Form **990-EZ**

Short Form Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

2014

OMB No. 1545-1150

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-EZ and its instructions is at www.irs.gov/form990.

A F	or the 2	2014 calenda	ar year, or tax year beginning 8/1/ , 2014, and ending	7/31	, 20 15	
В	Check if ap	plicable:	D Employer identification number			
	Address ch	hange	Kentucky Center for Performance Excellence, Inc. Number and street (or P.O. box, if mail is not delivered to street address) Room/suite E Telel	20-2279459		
	Name char	nge	E Telephone number			
_	Initial return		710 East Main Street	859	9-281-1171	
=	Final returr Amended i	n/terminated	ony or town, seems of	up Exer	•	
=	Amended i Application		Lexington, KY 40502 Nur	nber 🕨		
		ing Method:			the organization is not	
	Vebsite	•	require	d to atta	ch Schedule B	
JŦ	ax-exem	npt status (ch	eck only one) — ☑ 501(c)(3) ☐ 501(c) () ◀ (insert no.) ☐ 4947(a)(1) or ☐ 527	90, 990	-EZ, or 990-PF).	
ĸ	Form of	organization	✓ Corporation ☐ Trust ☐ Association ☐ Other			
L A	Add lines	s 5b, 6c, and	7b to line 9 to determine gross receipts. If gross receipts are \$200,000 or more, or if total assets			
(Pa	rt II, colu	umn (B) belo	w) are \$500,000 or more, file Form 990 instead of Form 990-EZ.	▶ \$		
E	art I	Revenu	e, Expenses, and Changes in Net Assets or Fund Balances (see the instru	ctions	for Part I)	
		Check if	the organization used Schedule O to respond to any question in this Part I		. <u> </u>	
	1	Contribution	ons, gifts, grants, and similar amounts received	1	5094	
	2		ervice revenue including government fees and contracts	2	87974	
	3	-	ip dues and assessments	3	2000	
	4	Investmen	·	4	2143	
	5a		ount from sale of assets other than inventory 5a			
	b		or other basis and sales expenses	(Ja)		
	C	Gain or (lo	ss) from sale of assets other than inventory (Subtract line 5b from line 5a)	5c		
	6		nd fundraising events		_	
	a		come from gaming (attach Schedule G if greater than	A SAN		
ভূ		\$15.000)	6a			
Revenue	b		ome from fundraising events (not including \$of contributions	Jane 1		
ě		from fund	raising events reported on line 1) (attach Schedule G if the			
Œ		sum of su	ch gross income and contributions exceeds \$15,000) 6b			
	С		ct expenses from gaming and fundraising events 6c	Sec.		
	d	Net incom	ne or (loss) from gaming and fundraising events (add lines 6a and 6b and subtract			
	-	line 6c)		6d		
	7a	,	es of inventory, less returns and allowances			
	b		of goods sold	1.754		
	C	Gross pro	fit or (loss) from sales of inventory (Subtract line 7b from line 7a)	7c		
	8	Other reve	enue (describe in Schedule O)	8		
	9	Total reve	enue. Add lines 1, 2, 3, 4, 5c, 6d, 7c, and 8	9	97211	
_	10	Grants an	d similar amounts paid (list in Schedule O)	10		
	11		paid to or for members	11		
v.	1		other compensation, and employee benefits	12		
Ses			nal fees and other payments to independent contractors	13	77249	
ē	14	Occupan	cy, rent, utilities, and maintenance	14	640	
Expens	15	Printing r	publications, postage, and shipping	15	72	
	16		enses (describe in Schedule O)	16	27906	
	17		enses. Add lines 10 through 16	17	105867	
_	10	Fycass of	(deficit) for the year (Subtract line 17 from line 9)	18	(8656	
a to	19	Net asset	s or fund balances at beginning of year (from line 27, column (A)) (must agree with			
Ü	} . `	end-of-ve	ar figure reported on prior year's return)	19	57362	
4	20		inges in net assets or fund balances (explain in Schedule O)	20		
Net Assets	21	Not accot	s or fund balances at end of year. Combine lines 18 through 20	21	48706	
		110. 4000			000 E7	

Par	t II	Balance Sheets (see the instruction	ns for Part II)				
		Check if the organization used Scheo	lule O to respond to a	ny question in this	Part II		(B) End of year
					(A) Beginning of year	00	(B) End of year 48706
22		h, savings, and investments			57362	-	48706
23		d and buildings				23 24	
24		er assets (describe in Schedule O)				25	
25		al assets				26	
26	Tota	at naminato (account a management)	(D)		57362	1	48706
27		assets or fund balances (line 27 of cold Statement of Program Service Acc	ımn (B) mus t agree wii	na instructions for			
Pari	يننه	Check if the organization used Sched	tule O to respond to a	ny question in this	Part III		Expenses
A/la a4	io the	organization's primary exempt purpose	? to dirve organization	el excellence in KY	Turkin T		quired for section
					rogram services		(c)(3) and 501(c)(4) anizations; optional for
Desc	ribe th	ne organization's program service accor ed by expenses. In a clear and concis	nplishments for each to a manner describe th	e services provide	d the number of	1 ~	ers.)
