	I			I
		Feder	al Filing Instructions	2018
Name as shown on return				Tax ID Number
KENTUCKY SCH	OOL FOR	THE BLIND	CHARI	61-1080293

Date to file by: 11-15-2019

Form to be filed: Form 990 and supplemental forms and schedules

Sign and date: An officer must sign and date Form 990

on page 1.

Address to file: If you are not e-filing, mail to:

Department of the Treasury
Internal Revenue Service Center

Ogden, UT 84201-0027

Refund: Neither a refund nor a balance due

Other instructions: If the return is not filed by the due date

(including any extension granted), attach a

statement giving the reason for not filing on time.

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 2018

Department of the Treasury Internal Revenue Service

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

► Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	2018 calend	lar year, or	tax year begin	ning		07-01	, 2018, and er	nding	06-	·30 , 20 19
В	Check if a	applicable:	C Name of or	ganization KENT	UCKY SCHOOL	FOR THE B	LIND CH	IARITABLE F	FOUNDATIO	D	Employer identification no.
	Address	change	Doing busir	ness as							61-1080293
	Name ch	ange	Number an	d street (or P.O. bo	x if mail is not delivered t	to street address)			Room/suite	Е	Telephone number
	Initial retu	urn	214 н	ALDEMAN AV	VENUE						(502)897-3990
	Final retu	ırn/terminated	City or town	n, state or province,	country, and ZIP or fore	ign postal code				G	Gross receipts
	Amended	d return	Louis	ville, KY	40206-2033						\$ 6,674,414
	Application	on pending		address of principal		Manning			H(a) Is this a group	return for	
_				as C above					1 ,,		included? Yes No
	Tax-exen	npt status:	501(c)(3)	501(c) () (insert no.)	4947(a)(1) or	527				list. (see instructions)
J	Website:		N.KSBCF.		, . (,				H(c) Group exe		
<u> </u>		organization: X			ociation Other		LY	ear of formation: 1			domicile: KY
	art I	Summar						<u> </u>	501 o.a	, or rogar	2011101101
	1		•	nization's miss	ion or most signification	ant activities:	Provid	de assistar	nce to blin	d an	d low vision
	'	individu	·		.o ooot o.go	a a		ac appipedi		<u> </u>	<u> </u>
Se											
nar		-									
Governance	2	Check this h	ox ▶ ☐ if t'	he organization	n discontinued its or	nerations or dis	nosed of r	more than 25% o	of its net assets		
တိ	3		_	J	rning body (Part V		•			3	17
∞ ∞	4		_	_	s of the governing					4	17
ţį	5			-	n calendar year 201					5	2
Activities &	6			ers (estimate if						6	11
Ą				`	Part VIII, column (0					7a	
	7a				from Form 990-T,					7a 7b	0
	- 5	net unrelate	u business t	laxable income	illom Form 990-1,	iiie 30			- · · · · · · · · · · · · · · · · · · ·	70	0
		Contribution	a and aranta	(Dort \/III line	4h)			-	Prior Year	701	Current Year
Revenue	8		_		1h)				391	,781	279,708
	9	-			e 2g)			_			0
ě	10				A), lines 3, 4, and 70				1,251	,276	
œ	11				nes 5, 6d, 8c, 9c, 10			_			0
	12				must equal Part VII				1,643		
	13				X, column (A), lines	•		<u> </u>	272	772	
	14				K, column (A), line			_			0
Ś	15				e benefits (Part IX,				121	,715	113,312
Expenses	16a		•	•	column (A), line 116	•					0
ğ	b		• .	•	lumn (D), line 25)						
Ш	17		•	. , , ,	nes 11a-11d, 11f-24	,		 	230	,822	83,372
	18				equal Part IX, colu			-		,309	
	19	Revenue les	s expenses.	Subtract line	18 from line 12 .				1,017	,748	502,810
ō	Sec								Beginning of Curren	t Year	End of Year
sets	<u>a</u> 20		,	,				 	15,505	,064	16,059,742
Net Assets or	월 21	Total liabilitie	es (Part X, li	ne 26)					101	. , 885	153,953
	_			nces. Subtract	line 21 from line 20)			15,403	,179	15,905,789
	art II		re Block								
					rn, including accompanyi icer) is based on all infort				nowledge and belief,	t is	
	,, 00.11001,	and complete: 20	<u> </u>	arer (earer aran ear		maneri er mineri prej	paror riao arry	omeage.			
٠.			iam Beav	<i>r</i> in							
Siç	gn	Signatu	re of officer							Date	
He	re	Will	iam Beav	in, Treas	urer						
		Type or	print name and	title							
		Print/Type pro	eparer's name		Preparer's signature		D	ate	Check	if P	TIN
Pa	id	Catheri	ine Shear	rer EA			08	3-04-2020	self-employ	ed	P01522245
Pre	eparei	Firm's name	>	Holbrook	Tax Service	LLC dba	J Clay		Firm's EIN ▶		
Us	e Onl	y Firm's addres	is ►	110 S Sh	errin Avenue)			Phone no.		
				Louisvil	le KY 40207				5	02-8	95-9834
May	the IR	S discuss this	retum with t		own above? (see i	nstructions) .					Yes 🛛 No

