	115,800.	0.			BREATHITT COUNTY HEALTH COUNCIL
UNITED WAY OF PADUCAH 333 BROADWAY SUITE 502 PADUCAH, KY 42001	** - ***4710	501C(3)	150,000.	0.			FOUNTAIN GARDENS WELLNESS PROGRAM
GREEN RIVER DISTRICT HEALTH DEPARTMENT - 1501 BRECKENRIDGE STREET - OWENSBORO, KY 42303	** - ***0686	GOVERNMENT	87,065.	0.			HEALTHY CHILDREN, HEALTHY FUTURE, PARTNERSHIP FOR HEALTHY MCLEAN COUNTY
UNIVERSITY OF KENTUCKY 800 ROSE STREET LEXINGTON, KY 40536	** - ***3693	UNIVERSITY	30,000.	0.			CHILD ADVOCACY TODAY

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTHERN KENTUCKY HEALTH DEPARTMENT - PO BOX 518 - WILLIAMSTOWN, KY 41097	**-***8505	GOVERNMENT	95,824.	0.			FITNESS FOR LIFE AROUND GRANT COUNTY
COMMUNITY FOUNDATION OF LOUISVILLE 325 W. MAIN STREET, SUITE 1110 LOUISVILLE, KY 40202	**-***7017	501C(3)	103,785.	0.			BUILDING RESILIENT CHILDREN AND FAMILIES PROJECT
JESSAMINE COUNTY HEALTH DEPARTMENT 210 EAST WALNUT STREET NICHOLAVILLE, KY 40356	**-***3426	GOVERNMENT	50,000.	0.			KENTUCKY POPULATION HEALTH INSTITUTE
KENTUCKY EQUAL JUSTICE CENTER 201 WEST SHORT STREET, SUITE 310 LEXINGTON, KY 40507	**-***9545	501C(3)	45,000.	0.			HEALTH LAW ANALYSIS
GROUP HEALTH COOPERATIVE 170 MINOR AVENUE, SUITE 1600 SEATTLE, WA 98101	**-***1770	501C(3)	189,600.	0.			EVALUATION OF FOUNDATION INITIATIVES
REGENTS OF UNIVERSITY OF MINNESOTA 2221 UNIVERSITY AVENUE MINNEAPOLIS, MN 55414	**-***7513	501C(3)	281,746.	0.			STATE HEALTH ACCESS DATA ASSISTANCE CENTER
KENTUCKY STATE TREASURER 275 E MAIN STREET FRANKFORT, KY 40621	**-***0439	GOVERNMENT	9,000.	0.			BEHAVIORAL HEALTH RISK FACTOR SURVEILLANCE SYSTEM
MISCELLANEOUS REPAYMENTS OF PRIOR YEAR AWARDS NOT EXPENDED			<82,853.>	0.			

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: KENTUCKY EQUAL JUSTICE CENTER

(H) PURPOSE OF GRANT OR ASSISTANCE: HEALTH ADVOCACY IN SUPPORT OF BOOTS ON THE GROUND, ENROLLMENT OUTREACH AND CLINICAL CASE ACCESS EFFORTS

PART I, LINE 2

THE FOUNDATION HAS A GRANTS COMMITTEE, WHICH OVERSEES THE GRANT AWARD PROCESS. GRANT RECIPIENTS SUBMIT REPORTS TO THE FOUNDATION THAT DETAIL HOW THE AWARD WAS SPENT. STAFF REVIEW THESE REPORTS IN DETAIL AND SHARE

Part IV Supplemental Information

FINDINGS WITH A PROGRAM OVERSIGHT COMMITTEE TO ENSURE THE FUNDS WERE
SPENT IN ACCORDANCE WITH THE PURPOSE OF THE GRANT AWARD.

Multiple horizontal lines for supplemental information.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2015

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

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

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

FOUNDATION FOR A HEALTHY KENTUCKY, INC.

Employer identification number

**** - *** 4753**

Part I Questions Regarding Compensation

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

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SUSAN ZEPEDA PRESIDENT / CEO	(i)	193,006.	0.	0.	35,263.	11,070.	239,339.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization

FOUNDATION FOR A HEALTHY KENTUCKY, INC.