as III nerso	ons be	nefited, and other relevant information for	or each program title.	O 00111000 pro1100			
28	Provid	e organizational analysis and process improve	ement methodologies to fi	ve KY school districts.	This was done unde		
		ct with Center for Education Leadership.				İ	
	(Gran	ts\$) If this amo	ount includes foreign gr	ants, check here .	<u> ▶ □</u>	28	a \$66,541
29	Condu	ucted annual conference to teach KY organiza	tions the benefits of the B	aldrige Framework for			
	organ	zational improvement - 80 attendees					
							40,000
	(Gran		ount includes foreign gr		<u></u> ▶ ⊔	29	a 16,668
30	Traine	ed examiners and conducted reviews of five or	ganization applications for	performance awards			
						30	a 15,161
	(Gran		ount includes foreign g			30	a 10,101
31		program services (describe in Schedule	ount includes foreign g			31	a
	(Gran	ts \$) if this amo	ount includes foreign gi	ants, theth here .		+	
37	T-4-1	THE THE PROPERTY OF THE PROPER				1 35	
		program service expenses (add lines 2	28a through 31a)	h one even if not cor	npensated—see the	32	
Par		List of Officers, Directors, Trustees, and	Key Employees (list each	ch one even if not cor	npensated—see the		
		List of Officers, Directors, Trustees, and Check if the organization used Scher	Key Employees (list ead dule O to respond to a	ch one even if not cor any question in this (c) Reportable	npensated—see the Part IV (d) Health benefits,	instr	uctions for Part IV)
		List of Officers, Directors, Trustees, and	Key Employees (list ead dule O to respond to a (b) Average hours per week	ch one even if not cor any question in this (c) Reportable compensation	npensated—see the Part IV (d) Health benefits, contributions to emplo	instr	
		List of Officers, Directors, Trustees, and Check if the organization used Scher	Key Employees (list ead dule O to respond to a (b) Average	ch one even if not cor any question in this (c) Reportable	npensated—see the Part IV (d) Health benefits, contributions to emplo benefit plans, and	instr	uctions for Part IV)
Par	t IV	List of Officers, Directors, Trustees, and Check if the organization used Scheme (a) Name and title	Key Employees (list ead dule O to respond to a (b) Average hours per week	ch one even if not cor any question in this (c) Reportable compensation (Forms W-2/1099-MIS	npensated—see the Part IV (d) Health benefits, contributions to emplo benefit plans, and	instr	uctions for Part IV) By Estimated amount of other compensation
Par	t IV	List of Officers, Directors, Trustees, and Check if the organization used Scher	Key Employees (list ead dule O to respond to a (b) Average hours per week	ch one even if not cor any question in this (c) Reportable compensation (Forms W-2/1099-MIS	npensated—see the Part IV (d) Health benefits, contributions to emplo benefit plans, and	instr	uctions for Part IV)
Par	t IV	List of Officers, Directors, Trustees, and Check if the organization used Scheme (a) Name and title	Key Employees (list ead dule O to respond to a (b) Average hours per week	ch one even if not cor any question in this (c) Reportable compensation (Forms W-2/1099-MIS	repensated — see the seart IV (d) Health benefits contributions to emplobenefit plans, and deferred compensati	yee (e) Estimated amount of other compensation
Par	t IV	List of Officers, Directors, Trustees, and Check if the organization used Sche (a) Name and title er, Board Member	Key Employees (list ead dule O to respond to a (b) Average hours per week	ch one even if not cor any question in this (c) Reportable compensation (Forms W-2/1099-MIS	repensated — see the seart IV (d) Health benefits contributions to emplobenefit plans, and deferred compensati	instruction .	e) Estimated amount of other compensation
Bob John	Gardne	List of Officers, Directors, Trustees, and Check if the organization used Sche (a) Name and title er, Board Member	Key Employees (list ead dule O to respond to a (b) Average hours per week	ch one even if not cor any question in this (c) Reportable compensation (Forms W-2/1099-MIS	npensated—see the Part IV (d) Health benefits contributions to emplo benefit plans, and deferred compensation	yee (e) Estimated amount of other compensation
Bob John Danr	Gardne Simso	List of Officers, Directors, Trustees, and Check if the organization used Scheme (a) Name and title er, Board Member (a) Secretary (a) Treasurer	Key Employees (list ead dule O to respond to a (b) Average hours per week	ch one even if not cor any question in this (c) Reportable compensation (Forms W-2/1099-MIS	npensated—see the Part IV (d) Health benefits, contributions to emplo benefit plans, and deferred compensati	yee (e) Estimated amount of other compensation
Bob John Danr	Gardne Simso	List of Officers, Directors, Trustees, and Check if the organization used Scheme (a) Name and title er, Board Member n, Secretary	Key Employees (list ead dule O to respond to a (b) Average hours per week	ch one even if not cor any question in this (c) Reportable compensation (Forms W-2/1099-MIS	npensated — see the Part IV (d) Health benefits contributions to employ benefit plans, and deferred compensation	instru 	e) Estimated amount of other compensation
Bob John Danr	Gardne Simso ny Side	List of Officers, Directors, Trustees, and Check if the organization used Scheme (a) Name and title or, Board Member n, Secretary rs, Treasurer ne, Board Member	Key Employees (list ead dule O to respond to a (b) Average hours per week	ch one even if not cor any question in this (c) Reportable compensation (Forms W-2/1099-MIS	npensated—see the Part IV (d) Health benefits contributions to emplo benefit plans, and deferred compensation	yee (e) Estimated amount of other compensation
Bob John Danr	Gardne Simso ny Side	List of Officers, Directors, Trustees, and Check if the organization used Scheme (a) Name and title er, Board Member (a) Secretary (a) Treasurer	Key Employees (list ead dule O to respond to a (b) Average hours per week	ch one even if not cor any question in this (c) Reportable compensation (Forms W-2/1099-MIS	npensated — see the Part IV (d) Health benefits contributions to employ benefit plans, and deferred compensation	yee (e) Estimated amount of other compensation
Bob John Dann Mau	Gardne Simso ny Side Dufres	List of Officers, Directors, Trustees, and Check if the organization used Scheme (a) Name and title er, Board Member er, Treasurer er, Board Member er, Board M	Key Employees (list earling dule O to respond to a list of the control of the con	ch one even if not cor any question in this (c) Reportable compensation (Forms W-2/1099-MIS	npensated — see the Part IV (d) Health benefits contributions to employ benefit plans, and deferred compensation	instru 	e) Estimated amount of other compensation