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Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes,"			
	complete Schedule A	1	Χ	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions).?	2		X
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to			
	candidates for public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h)			
	election in effect during the tax year? If "Yes," complete Schedule C, Part II	4		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? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors			
	have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If			7.7
_	"Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		3.7
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes,"	8		Х
0	complete Schedule D, Part III	0		
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or			
	debt negotiation services? If "Yes," complete Schedule D, Part IV	9		Х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted	<i>-</i>		21
	endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI,			21
• •	VII, VIII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes,"			
	complete Schedule D, Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		Х
С	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more			
	of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		X
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets			
	reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Χ	
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a	X	
b	Was the organization included in consolidated, independent audited financial statements for the tax year? If			
	"Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,			
	fundraising, business, investment, and program service activities outside the United States, or aggregate	1.46		v
15	foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		X
13	for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other	10		21
	assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on			
-	Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17	X	
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on			
	Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	Х	
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?			
	If "Yes," complete Schedule G, Part III	19		Х
20 a	Did the organization operate one or more hospital facilities? <i>If</i> "Yes," <i>complete Schedule H</i>	20 a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or		-	
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21		Х

Part IV

Checklist of Required Schedules (continued)

CHARITABLE FOUNDATIO 61-1080293

Yes No 22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX. column (A). line 2? If "Yes." complete Schedule I. Parts I and III 22 Χ 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 23 Χ 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b Χ 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b Did the organization maintain an escrow account other than a refunding escrow at any time during the year 24c Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? 24d 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? If "Yes," complete Schedule L, Part I 25a Χ 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? 25b Χ 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 26 Χ 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 Χ 27 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): 28a Χ A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Χ 28b An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV 28c Χ 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I...... 31 32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes." 32 Χ 33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations Χ 33 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, 34 35a 35a If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b 36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable Χ 36 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? If "Yes," complete Schedule R, Part VI 37 Χ 38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and Χ 19? Note. All Form 990 filers are required to complete Schedule O. 38 Statements Regarding Other IRS Filings and Tax Compliance Part V Check if Schedule O contains a response or note to any line in this Part V......... Yes No Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and Χ reportable gaming (gambling) winnings to prize winners?

Statements Regarding Other IRS Filings and Tax Compliance (continued) Part V

			Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax			
	Statements, filed for the calendar year ending with or within the year covered by this return 2a 2			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Χ	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,			
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:			
_	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the			3.7
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or	01.		
-	gifts were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).			
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	70		v
h	and services provided to the payor?	7a 7b		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	70		
С	required to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year	70		22
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		X
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			
	sponsoring organization have excess business holdings at any time during the year?	8		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		X
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Χ
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
b	Gross income from other sources (Do not net amounts due or paid to other sources			
	against amounts due or received from them.)			
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which			
_	the organization is licensed to issue qualified health plans			
C 1/1a	Enter the amount of reserves on hand	14a		X
14a h	If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i>	14a 14b		Λ
b 15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	ויייט		
	excess parachute payment(s) during the year	15		Х
	If "Yes," see instructions and file Form 4720, Schedule N.	13		21
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х
. •	If "Yes," complete Form 4720, Schedule O.			2.5
	,			