Employer identification number

** - ***4753

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

ADDRESS THE UNMET HEALTH CARE NEEDS OF KENTUCKIANS. THE FOUNDATION'S

APPROACH CENTERS ON DEVELOPING AND INFLUENCING HEALTH POLICY, TO

PROMOTE LASTING CHANGE IN THE SYSTEMS BY WHICH HEALTH CARE IS PROVIDED

AND GOOD HEALTH SUSTAINED, TO: IMPROVE ACCESS TO CARE, REDUCE HEALTH

RISKS AND DISPARITIES AND PROMOTE HEALTH EQUITY. THE FOUNDATION MAKES

GRANTS, SUPPORTS RESEARCH, HOLDS EDUCATIONAL FORUMS AND CONVENES

COMMUNITIES TO ENGAGE AND DEVELOP THE CAPACITY OF THE COMMONWEALTH TO

IMPROVE THE HEALTH AND QUALITY OF LIFE OF ALL KENTUCKIANS.

FORM 990, PART III, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:

WHICH HEALTH CARE IS PROVIDED AND GOOD HEALTH SUSTAINED, TO: IMPROVE

ACCESS TO CARE, REDUCE HEALTH RISKS AND DISPARITIES AND PROMOTE HEALTH

EQUITY. THE FOUNDATION MAKES GRANTS, SUPPORTS RESEARCH, HOLDS

EDUCATIONAL FORUMS AND CONVENES COMMUNITIES TO ENGAGE AND DEVELOP THE

CAPACITY OF THE COMMONWEALTH TO IMPROVE THE HEALTH AND QUALITY OF LIFE

OF ALL KENTUCKIANS.

FORM 990, PART III, LINE 4A, PROGRAM SERVICE ACCOMPLISHMENTS:

HEALTH MARKET REPORT. THE FOUNDATION ALSO SUPPORTS TARGETED RESEARCH,

CONFERENCES (INCLUDING AN ANNUAL HEALTH POLICY FORUM), TRAINING AND

TECHNICAL ASSISTANCE FOR INFORMED HEALTH POLICY DECISION-MAKING AND

MAKES GRANTS TO ORGANIZATIONS WORKING ON HEALTH POLICY IN KENTUCKY.

ISSUE BRIEFS, AVAILABLE AT WWW.HEALTHY-KY.ORG, HELP DISSEMINATE WHAT WE

HAVE LEARNED FROM OUR RESEARCH AND DEMONSTRATION PROJECTS TO A BROADER

AUDIENCE.

Name of the organization

FOUNDATION FOR A HEALTHY KENTUCKY, INC.

Employer identification number

-*4753

B. INVESTING IN KENTUCKY'S FUTURE. TO IMPROVE THE HEALTH OF KENTUCKY'S CHILDREN BY INVESTING IN COMMUNITY STRATEGIES TO REDUCE THE RISK THAT THIS GENERATION OF SCHOOL-AGE CHILDREN WILL DEVELOP CHRONIC DISEASES AS THEY GROW INTO ADULTHOOD. THIS MULTI-YEAR INITIATIVE INVOLVES TRAINING, TECHNICAL ASSISTANCE AND DIRECT GRANTS TO SEVEN COMMUNITIES.

C. OTHER INITIATIVES. THE FOUNDATION'S HEALTH FOR A CHANGE TRAINING SERIES HELPS STRENGTHEN LOCAL NONPROFITS THROUGH WEBINARS AND WORKSHOPS ON SUCH TOPICS AS GRANT WRITING AND PROGRAM SUSTAINABILITY. THE RESOURCE DIRECTORY OF LOCAL HEALTH COALITIONS ON OUR WWW.HEALTHY-KY.ORG WEBSITE HELPS INTERESTED CITIZENS LEARN ABOUT AND ENGAGE IN COLLABORATIVE HEALTH POLICY WORK IN THEIR LOCAL COMMUNITY.

D. REPORTS ON EVALUATION OF COMPLETED FOUNDATION INITIATIVES ARE AVAILABLE AT THE WWW.HEALTHY-KY.ORG WEBSITE.

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

THE FOUNDATION'S 990 IS REVIEWED PRIOR TO SUBMITTAL BY THE FINANCE AND INVESTMENT COMMITTEE; COPIES ARE PROVIDED TO EACH BOARD MEMBER.