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Bob Johnn Dann Mauu	Gardne Simso ny Side Dufres rice Re	List of Officers, Directors, Trustees, and Check if the organization used Scheme (a) Name and title er, Board Member er, Trustees, and Trustee	Key Employees (list ear dule O to respond to a build be of the respond to a construction of the respondence	ch one even if not cor any question in this (c) Reportable compensation (Forms W-2/1099-MIS	npensated — see the Part IV (d) Health benefits contributions to employ benefit plans, and deferred compensation	yee (e) Estimated amount of other compensation
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Bob John Dann Mau Dean Dan	Gardne Simso ny Side Dufres rice Re	List of Officers, Directors, Trustees, and Check if the organization used Scheme (a) Name and title er, Board Member er, Trustees, and Trustee	Key Employees (list ear dule O to respond to a build be of the respond to a construction of the respondence	ch one even if not cor any question in this (c) Reportable compensation (Forms W-2/1099-MIS	npensated — see the Part IV (d) Health benefits contributions to emplo benefit plans, and deferred compensation of the plant o	yyee (e) Estimated amount of other compensation 0 0 0
Bob John Dann Mau Dean Nata	Gardne Simso ny Side Dufres rice Re n Bond Jordan	List of Officers, Directors, Trustees, and Check if the organization used Scheme (a) Name and title er, Board Member n, Secretary rs, Treasurer ne, Board Member id, Board Member hus, President	Key Employees (list earling dule O to respond to a list of the control of the con	ch one even if not cor any question in this (c) Reportable compensation (Forms W-2/1099-MIS	npensated — see the Part IV (d) Health benefits, contributions to emplo benefit plans, and deferred compensati	yee (e) Estimated amount of other compensation 0 0 0
Bob John Dann Mau Dean Nata	Gardne Simso ny Side Dufres rice Re n Bond Jordan	List of Officers, Directors, Trustees, and Check if the organization used Scheme (a) Name and title er, Board Member er, Secretary ers, Treasurer ere, Board Member ere, President ere ere ere ere ere ere ere ere ere er	Key Employees (list ear dule O to respond to a build be of the respond to a construction of the respondence	ch one even if not cor any question in this (c) Reportable compensation (Forms W-2/1099-MIS	npensated — see the Part IV (d) Health benefits contributions to emplo benefit plans, and deferred compensation of the plant o	yee (cuctions for Part IV)
Bob John Dann Mau Dann Nata Ken	Gardne Simsony Side Dufres Dufres Dufres Dufres Maxik,	List of Officers, Directors, Trustees, and Check if the organization used Scheme (a) Name and title er, Board Member n, Secretary rs, Treasurer ne, Board Member id, Board Member hus, President furugensan, Board Member Board Member	Key Employees (list earling dule O to respond to a list of the control of the con	ch one even if not cor any question in this (c) Reportable compensation (Forms W-2/1099-MIS	npensated — see the Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation of the plans o	yee (cuctions for Part IV)
Bob John Dann Mau Dann Nata Ken	Gardne Simsony Side Dufres Dufres Dufres Dufres Maxik,	List of Officers, Directors, Trustees, and Check if the organization used Scheme (a) Name and title er, Board Member n, Secretary rs, Treasurer ne, Board Member id, Board Member hus, President	Key Employees (list earling dule O to respond to a list of the control of the con	ch one even if not cor any question in this (c) Reportable compensation (Forms W-2/1099-MIS	npensated — see the Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation of the plans o	yee (uctions for Part IV)
Bob John Dann Dann Mau Dean Ken Kare	Gardne Simso Simso Dufres rice Re Bond Jordan Maxik, n Dodd	List of Officers, Directors, Trustees, and Check if the organization used Scheme (a) Name and title er, Board Member n, Secretary rs, Treasurer ne, Board Member id, Board Member hus, President furugensan, Board Member Board Member Board Member	Key Employees (list earling dule O to respond to a list of the control of the con	ch one even if not cor any question in this (c) Reportable compensation (Forms W-2/1099-MIS	npensated — see the Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation of the plans o	yee (e) Estimated amount of other compensation 0 0 0 0 0 0
Bob John Dann Dann Mau Dean Ken Kare	Gardne Simso Simso Dufres rice Re Bond Jordan Maxik, n Dodd	List of Officers, Directors, Trustees, and Check if the organization used Scheme (a) Name and title er, Board Member n, Secretary rs, Treasurer ne, Board Member id, Board Member hus, President furugensan, Board Member Board Member	Key Employees (list ear dule O to respond to a label of the control of the contro	ch one even if not cor any question in this (c) Reportable compensation (Forms W-2/1099-MIS	npensated — see the Part IV (d) Health benefits, contributions to employ benefit plans, and deferred compensation of the plans o	yee (e) Estimated amount of other compensation 0 0 0 0 0 0
Bob John Dann Dann Mau Dean Nata Ken Kare	Gardne Simso Simso Dufres rice Re Bond Jordan Maxik, n Dodd	List of Officers, Directors, Trustees, and Check if the organization used Scheme (a) Name and title er, Board Member n, Secretary rs, Treasurer ne, Board Member id, Board Member hus, President furugensan, Board Member Board Member Board Member	Key Employees (list ear dule O to respond to a label of the control of the contro	ch one even if not cor any question in this (c) Reportable compensation (Forms W-2/1099-MIS	npensated—see the Part IV (d) Health benefits, contributions to employed benefit plans, and deferred compensation of the plans o	yee (e) Estimated amount of other compensation 0 0 0 0 0 0 0 0

Part	Other Information (Note the Schedule A and personal benefit contract statement requirements instructions for Part V) Check if the organization used Schedule O to respond to any question in this			П
	instructions for Part Vy Orieck if the organization used Schedule O to respond to any question in this		Yes	No
33	Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O	33		√
34	Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O (see instructions)	34		√