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Form 990 (2018)

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No"

I dit VI	To respond to mind 2 mough to below, and for a me
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.
	Check if Schedule O contains a response or note to any line in this Part VI
Section A.	Governing Body and Management

			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or			
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O.			
b	Enter the number of voting members included in line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with			
	any other officer, director, trustee, or key employee?	2		Х
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?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		Х
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?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,			
	stockholders, or persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during			
	the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	, , , , , , , , , , , , , , , , , , , ,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters,			
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	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	12a	X	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes,"			
	describe in Schedule O how this was done	12c	X	
13	Did the organization have a written whistleblower policy?	13	X	
14	Did the organization have a written document retention and destruction policy?	14	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?			
а	The organization's CEO, Executive Director, or top management official	15a	Х	
b	Other officers or key employees of the organization	15b	X	
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement			
	with a taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its			
	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the			
	organization's exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed ▶			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A 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.			
	☐ Own website ☐ Another's website ☐ 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:			
	WILLIAM G BEAVIN (502)897-3990, 214 HALDEMAN AVENUE, Louisville, KY 40206-2033			

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

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

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

- **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 dotted line)	box,	unles er and	Pos eck m ss per d a dir	son is rector/t	an ooth a both a both employee	(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
(1) Carla Manning President	1.00	X		X				0	0
(2) John Roberts Vice President	1.00	X		X					0
(3) William Beavin Treasurer	1.00	Х		Х			C	0	0
(4) Burt_BoyerSecretary	1.00_	Х		Х			C	0	0
(5) Michelle Brown Executive Director	40.00					Х	52,716	0	0_
(6)									
(7) (8)									
(9)									
<u>(10)</u>									
<u>(11)</u>									
<u>(12)</u>									
(13)									
<u>(14)</u>									

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nued)	

Part	VII Section A. Officers, Directors, Trustees	, Key Emplo	yees,	and	Hig	hes	st Con	npen	sated Employees	s (continued)			
	(C) (A) (B) Position (D) (E) (E)												
	(A)	(B)	(do no	ot che			nan one		(D)	(E)	(F) Estimate		
	Name and title	box, unless person is both an					Reportable compensation				i f		
		week (list any					· ·	7	from the	related organizations	com	other npensatio	on
		hours for related	Individual trustee or director	nstitutional trustee	Officer	Key employee	Hignest compensated employee	Former	organization	(W-2/1099-MISC)		rom the	
		organizations below dotted	tor	onal		ploy	ee t con		(W-2/1099-MISC)		1	ganizatio nd related	
		line)	ustee	trust		ee	pen					anization	
				e			sated						
(15)													
(16)													
7.2/													
(17)												-	
<u>(18)</u>													
<u>(19)</u>													
(20)													
(20)													
(21)													
(22)_													
(23)													
(24)													
(24)													
(25)													
·													
1b	Sub-total							•					
С	Total from continuation sheets to Part VII, Section							-					
d	Total (add lines 1b and 1c)								52,716				0
2	Total number of individuals (including but not limited	d to those list	ed abo	ve) י	who	rec	eived	more	than \$100,000 of				
	reportable compensation from the organization									0		Yes	No
3	Did the organization list any former officer, directo	r. or trustee.	kev er	olan	vee.	or	hiahes	st cor	mpensated			103	140
	employee on line 1a? If "Yes," complete Schedule		-				-				3		Х
4	For any individual listed on line 1a, is the sum of rep	ortable comp	ensatio	on ai	nd o	ther	comp	ensa	tion from the				
	organization and related organizations greater than	n \$150,000?	If "Yes	s," cc	omp	lete	Sched	dule	J for such				
	individual										4		X
5	Did any person listed on line 1a receive or accrue or			-			_				_		v
Secti	for services rendered to the organization? If "Yes," on B. Independent Contractors	complete Sc	cneaui	e J T	or si	JCN	perso	n .			5		X
1	Complete this table for your five highest compensate	d independer	nt conti	acto	ors th	nat r	eceive	ed me	ore than \$100.000	of			
-	compensation from the organization. Report comper												
	year.												
	(A)								(B)			(C)	
	Name and business address								Description of	services	Comp	pensation	n
2	Total number of independent contractors (including	but not limite	d to th	ose	liste	d ab	ove) v	who	-				
	received more than \$100,000 of compensation from			•			•						