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

EACH MEMBER OF THE FOUNDATION, BOARD, COMMUNITY ADVISORY COMMITTEE AND PROFESSIONAL STAFF IS REQUIRED TO COMPLETE AN UPDATED CONFLICT OF INTEREST FORM ANNUALLY. THESE FORMS ARE DISTRIBUTED IN ADVANCE OF THE FEBRUARY JOINT MEETING OF THE BOARD AND COMMUNITY ADVISORY COMMITTEE. THE FOUNDATION'S VP FOR OPERATIONS AND ADMINISTRATION TRACKS RECEIPT OF THE COMPLETED FORMS AND FILES THEM FOR FUTURE REFERENCE.

Name of the organization FOUNDATION FOR A HEALTHY KENTUCKY, INC.	Employer identification number **-***4753
---	--

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

EVERY THREE TO FIVE YEARS, THE FOUNDATION UNDERTAKES AN EXTERNAL SALARY STUDY OF KEY POSITIONS IN THE FOUNDATION. MINUTES OF THE MAY 2014 EXECUTIVE COMMITTEE REFLECT RECEIPT AND ADOPTION OF THE MOST RECENT SALARY STUDY.

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

THE FOUNDATION'S ARTICLES OF INCORPORATION AND BYLAWS ARE ON THE FOUNDATION'S WEBSITE. A STATEMENT OF THE FOUNDATION'S CONFLICT OF INTEREST POLICY IS CONTAINED IN THE FOUNDATION'S POLICY AND PROCEDURES MANUAL AND THE POLICY IS AVAILABLE TO THE PUBLIC UPON REQUEST. THE FOUNDATION PUBLISHES AN ANNUAL REPORT CONTAINING FINANCIAL STATEMENTS FOR THAT YEAR. THE ANNUAL REPORT IS POSTED ON THE FOUNDATION'S WEBSITE AND IS DISSEMINATED TO KEY STAKEHOLDERS. THE FOUNDATION'S FINANCIAL RECORDS HAVE BEEN AUDITED BY THE INDEPENDENT AUDIT FIRM STROTHMAN & COMPANY. PER THE FOUNDATION'S BYLAWS, THE FOUNDATION CHOOSES TO CONFORM TO THE KENTUCKY OPEN RECORDS ACT, KRS 61.870 TO 61.884 AND THE KENTUCKY OPEN MEETINGS ACT, KRS 61.805 TO 61.850.

FORM 990, SCHEDULE A, LINE 11H, SUPPORTED ORGANIZATION INFORMATION:

FOUNDATION FOR A HEALTHY KENTUCKY SUPPORTS VARIOUS ORGANIZATIONS IN KENTUCKY WHOSE MISSION IS TO IMPROVE ACCESS TO HEALTHCARE OF THOSE IN NEED IN KENTUCKY. THE ORGANIZATIONS SUPPORTED CHANGE ANNUALLY AND ARE NOT LISTED IN THE GOVERNING DOCUMENTS OF FOUNDATION FOR A HEALTHY KENTUCKY.

Application for Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury
Internal Revenue Service

▶ File a separate application for each return.
▶ Information about Form 8868 and its instructions is at www.irs.gov/form8868 .

- If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box
- If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file) . You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete

Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number
	FOUNDATION FOR A HEALTHY KENTUCKY, INC.	Employer identification number (EIN) or 31-1784753
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 1640 LYNDON FARM CT, NO. #100	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40223	

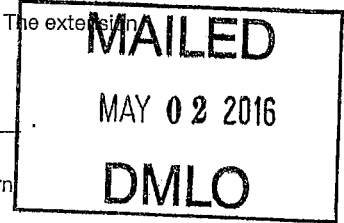
Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

FOUNDATION FOR A HEALTHY KENTUCKY,

- The books are in the care of ▶ **1640 LYNDON FARM CT#100 - LOUISVILLE, KY 40223**
Telephone No. ▶ **502-326-2583** Fax No. ▶ _____
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until **AUGUST 15, 2016**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
▶ calendar year **2015** or
▶ tax year beginning _____, and ending _____



2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any nonrefundable credits. See instructions.	3a	\$	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 allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