35a	Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)?	35a		1
h	If "Yes," to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O	35b		
c	Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III	35c		1
36	Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N	36		√
37a	Enter amount of political expenditures, direct or indirect, as described in the instructions ▶ 37a 0	20.0		
b 38a	Did the organization file Form 1120-POL for this year?	37b		√
	any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? If "Yes " complete Schedule I. Part II and enter the total amount involved	38a	1000 C	/
b b	If "Yes," complete Schedule L, Part II and enter the total amount involved	and the state of		e disco
39 a	Initiation fees and capital contributions included on line 9		7.8	
b	Gross receipts, included on line 9, for public use of club facilities		31	
40a	Section 501(c)(3) organizations. Enter amount of tax imposed on the organization during the year under: section 4911 ▶ 0 ; section 4912 ▶ 0 ; section 4955 ▶ 0			
b	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	40b		1
С	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958	30		
d	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax on line 40c reimbursed by the organization		5	
е	All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T	40e		1
41	List the states with which a copy of this return is filed ► KY	250.05		4
42a	The organization's books are in care of P Barry orders	859-25	50-550 502	
L	Located at ► 212 Clinton Road, Lexington, KY At any time during the calendar year, did the organization have an interest in or a signature or other authority over		Yes	No
b	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	42b		<u>√</u>
	If "Yes," enter the name of the foreign country: ►	40		
	See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
С	At any time during the calendar year, did the organization maintain an office outside the U.S.?	42c	<u> </u>	1
43	Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041 —Check here and enter the amount of tax-exempt interest received or accrued during the tax year			▶ 🗆
			Yes	No
44a	Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44a		√
b	Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be completed instead of Form 990-EZ	44b	 	/
c d	Did the organization receive any payments for indoor tanning services during the year?	44c 44d	- 1884 - 1881	1
45a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	45a		1
b	Did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," Form 990 and Schedule R may need to be completed instead of Form 990-EZ (see instructions)	45b		1

Form 990	D-EZ (20	014)						Ţ	Page 4
46	Did +	ne organization engage, directly or in	ndirectly in political o	ampaion activities o	n hehalf of or	in apposit	ion 🗀	Yes	No
		ndidates for public office? If "Yes," of							1
Part \		Section 501(c)(3) organizations				_			
		All section 501(c)(3) organization 50 and 51.	s must answer que	stions 47–49b and	52, and cor	mplete th	e tables i	or lin	es
		ou and 51. Check if the organization used Sc	hedule O to respond	to any question in	this Part VI				. 🗖
		onoskii tio organization access						Yes	No
	year? If "Yes," complete Schedule C, Part II								
		organization a school as described i						ļ	√ √
		ne organization make any transfers t s," was the related organization a se	•	-					-
50	Com	plete this table for the organization's	five highest comper	sated employees (ot	her than offic	ers, direct	ors, truste	es an	
	empl	oyees) who each received more than	1 \$100,000 of compe	nsation from the orga	. ,		e, enter "N	None."	<u> </u>
	(a)	Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	(d) Health contributions benefit plans, a compen	to employee and deferred	(e) Estimate other cor		
None									
f	Total	number of other employees paid ov	er \$100,000	. > 0					
51	Comp	olete this table for the organization, 000 of compensation from the orga	's five highest comp	ensated independen	t contractors	who each	received	l more	thar
									
	(a)	Name and business address of each independ	dent contractor	(b) Type of ser	vice	(C)	Compensat	ion	
None									
					-				
				1					
				-					
									,
	~~~~			]					
		number of other independent contra	-		, <b>&gt;</b>				
52		the organization complete Schedi pleted Schedule A	ule A? <b>Note.</b> All se	ection 501(c)(3) org	anizations m	ust aπacr	na .▶VVYes	s 🗆	No
Under pe	enalties	of perjury, I declare that I have examined this	return, including accompar	nying schedules and staten	nents, and to the	best of my kr			, it is
true, cor	rect, an	d complete. Declaration of process (athor the	n officer is inseed on all info	ormation of which preparer	has any knowled	dge.		<del></del>	
Sign		Signature of officer	- / Sound	lev-	Date	<u>x-15</u>	-201	5	
Here		Dean Bondhus, President							
		Type or print name and title							
Paid		Print/Type preparer's name	Preparer's signature	$\nu$	ate 2-15-2615	Check 🗸		18652	M6
Prepa		Conley Salyer  Firm's name Conley Salyer, Attorney	+ ( - M/2	1/10/2 V		self-emplo	400-6		
Use (	חכ	Firm's name Conley Salyer, Attorney	. <del></del>	-		ne no.	859-281		

Firm's address ► 710 East Main Street Lexington, KY 40502

May the IRS discuss this return with the preparer shown above? See instructions

► X Yes ☐ No

Phone no.

#### 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

2014

open to Public Inspection

Employer identification number

	of the organization					Employer identification	
	icky Center for Performance Excell	ence, Inc.			- 46-5	20-227	
Par	Reason for Public Cha	rity Status (All	organizations must	complet	e this pa	art.) See instruction	15.
The c	rganization is not a private found	ation because it i	s: (For lines 1 through	11, chec	k only on	e DOX.) Vb\(4\(A\(i\	
1	A church, convention of church			oea in <b>se</b>	ction 170	λ(D)(T)(A)(I).	
2	A school described in <b>section</b>	i 170(b)(1)(A)(ii).	(Attach Schedule E.)	4:	470(h)/4	\/ A\/;;;\	
3	A hospital or a cooperative ho	spital service org	ganization described in	ital dasa	i )(a)u i Bod in s	)(A)(III). ection 170/h\/1\/Δ\/i	ii) Enter the
4	A medical research organizati	on operated in co	onjunction with a nosp	ilai uesci	ibed iii s	ection motol(m)(m)(i	nya Erntor tho
_	hospital's name, city, and star An organization operated for	the benefit of a	college or university	owned o	nnerate	d by a governmenta	al unit described in
5	section 170(b)(1)(A)(iv). (Con	plete Part II.)					