KENTUCKY SCHOOL FOR THE BLIND CHARITABLE FOUNDATIO 61-1080293 Statement of Revenue

		Check if Schedule O contains a response or	note to any line in thi	s Part VIII	<u></u>		<u></u> L
				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512-514
,, ,o	1a	Federated campaigns 1a	1				3,2 3,1
Contributions, Gifts, Grants and Other Similar Amounts	b)				
֝֞֝֞֝֞֝֞֝֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓֓	С	Fundraising events	53,182				
ar A	d						
in is,	е	Government grants (contributions) 16					
er S	f	All other contributions, gifts, grants,					
		and similar amounts not included above 1f	226,526				
g	g	Noncash contributions included in lines 1a-1f:	3				
5 m	h	Total. Add lines 1a-1f		279,708			
			Business Code				
une	2a						
Seve	b						
Program Service Revenue	С						
Serv	d						
ä	е						
rogu	f	All other program service revenue					
Δ.	g	Total. Add lines 2a-2f					
	3	Investment income (including dividends, interest					
		and other similar amounts)		349,131			349,131
	4	Income from investment of tax-exempt bond pro	ceeds▶				
	5	Royalties	▶				
		(i) Real	(ii) Personal				
	6a	Gross rents					
	b	Less: rental expenses					
	С	Rental income or (loss)					
	d	Net rental income or (loss)					
	7a	Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory	6,045,575				
	b	Less: cost or other basis					
		and sales expenses	5,568,255				
	С	Gain or (loss)	477,320				
	d	Net gain or (loss)	. <u> </u>	477,320			477,320
enne	8a	Gross income from fundraising					
Ne		events (not including \$ 53,182					
8		of contributions reported on line 1c).					
Other Rev		See Part IV, line 18 a					
Ò		Less: direct expenses b					
		Net income or (loss) from fundraising events	▶				
	9a	Gross income from gaming activities.					
		See Part IV, line 19 a					
		Less: direct expenses b					
	С	Net income or (loss) from gaming activities .	▶				
	10a	Gross sales of inventory, less					
		returns and allowances					
		Less: cost of goods sold b					
	С	Net income or (loss) from sales of inventory .					
	4.0	Miscellaneous Revenue	Business Code				
	11a						
	b						
	C						
		All other revenue					
		Total. Add lines 11a-11d					
	12	Total revenue. See instructions	•	1,106,159		0	0 826,451

61-1080293

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 (D) Fundraising (A) Total expenses (B) Do not include amounts reported on lines 6b. 7b. Program service Management and 8b, 9b, and 10b of Part VIII. expenses general expenses expenses Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 Grants and other assistance to domestic 2 406,665 406,665 3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16 Compensation of current officers, directors, 3,900 20,100 30,000 6,000 6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B) 74,012 9,622 14,802 49,588 7 Other salaries and wages Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) 9 10 6,231 9,300 1,209 1,860 11 Fees for services (non-employees): b Legal...... 18,390 18,390 d Professional fundraising services. See Part IV, line 17 . Investment management fees f Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.) 12 13 7,704 7,704 14 15 16 3,600 3,600 17 18 Payments of travel or entertainment expenses for any federal, state, or local public officials 19 Conferences, conventions, and meetings 20 21 22 Depreciation, depletion, and amortization 210 210 23 Insurance 3,025 3,025 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.) Golf Scramble and Dinner 26,799 26,799 Development and Promotion 16,486 12,679 3,807 Tax and License 7,158 7,158 С d e All other expenses Total functional expenses. Add lines 1 through 24e 25 603,349 421,396 75,428 106,525 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) (B) Beginning of year End of year 1 Cash - non-interest-bearing 70,237 1 65,344 2 2 3 3 4 4 5 Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L 6 7 7 8 8 9 9 Prepaid expenses and deferred charges 3,025 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 7,287 b Less: accumulated depreciation 10b 7,287 210 10c 11 15,413,305 11 15,972,344 12 Investments - other securities. See Part IV, line 11 18,287 12 22,054 13 13 14 14 15 15 16 Total assets. Add lines 1 through 15 (must equal line 34) 15,505,064 16,059,742 17 17 31,322 15,664 18 18 67,577 135,231 19 19 20 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, Liabilities 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 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 2,986 25 3,058 26 101,885 26 153,953 Organizations that follow SFAS 117 (ASC 958), check here ► X and complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 8,058,548 27 8,514,951 28 608,611 28 6,736,020 29 7,390,838 Organizations that do not follow SFAS 117 (ASC 958), check here