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

2015 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FOUNDATION FOR A HEALTHY KENTUCKY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
	BUILDING											
	BUILDINGS											
27	BUILDING	083112	SL	40.00	16	1783622.			1783622.	86,927.		44,591.
28	LAND	083112	L	40.00		365,850.			365,850.			0.
29	BUILDING IMPROVEMENTS	022813	SL	40.00	16	172,006.			172,006.	7,883.		4,300.
30	OFFICE EQUIPMENT	030113	SL	5.00	16	130,507.			130,507.	47,852.		26,101.
31	BUILDING RENOVATIONS	030113	SL	40.00	16	297,543.			297,543.	13,638.		7,439.
32	ARCHITECTURE	030113	SL	40.00	16	6,198.			6,198.	284.		155.
33	VOICE / DATA WIRING	041913	SL	5.00	16	23,966.			23,966.	7,988.		4,793.
43	OFFICE FURNITURE	012313	SL	5.00	16	28,147.			28,147.	10,789.		5,629.
44	NEW LINE FOR COMPUTER	022013	SL	5.00	16	2,365.			2,365.	867.		473.
45	BOARD ROOM WALL	032113	SL	7.00	16	3,216.			3,216.	804.		459.
46	KIDWELL AV DESIGN	051513	SL	10.00	16	1,900.			1,900.	317.		190.
47	CLIMATEC - REWORK DUCTWORK AND AIR	053113	SL	10.00	16	5,733.			5,733.	907.		573.
48	FENCE	043013	SL	10.00	16	3,151.			3,151.	525.		315.
49	IRRIGATION SYSTEM / METER AND INSTALLA	053113	SL	10.00	16	16,171.			16,171.	2,560.		1,617.
52	HEAT EXCHANGER	120814	SL	10.00	16	1,782.			1,782.	15.		178.
67	AWNING	052414	SL	7.00	16	900.			900.	75.		129.

2015 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FOUNDATION FOR A HEALTHY KENTUCKY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
68	RENOVATION WORK	073114	SL	40.00	16	47,439.			47,439.			1,186.
70	BUILDING SIGNAGE	033114	SL	10.00	16	2,815.			2,815.	211.		282.
71	MIRAZON EXPANSION	063015	SL	40.00	16	240,246.			240,246.			3,003.
72	MOTOR, COMPRESSOR	063015	SL	7.00	16	2,508.			2,508.			179.
	* 990 PAGE 10 TOTAL BUILDINGS FURNITURE & FIXTURES					3136065.			3136065.	181,642.		101,592.
1	OFFICE FURNITURE	120602	SL	5.00	16	2,986.			2,986.	2,986.		0.
2	OFFICE FURNITURE	011703	SL	5.00	16	7,771.			7,771.	7,771.		0.
4	TELEPHONE SYSTEM	012803	SL	5.00	16	1,566.			1,566.	1,566.		0.
6	OFFICE FURNITURE	052103	SL	5.00	16	957.			957.	957.		0.
7	OFFICE FURNITURE	022805	SL	5.00	16	1,310.			1,310.	1,310.		0.
8	COMPUTER EQUIPMENT	082505	SL	5.00	16	6,789.			6,789.	6,789.		0.
9	OFFICE FURNITURE	093005	SL	5.00	16	302.			302.	302.		0.
10	COMPUTER EQUIPMENT	113005	SL	5.00	16	5,203.			5,203.	5,203.		0.
11	COMPUTER EQUIPMENT	123105	SL	5.00	16	1,416.			1,416.	1,416.		0.
12	OFFICE FURNITURE	083104	SL	5.00	16	655.			655.	611.		0.
13	GRANT MANAGEMENT SOFTWARE	010606	SL	3.00	16	12,093.			12,093.	12,093.		0.
14	OFFICE EQUIPMENT	021806	SL	5.00	16	966.			966.	966.		0.

2015 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FOUNDATION FOR A HEALTHY KENTUCKY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
15	VOICE MAIL SYSTEM	031706	SL	5.00	16	3,307.			3,307.	3,307.		0.
16	OFFICE FURNITURE - BOOKCASES	103106	SL	5.00	16	270.			270.	270.		0.
17	OFFICE FURNITURE - BOOKCASES	123106	SL	5.00	16	366.			366.	366.		0.
18	OFFICE FURNITURE	013107	SL	5.00	16	111.			111.	111.		0.
19	OFFICE FURNITURE	022807	SL	5.00	16	671.			671.	671.		0.
20	OFFICE FURNITURE	073107	SL	5.00	16	402.			402.	402.		0.
21	POLYCOM SOUNDSTATION	012808	SL	5.00	16	655.			655.	655.		0.
22	SOFTWARE	043008	SL	3.00	16	199.			199.	199.		0.
23	COMPUTER MONITOR	102408	SL	5.00	16	159.			159.	159.		0.
24	OFFICE EQUIPMENT	022809	SL	5.00	16	976.			976.	976.		0.
25	COMPUTER	122309	SL	5.00	16	2,099.			2,099.	2,099.		0.
26	COMPUTER	101510	SL	5.00	16	930.			930.	791.		139.
34	DELL, MOUSE, KEYBOARD, GRAPHIC C	022813	SL	5.00	16	4,153.			4,153.	1,523.		831.
35	OFFICE RESOURCE FURNITURE	030813	SL	5.00	16	21,539.			21,539.	7,898.		4,308.
36	OFFICE RESOURCE FURNITURE	041013	SL	5.00	16	6,608.			6,608.	2,313.		1,322.
37	OFFICE RESOURCE CONFERENCE FURNITUR	052113	SL	5.00	16	2,996.			2,996.	949.		599.
38	OFFICE RESOURCE 2 LEAP CHAIRS	053113	SL	5.00	16	1,056.			1,056.	334.		211.
39	OFFICE RESOURCE LEAP CHAIR	061213	SL	5.00	16	543.			543.	172.		109.