6	A federal, state, or local gove	nment or govern	mental unit described	in section	n 170(b)(	(1)(A)(V). Smootel unit or from	the general nublic
7	An organization that normally described in section 170(b)(1	)(A)(vi). (Complet	te Part II.)		a govern	imental unit of nom	the general public
8	A community trust described	in <b>section 170(b</b> )	<b>)(1)(A)(vi).</b> (Complete F	Part II.)			
9	An organization that normally	receives: (1) mo	ore than 331/3% of its	support f	rom cont	ributions, membersh	nip fees, and gross
	receipts from activities relate	d to its exempt	functions—subject to	certain	exception	ns, and (2) no more	than 3373% of its
	support from gross investm	ent income and	unrelated business 1	axable ir	ncome (it	ess section on tax	J HOIII DUSINESSES
	acquired by the organization						
10	An organization organized an	d operated exclu	sively to test for public	затету.	see secu	on 509(a)(4).	out the numbers of
11	☐ An organization organized and	l operated exclus	ively for the benefit of,	to periori	n the lun	509(a)(2) See section	on <b>509(a)(3).</b> Check
	one or more publicly supporte the box in lines 11a through 1	1d that describes	the type of supporting	organizat	tion and c	complete lines 11e, 1	it, and rig.
а	Type I. A supporting organi	zation operated,	supervised, or control	led by its	supporte	ed organization(s), ty	pically by giving
	the supported organization	s) the power to re	egularly appoint or ele	ct a majo	rity of the	e directors or trustee	s of the supporting
	organization. You must co	mplete Part IV, S	Sections A and B.				
b	Type II. A supporting organ	ization supervise	d or controlled in con	nection w	ith its su	oported organization	(s), by having
	control or management of t	he supporting or	ganization vested in th	e same p	ersons th	nat control or manag	e the supported
	organization(s). You must o	complete Part IV	, Sections A and C.				. it. a mundand seddb
c	its supported organization(s	s) (see instruction	is). <b>You must comple</b>	te Part I\	/, Section	ns A, D, and E.	
c	Type III non-functionally i	<b>ntegrated</b> . A sup	porting organization of	perated i	n connec	tion with its support	ed organization(s)
	that is not functionally integ	rated. The organ	ization generally must	satisfy a	distributi	on requirement and	an attentiveness
	requirement (see instruction	ns). <b>You must co</b>	mplete Part IV, Secti	ons A an	d D, and	Part V.	
•	☐ Check this box if the organ	ization received a	a written determinatior	from the	IRS that	it is a Type I, Type I	I, Type III
	functionally integrated, or T	ype III non-functi	ionally integrated supp	orting or	ganizatio	n.	
f		organizations .				$\dots \dots \dots \dots \dots \dots \dots$	
ç	Provide the following informati	on about the sup	ported organization(s)				
	(i) Name of supported organization	(ii) EIN	(iii) Type of organization		organization ur governing	(v) Amount of monetary support (see	(vi) Amount of other support (see
			(described on lines 1–9 above or IRC section	docu	ment?	instructions)	instructions)
			(see instructions))		T No.		
		Market .	<u> </u>	Yes	No		
(A)							
	the state of the s				<u> </u>		
(B)							
				-			
(C)				•			
				_			
(D)							
-			+	-			
(E)						†	
		-		***	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
				1	70	:.[	

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

	n A. Public Support				<u> </u>	(1) 0014	(6) Total
Calenc	ar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	<b>(e)</b> 2014	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
	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	on B. Total Support				1 (1) 2010	43.0044	(6) Total
Calen	dar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
7	Amounts from line 4						
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
9	Net income from unrelated business activities, whether or not the business is regularly carried on						
10	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 12 13	<b>Total support.</b> Add lines 7 through 10 Gross receipts from related activities, et <b>First five years.</b> If the Form 990 is for torganization, check this box and <b>stop h</b>	the organizatio	n's first, seco	nd, third, fourt	h, or fifth tax y	12   year as a section	on 501(c)(3) ▶ □
Secti	on C. Computation of Public Suppo	ort Percentag	ge			.,	
14	Public support percentage for 2014 (line	6, column (f) o	divided by line	11, column (f))		14	<u>%</u>
15 16a	Public support percentage from 2013 So 331/3% support test—2014. If the organ hox and stop here. The organization gu	chedule A, Par nization did not alifies as a pub	t II, line 14 check the book blicly supporte	 x on line 13, ar d organization	nd line 14 is 33		heck this
b	331/3% support test—2013. If the organized check this box and stop here. The organized check this box and stop here.	anization did n nization qualifi	ot check a bo es as a publicl	ox on line 13 o y supported or	or 16a, and ling ganization	e 15 is 331/3% 	or more, ► □
17a	10%-facts-and-circumstances test—10% or more, and if the organization mets the organization meets the organization.	eets the "facts "facts-and-circ 	-and-circumst cumstances" te	ances" test, cr est. The organi	zation qualifies	as a publicly s	supported
b	10%-facts-and-circumstances test— 15 is 10% or more, and if the organiz Explain in Part VI how the organization supported organization	ation meets the meets the "fac	ne "facts-and- ts-and-circum 	stances" test.	" test, check the test, check the The organization	on qualifies as	a publicly ► □
18	Private foundation. If the organization instructions	did not check :	a box on line 1	3, 16a, 16b, 1	a, or 175, cne	· · · · ·	<b>&gt;</b> _

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

Support Confedence of Granden Devil
(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.)
1. 1.10 0.19.1.

	on A. Public Support				(1) 0010	(5) 0014	(f) Total
Calend	dar year (or fiscal year beginning in) 🕨	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(I) TOTAL
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	1050	3200	17050	5000	7094	33394
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	12639	7697	19345	36722	87974	164377
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					050/0	102221
6 7a	<b>Total.</b> Add lines 1 through 5 Amounts included on lines 1, 2, and 3 received from disqualified persons .	13689	10897	36395	4/722	95068	197771
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						
с 8	Add lines 7a and 7b					<b>- 3</b>	19777/
Secti	on B. Total Support				T	1 1 2011	(0 T. t 1
	dar year (or fiscal year beginning in)	(a) 2010	<b>(b)</b> 2011	(c) 2012	(d) 2013	(e) 2014	(f) Total
9 10a	Amounts from line 6	13689	10897	36395	41722	95068	17/11
	payments received on securities loans, rents, royalties and income from similar sources .				2922	2143	5065
b	Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975				20-0		
С	Add lines 10a and 10b				2922	2143	5065
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.)			美麗	<b>押</b>		
13	Total support. (Add lines 9, 10c, 11, and 12.)	13689	10897	36395	44644	97211	
14	First five years. If the Form 990 is for torganization, check this box and stop he	the organizatio	n's first, seco		h, or fifth tax y	ear as a sectio	on 501(c)(3) ► □
Sect	ion C. Computation of Public Suppo	rt Percentaç	ge			<del></del>	0/
15	Public support percentage for 2014 (line	8, column (f) c	divided by line	13, column (f))	lal Gan .	15 9	7.5 %
16	Public support percentage from 2013 Sc	chedule A, Parl		N/13 J. 1.	led 990-N	. 16	70
	ion D. Computation of Investment I	ncome Perce	entage	by line 13 colu	ımp (fl)	. 17 .	2.5 %
17	Investment income percentage for 2014 Investment income percentage from 201	(line 10c, colu	Mn (1) aivided	TALLA F	182 990-1		%
18	221,0% cupport tests - 2014 If the orga	nization did no	ot check the b	ox on line 14,	and line 15 is i	Hore man 55 /s	%, and line
19a	17 is not more than 331/3%, check this box	k and <b>stop here</b>	e. The organiza	tion qualities as	s a publicly sup	porteu organizai	1011 .
b		ization did not	check a box o	n line 14 or line	19a, and line 1	6 is more than	33.73%, and
20	Private foundation. If the organization	did not check a	a box on line 1	4, 19a, or 19b,	check this box	x and see instru	uctions

#### Part IV Supporting Organizations

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

Section	on A. All Supporting Organizations	Yes No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.	1
2	Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> how the organization determined that the supported organization was described in section 509(a)(1) or (2).	2
3a	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.	3a
b	Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in <b>Part VI</b> when and how the organization made the determination.	3b
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2) (B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c
4a	Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes" and if you checked 11a or 11b in Part I, answer (b) and (c) below.	4a
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in <b>Part VI</b> how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.	4b
С	Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in <b>Part VI</b> what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.	4c
5а	Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in <b>Part VI</b> , including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action, (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document).	5a
b	Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?  Substitutions only. Was the substitution the result of an event beyond the organization's control?	5b 5c
6	Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (a) its supported organizations; (b) individuals that are part of the charitable class benefited by one or more of its supported organizations; or (c) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in <b>Part VI.</b>	6
7	Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in IRC 4958(c)(3)(C)), a family member of a substantial contributor, or a 35-percent controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990).	7
8	Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990).	8
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	9a
b	the supporting organization had an interest? If "Yes," provide detail in Part VI.	30
C	from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.	90
10a	Was the organization subject to the excess business holdings rules of IRC 4943 because of IRC 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer (b) below.	10a
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)	10b

Schedul	e A (Form 990 or 990-22) 2014			
Part	Supporting Organizations (continued)		Yes	No
4-4	Has the organization accepted a gift or contribution from any of the following persons?			
11	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	Asset:	¥	
а	below, the governing body of a supported organization?	11a		l
b	A family member of a person described in (a) above?	11b		
c	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		<u>L.</u> .
Secti	on B. Type I Supporting Organizations			r
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			345
	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 <b>Part VI</b> 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		ab exp	100 to 10
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in <b>Part</b>			3.5
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			10 T
	supervised, or controlled the supporting organization.	2		
Secti	on C. Type II Supporting Organizations			т
		3.7	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		Egenn.	
	or management of the supporting organization was vested in the same persons that controlled or managed		P 7	1 Visi
	the supported organization(s).	<u> </u>	<u> </u>	
Sect	ion D. All Type III Supporting Organizations		Yes	No
_	The state of the state of the supported experiencience by the left day of the fifth month of the	****	103	1.0
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (1) a written notice describing the type and amount of support provided during the prior tax			1
	year, (2) a copy of the Form 990 that was most recently filed as of the date of notification, and (3) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported	77.6		1
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			1
	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	1 3d		
	significant voice in the organization's investment policies and in directing the use of the organization's		18	
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	- Page		
	supported organizations played in this regard.	3	J	<u> </u>
Sect	ion 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	instru	ıctior	ıs):
а	☐ The organization satisfied the Activities Test. Complete line 2 below.			
b	☐ The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	☐ The organization supported a governmental entity. Describe in Part VI how you supported a government entity	(see in	struc	:ions).