2015 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FOUNDATION FOR A HEALTHY KENTUCKY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
40	OFFICE RESOURCE FURNITURE	062013	SL	5.00	16	2,996.			2,996.	899.		599.
41	OFFICE RESOURCE FURNITURE	063013	SL	5.00	16	270.			270.	81.		54.
42	SERVER	071713	SL	5.00	16	2,449.			2,449.	694.		490.
54	BUILDING SIGNAGE	033114	SL	10.00	16	2,595.			2,595.	195.		260.
55	PICNIC TABLE/BENCH	103114	SL	5.00	16	1,378.			1,378.	46.		276.
73	AV SYSTEM	121605	SL	7.00	16	11,141.			11,141.			0.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTUR					109,883.			109,883.	67,080.		9,198.
	* 990 PAGE 10 TOTAL - BUILDING					3245948.			3245948.	248,722.		110,790.
	C-SPACE BUILDING BUILDINGS											
53	DESIGN WORK	012914	SL	10.00	16	2,544.			2,544.	233.		254.
69	CSPACE RENOVATION	053114	SL	40.00	16	124,940.			124,940.			3,124.
	* 990 PAGE 10 TOTAL BUILDINGS FURNITURE & FIXTURES					127,484.			127,484.	233.		3,378.
56	TELEPHONE SYSTEM	062314	SL	5.00	16	8,214.			8,214.	821.		1,643.
57	SERVER	062314	SL	5.00	16	15,138.			15,138.	1,514.		3,028.
58	REFRIGERATOR	052714	SL	5.00	16	1,556.			1,556.	182.		311.
59	STORAGE SHELVES	052714	SL	5.00	16	2,451.			2,451.	286.		490.

2015 DEPRECIATION AND AMORTIZATION REPORT

- CURRENT YEAR FEDERAL - FOUNDATION FOR A HEALTHY KENTUCKY, INC.

Asset No.	Description	Date Acquired	Method	Life	Line No.	Unadjusted Cost Or Basis	Bus % Excl	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Current Sec 179	Current Year Deduction
60	STORAGE CABINETS	061414	SL	5.00	16	1,711.			1,711.	200.		342.
61	FURNITURE	040214	SL	7.00	16	24,816.			24,816.	2,659.		3,545.
62	MODULAR OFFICES	040214	SL	7.00	16	39,844.			39,844.	4,269.		5,692.
63	WORKSTATIONS	040214	SL	7.00	16	13,808.			13,808.	1,479.		1,973.
64	MARKER BOARD	040214	SL	7.00	16	312.			312.	33.		45.
65	PROJECT TABLES	040214	SL	7.00	16	1,990.			1,990.	213.		284.
66	DELIVERY/INSTALLATION OF FURNITURE, ETC	040214	SL	7.00	16	20,355.			20,355.	2,181.		2,908.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES					130,195.			130,195.	13,837.		20,261.
	* 990 PAGE 10 TOTAL - C-SPACE BUILDING					257,679.			257,679.	14,070.		23,639.
	* GRAND TOTAL 990 PAGE 10 DEPR					3503627.			3503627.	262,792.		134,429.
	CURRENT YEAR ACTIVITY											
	BEGINNING BALANCE					3260873.		0.	3260873.	262,792.		
	ACQUISITIONS					242,754.		0.	242,754.	0.		
	DISPOSITIONS					0.		0.	0.	0.		
	ENDING BALANCE					3503627.		0.	3503627.	262,792.		