^			Yes	<del></del>
2	Activities Test. Answer (a) and (b) below.		4	
а	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 <b>Part VI</b> identify		E.	
	those supported organizations and explain how these activities directly furthered their exempt purposes,	e e		
	how the organization was responsive to those supported organizations, and how the organization determined	280		
	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			13
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b	A	- 3120
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	400		
	trustees of each of the supported organizations? Provide details in Part VI.	3a	<u> </u>	+-
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	-6	120	100
	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 Org			
1 Check here if the organization satisfied the Integral Part Test as a qualifying	trus	st on Nov. 20, 1970. <b>See in</b>	structions. All
other Type III non-functionally integrated supporting organizations must cor	nple	te Sections A through E.	(B) Current Year
Section A - Adjusted Net Income		(A) Prior Year	(optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):	- 479		
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 Check here if the current year is the organization's first as a non-functional instructions).	ly-ir	itegrated Type III supportin	g organization (see

Part '		) Supporting Organiz	zations (continued)	Current Year
Secti	on D - Distributions			Current real
1	Amounts paid to supported organizations to accomplish e	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe			
	organizations, in excess of income from activity  Administrative expenses paid to accomplish exempt purp	oses of supported organ	nizations	
3_	Administrative expenses paid to accomplish exempt purp	oses of supported organ	III LATIONIS	
<u> 4</u>	Amounts paid to acquire exempt-use assets  Qualified set-aside amounts (prior IRS approval required)			
5	Other distributions (describe in <b>Part VI</b> ). See instructions.			
6	Total annual distributions. Add lines 1 through 6.			
	Distributions to attentive supported organizations to whice	h the organization is res	nonsive	
8	(provide details in <b>Part VI</b> ). See instructions.	ii tiic organization io roc	P	
9	Distributable amount for 2014 from Section C, line 6			
10	Line 8 amount divided by Line 9 amount			
10	Line 8 amount divided by Eine 8 amount	(2)	(ii)	(iii)
Se	ection E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2014	Distributable Amount for 2014
	Distributable amount for 2014 from Section C, line 6			
$\frac{1}{2}$	Underdistributions, if any, for years prior to 2014			
~	(reasonable cause required-see instructions)			
3	Excess distributions carryover, if any, to 2014:			
	Excess distributions daily ever, if any, is a			
<u>а</u> b				
<u>c</u>				
d				
e	From 2013			
_ <del>c</del>	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
<u>9</u> _	Applied to 2014 distributable amount			
i	Carryover from 2009 not applied (see instructions)			
	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2014 from Section			
4	D, line 7: \$			
a	Applied to underdistributions of prior years			and the second
b	Applied to 2014 distributable amount			
	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2014, if			
	any. Subtract lines 3g and 4a from line 2 (if amount			
	greater than zero, see instructions).			
6	Remaining underdistributions for 2014. Subtract lines 3h			
	and 4b from line 1 (if amount greater than zero, see			
	instructions).			
7	Excess distributions carryover to 2015. Add lines 3j and 4c.			
8	Breakdown of line 7:			
a				
<u>u</u>				
d				
e				
			Cohodule	A (Form 990 or 990-FZ) 201

Part VI

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

#### SCHEDULE C (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

## **Political Campaign and Lobbying Activities**

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," to Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

OMB No. 1545-0047

2014

Open to Public Inspection

• Se	ction 501(c)(3) organizations: ( ction 501(c) (other than section	Complete Parts I-A and B. Do not com n 501(c)(3)) organizations: Complete Pa	plete Part I-C. arts I-A and C below	. Do not complete Part I-B.	
• Se	ction 527 organizations: Comp	olete Part I-A only.			
If the o	rganization answered "Yes,"	to Form 990, Part IV, line 4, or Form	n 990-EZ, Part VI, li	ne 47 (Lobbying Activities)	, then
• Se	ction 501(c)(3) organizations th	nat have filed Form 5768 (election unde	er section 501(h)): Co	omplete Part II-A. Do not co	mplete Part II-B.
• Se	ction 501(c)(3) organizations the	nat have NOT filed Form 5768 (election	under section 501(I	n)): Complete Part II-B. Do r	not complete Part II-A.
If the o	organization answered "Yes,	" to Form 990, Part IV, line 5 (Proxy	Tax) (see separate	instructions) or Form 990	-EZ, Part V, line 35c (Proxy
	ee separate instructions), th				
	ection 501(c)(4), (5), or (6) organ				
	of organization	nzations. Complete Fait in		Employer ider	ntification number
	ky Center for Performance Ex	cellence Inc			20-2279459
		organization is exempt unde	r section 501/c	or is a section 527	organization.
Part	FA Complete if the	organization is exempt unue	section sone	on activities in Bort IV	J19411124110111
1	Provide a description of the	ne organization's direct and indirec	et political campai	gn activities in Fart iv.	0
2	Political expenditures .				
3	Volunteer hours				0
Part	I-B Complete if the	e organization is exempt unde	er section 501(c	:)(3). • 4955 ► \$	0
1	Enter the amount of any e	excise tax incurred by the organiza	tion under section	1 4000	
2	Enter the amount of any e	excise tax incurred by organization	managers under	0000011 1000 1 1 1	<del></del>
3	If the organization incurre	d a section 4955 tax, did it file For	m 4720 for this ye	ear?	Yes No
4a	Was a correction made?				Yes L No
b	If "Yes," describe in Part	IV.			
Part	I-C Complete if the	e organization is exempt unde	er section 501(c	c), except section 501	(c)(3).
1	Enter the amount directl activities	y expended by the filing organiz	ation for section	527 exempt function	
•	Enter the amount of the	filing organization's funds contrib	uted to other ora	anizations for section	
2	507 exempt function activ	vities	atou to other org		ì
_	527 exempt function activ	vittes	Enter here and	· · · · · · · · · · · · · · · · · · ·	
3		expenditures. Add lines 1 and 2.	Enter here and	011 FORTH 1120-1 OL,	
	line 17b				)
4	Did the filing organization	file Form 1120-POL for this year?	?		Yes No
5	organization made navme	ses and employer identification nur ents. For each organization listed, o	enter the amount I	paid from the filing organ	lization's funds. Also enter
	the amount of political co	entributions received that were pro-	mptly and directly	delivered to a separate	political organization, such
	as a separate segregated	fund or a political action committee	e (PAC). If additio	nal space is needed, prov	vide 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
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					1

ched	ıle C (Form 990 or 990-EZ) 2014					Page <b>2</b>	
Parl	II-A Complete if the organization section 501(h)).						