2016 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

FOUNDATION FOR A HEALTHY KENTUCKY, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
	BUILDING								
	BUILDINGS								
27	BUILDING	083112	SL	40.00	1783622.		1783622.	131,518.	44,591.
28	LAND	083112	L	40.00	365,850.		365,850.		0.
29	BUILDING IMPROVEMENTS	022813	SL	40.00	172,006.		172,006.	12,183.	4,300.
30	OFFICE EQUIPMENT	030113	SL	5.00	130,507.		130,507.	73,953.	26,101.
31	BUILDING RENOVATIONS	030113	SL	40.00	297,543.		297,543.	21,077.	7,439.
32	ARCHITECTURE	030113	SL	40.00	6,198.		6,198.	439.	155.
33	VOICE / DATA WIRING	041913	SL	5.00	23,966.		23,966.	12,781.	4,793.
43	OFFICE FURNITURE	012313	SL	5.00	28,147.		28,147.	16,418.	5,629.
44	NEW LINE FOR COMPUTER	022013	SL	5.00	2,365.		2,365.	1,340.	473.
45	BOARD ROOM WALL	032113	SL	7.00	3,216.		3,216.	1,263.	459.
46	KIDWELL AV DESIGN	051513	SL	10.00	1,900.		1,900.	507.	190.
47	CLIMATEC - REWORK DUCTWORK AND AIR	053113	SL	10.00	5,733.		5,733.	1,480.	573.
48	FENCE	043013	SL	10.00	3,151.		3,151.	840.	315.
	IRRIGATION SYSTEM / METER AND								
49	INSTALLATION	053113	SL	10.00	16,171.		16,171.	4,177.	1,617.
52	HEAT EXCHANGER	120814	SL	10.00	1,782.		1,782.	193.	178.
67	AWNING	052414	SL	7.00	900.		900.	204.	129.
68	RENOVATION WORK	073114	SL	40.00	47,439.		47,439.	1,186.	1,186.
70	BUILDING SIGNAGE	033114	SL	10.00	2,815.		2,815.	493.	282.
71	MIRAZON EXPANSION	063015	SL	40.00	240,246.		240,246.	3,003.	6,006.
72	MOTOR, COMPRESSOR	063015	SL	7.00	2,508.		2,508.	179.	358.
	* 990 PAGE 10 TOTAL BUILDINGS				3136065.		3136065.	283,234.	104,774.
	FURNITURE & FIXTURES								
1	OFFICE FURNITURE	120602	SL	5.00	2,986.		2,986.	2,986.	0.
2	OFFICE FURNITURE	011703	SL	5.00	7,771.		7,771.	7,771.	0.
4	TELEPHONE SYSTEM	012803	SL	5.00	1,566.		1,566.	1,566.	0.
6	OFFICE FURNITURE	052103	SL	5.00	957.		957.	957.	0.
7	OFFICE FURNITURE	022805	SL	5.00	1,310.		1,310.	1,310.	0.
8	COMPUTER EQUIPMENT	082505	SL	5.00	6,789.		6,789.	6,789.	0.
9	OFFICE FURNITURE	093005	SL	5.00	302.		302.	302.	0.
10	COMPUTER EQUIPMENT	113005	SL	5.00	5,203.		5,203.	5,203.	0.
11	COMPUTER EQUIPMENT	123105	SL	5.00	1,416.		1,416.	1,416.	0.