\ C	heck ▶ ☐ if the filing organization below	ongs to an affi	liated group (and	d list in Part IV e	ach affiliated gro	up member's	
	name, address, EIN, expen-	ses, and share	e of excess lobby	ying expenditure	es).		
3 C	heck ▶ ☐ if the filing organization che			ol" provisions a	pply.		
	Limits on Lobby				(a) Filing organization's totals	(b) Affiliated group totals	
	(The term "expenditures" me					group totals	
1a	Total lobbying expenditures to influence				0		
b	Total lobbying expenditures to influence				0		
С	Total lobbying expenditures (add lines 1a	·			0		
d	Other exempt purpose expenditures .				105867		
е	Total exempt purpose expenditures (add				105867		
f	f Lobbying nontaxable amount. Enter the amount from the following table in both columns.			table in both	21173	21173	
	If the amount on line 1e, column (a) or (b) is:	The lobbying r	nontaxable amount	is:			
	Not over \$500,000	20% of the am	ount on line 1e.		100 mm		
	Over \$500,000 but not over \$1,000,000	\$100,000 plus	\$100,000 plus 15% of the excess over \$500,000.				
	Over \$1,000,000 but not over \$1,500,000	\$175,000 plus	\$175,000 plus 10% of the excess over \$1,000,000. \$225,000 plus 5% of the excess over \$1,500,000.				
	Over \$1,500,000 but not over \$17,000,000	\$225,000 plus					
	Over \$17,000,000	\$1,000,000.					
g	Grassroots nontaxable amount (enter 25	% of line 1f)			5293	5293	
h					0	0	
i	Subtract line 1f from line 1c. If zero or less, enter -0-					0	
j	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?						
			Period Under sect				
	(Some organizations that made a sec	tion 501(h) ele	ction do not have	to complete all	of the five colum	ns below.	
	See the	separate instr	uctions for lines 2	2a through 2f.)			
	Lobbying	Expenditures	During 4-Year Av	eraging Period			
	Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	( <b>d)</b> 2014	(e) Total	
28	Lobbying nontaxable amount	1800	3611	8269	21173	34873	
k	Lobbying ceiling amount					52309	

Lobbying Expenditures During 4-Year Averaging Period						
	Calendar year (or fiscal year beginning in)	(a) 2011	<b>(b)</b> 2012	<b>(c)</b> 2013	(d) 2014	(e) Total
2a	Lobbying nontaxable amount	1800	3611	8269	21173	34873
b	Lobbying ceiling amount (150% of line 2a, column (e))					52309
С	Total lobbying expenditures	0	0	0	0	0
d	Grassroots nontaxable amount	450	902	2067	5293	8712
е	Grassroots ceiling amount (150% of line 2d, column (e))					13068
f	Grassroots lobbying expenditures	0	0	O	0	0

Schedule C (Form 990 or 990-EZ) 2014

Part	Complete if the organization is exempt under section 501(c)(3) and has NOT f (election under section 501(h)).	iled	Form	5768	
For e	ach "Yes," response to lines 1a through 1i below, provide in Part IV a detailed	(a)		(b)	
descr	ption of the lobbying activity.	Yes	No	Am	ount
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:				
а	Volunteers?				
b	Paid staff or management (include compensation in expenses reported on lines 1c through 1i)?			1.00Kg 1.00K	
С	Media advertisements?				
d	Publications, or published or broadcast statements?				
e 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)?	A-00:	- 7 N.S. SERVICE		Service Service
b	If "Yes," enter the amount of any tax incurred under section 4912	Supr Portu	11 (1994) 1994		
c	If "Yes," enter the amount of any tax incurred by organization managers under section 4912 .		- 199		122
	If the filing organization incurred a section 4912 tax, did it file Form 4720 for this year?  Complete if the organization is exempt under section 501(c)(4), section 501(c)	1/51	or se	ction	<u> </u>
Part	501(c)(6).	,( <b>0</b> ),	0, 00	01.0	
	30 1(0)(0).			Т	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	501(c)(6) and if either (a) BOTH Part III-A, lines 1 and 2, are answered "No," Canswered "Yes."	)(5), )R (b)	) Par	t III-A, I	ine 3, is
1 2	Dues, assessments and similar amounts from members	s of	1		
а	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 excess does the organization agree to carryover to the reasonable estimate of nondeductible lobb	the ying	7. 7.99 7.47 3.47		
	and political expenditure next year?		4	<u> </u>	
5	Taxable amount of lobbying and political expenditures (see instructions)	-	5		
Par	Supplemental Information  de the descriptions required for Part I-A, line 1; Part I-B, line 4; Part I-C, line 5; Part II-A (affiliated groups)	up lis	st): Pa	rt II-A. li	nes 1 and
2 (60)	e instructions); and Part II-B, line 1. Also, complete this part for any additional information.	, ap	,,		
2 (300	modulations, and that it is, into the new posts and plants and plants and				
			<b></b>		
The o	ganization filed the H election as part of its initial 1023 application, but has not undertaken any lobbying activities	,			
	<u>Y</u>				

#### SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

► Attach to Form 990 or 990-EZ.

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

Open to Public Inspection

Kentucky Center for Performance Excellence, In.c	20-2779459
	1.
Part I, Line 16 Other Expenses:	
Examiner training - \$4455	
Conference expenses - \$16,668	
Travel - \$459	
Assessment cost (Baldrige Express) - \$1750	
Memberships - \$800	
Donations - \$100	
Insurance - \$2153	
Communications - \$794	
Bank fees - \$60	
PayPal fees - \$667	
Total - \$27,906	