2016 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL - FOUNDATION FOR A HEALTHY KENTUCKY, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
12	OFFICE FURNITURE	083104	SL	5.00	655.		655.	611.	0.
13	GRANT MANAGEMENT SOFTWARE	010606	SL	3.00	12,093.		12,093.	12,093.	0.
14	OFFICE EQUIPMENT	021806	SL	5.00	966.		966.	966.	0.
15	VOICE MAIL SYSTEM	031706	SL	5.00	3,307.		3,307.	3,307.	0.
16	OFFICE FURNITURE - BOOKCASES	103106	SL	5.00	270.		270.	270.	0.
17	OFFICE FURNITURE - BOOKCASES	123106	SL	5.00	366.		366.	366.	0.
18	OFFICE FURNITURE	013107	SL	5.00	111.		111.	111.	0.
19	OFFICE FURNITURE	022807	SL	5.00	671.		671.	671.	0.
20	OFFICE FURNITURE	073107	SL	5.00	402.		402.	402.	0.
21	POLYCOM SOUNDSTATION	012808	SL	5.00	655.		655.	655.	0.
22	SOFTWARE	043008	SL	3.00	199.		199.	199.	0.
23	COMPUTER MONITOR	102408	SL	5.00	159.		159.	159.	0.
24	OFFICE EQUIPMENT	022809	SL	5.00	976.		976.	976.	0.
25	COMPUTER	122309	SL	5.00	2,099.		2,099.	2,099.	0.
26	COMPUTER	101510	SL	5.00	930.		930.	930.	0.
	DELL, MOUSE, KEYBOARD, GRAPHIC CARD,								
34	MICROSOFT OFFICE	022813	SL	5.00	4,153.		4,153.	2,354.	831.
35	OFFICE RESOURCE FURNITURE	030813	SL	5.00	21,539.		21,539.	12,206.	4,308.
36	OFFICE RESOURCE FURNITURE	041013	SL	5.00	6,608.		6,608.	3,635.	1,322.
37	OFFICE RESOURCE CONFERENCE FURNITURE	052113	SL	5.00	2,996.		2,996.	1,548.	599.
38	OFFICE RESOURCE 2 LEAP CHAIRS	053113	SL	5.00	1,056.		1,056.	545.	211.
39	OFFICE RESOURCE LEAP CHAIR	061213	SL	5.00	543.		543.	281.	109.
40	OFFICE RESOURCE FURNITURE	062013	SL	5.00	2,996.		2,996.	1,498.	599.
41	OFFICE RESOURCE FURNITURE	063013	SL	5.00	270.		270.	135.	54.
42	SERVER	071713	SL	5.00	2,449.		2,449.	1,184.	490.
54	BUILDING SIGNAGE	033114	SL	10.00	2,595.		2,595.	455.	260.
55	PICNIC TABLE/BENCH	103114	SL	5.00	1,378.		1,378.	322.	276.
73	AV SYSTEM	121605	SL	7.00	11,141.		11,141.		0.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES				109,883.		109,883.	76,278.	9,059.
	* 990 PAGE 10 TOTAL - BUILDING				3245948.		3245948.	359,512.	113,833.
	C-SPACE BUILDING								
	BUILDINGS								
53	DESIGN WORK	012914	SL	10.00	2,544.		2,544.	487.	254.

2016 DEPRECIATION AND AMORTIZATION REPORT

- NEXT YEAR FEDERAL -

FOUNDATION FOR A HEALTHY KENTUCKY, INC.

Asset No.	Description	Date Acquired	Method	Life	Unadjusted Cost Or Basis	* Reduction In Basis	Basis For Depreciation	Accumulated Depreciation	Amount Of Depreciation
69	CSPACE RENOVATION	053114	SL	40.00	124,940.		124,940.	3,124.	3,124.
	* 990 PAGE 10 TOTAL BUILDINGS				127,484.		127,484.	3,611.	3,378.
	FURNITURE & FIXTURES								
56	TELEPHONE SYSTEM	062314	SL	5.00	8,214.		8,214.	2,464.	1,643.
57	SERVER	062314	SL	5.00	15,138.		15,138.	4,542.	3,028.
58	REFRIGERATOR	052714	SL	5.00	1,556.		1,556.	493.	311.
59	STORAGE SHELVES	052714	SL	5.00	2,451.		2,451.	776.	490.
60	STORAGE CABINETS	061414	SL	5.00	1,711.		1,711.	542.	342.
61	FURNITURE	040214	SL	7.00	24,816.		24,816.	6,204.	3,545.
62	MODULAR OFFICES	040214	SL	7.00	39,844.		39,844.	9,961.	5,692.
63	WORKSTATIONS	040214	SL	7.00	13,808.		13,808.	3,452.	1,973.
64	MARKER BOARD	040214	SL	7.00	312.		312.	78.	45.
65	PROJECT TABLES	040214	SL	7.00	1,990.		1,990.	497.	284.
66	DELIVERY/INSTALLATION OF FURNITURE, ETC.	040214	SL	7.00	20,355.		20,355.	5,089.	2,908.
	* 990 PAGE 10 TOTAL FURNITURE & FIXTURES				130,195.		130,195.	34,098.	20,261.
	* 990 PAGE 10 TOTAL - C-SPACE BUILDING				257,679.		257,679.	37,709.	23,639.
	* GRAND TOTAL 990 PAGE 10 DEPR				3503627.		3503627.	397,221.	137,472.