and complete lines 30 through 34. 30 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 33 15,403,179 15,905,789 Total liabilities and net assets/fund balances 34 15,505,064 16,059,742

Form	1990 (2018) KENTUCKY SCHOOL FOR THE BLIND CHARITABLE FOUNDATIO 6:	1-1080	0293	ľ	Page 1
$\overline{}$	rt XI Reconciliation of Net Assets				9
	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)			L,106	
2	Total expenses (must equal Part IX, column (A), line 25)			603	,349
3	Revenue less expenses. Subtract line 2 from line 1	3		502	,810
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	15	5,403	,179
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			(200)
9	9 Other changes in net assets or fund balances (explain in Schedule O)				
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10	15	,905	,789
Pa	rt 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: Cash Accrual 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?		2	а	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or				
	reviewed on a separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2	b X	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a				
	separate basis, consolidated basis, or both:				
	∑ Separate basis				
С	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?

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

Schedule O.

EEA

If the organization changed either its oversight process or selection process during the tax year, explain in

Χ

Form **990** (2018)

Χ

2c

3a

3b

SCHEDULE A

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.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2018
Open to Public

OMB No. 1545-0047

Inspection

Department of the Treasury
Internal Revenue Service

Name of the organization

(Form 990 or 990-EZ)

Employer identification number

		KY SCHOOL FOR THE BLIND	CHARITABLE F	OUNDATIO			61-10802	93	_
Pa	rt I	Reason for Public Charity	/ Status (All or	ganizations must co	omplete	this part	See instruction	ns.	
The	orgai	nization is not a private foundation bec	ause it is: (For lines	s 1 through 12, check onl	y one box.)			
1		A church, convention of churches, or	association of chu	rches described in sect	ion 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	\Box	A hospital or a cooperative hospital s		,	,	•			
4	П	A medical research organization ope	•				\(1)(A)(iii). Enter the		
•	ш	hospital's name, city, and state:	ratoa iii oonjanotio	ii wara noopia accomb	04 111 0001		(1)(1)(III)1		
5	П	An organization operated for the benefit of a college or university owned or operated by a governmental unit described in							
5	Ш	-	_	iniversity owned or opera	aleu by a g	joverninen	iai unii described in		
_		section 170(b)(1)(A)(iv). (Complete	•	5 1 9 11 4	4=0(1)(4)	(A)()			
6		A federal, state, or local government	J		` , ` ,				
7	X	An organization that normally receive	•		ernmental/	unit or fro	m the general public		
	_	described in section 170(b)(1)(A)(vi). (Complete Part I	l.)					
8	Ш	A community trust described in secti	on 170(b)(1)(A)(vi	i). (Complete Part II.)					
9	Ш	An agricultural research organization	described in sect	i on 170(b)(1)(A)(ix) ope	rated in co	njunction	with a land-grant coll	lege	
		or university or a non-land-grant colle	ge of agriculture (s	ee instructions). Enter the	e name, ci	ty, and stat	te of the college or		
		university:							
10		An organization that normally receive	s: (1) more than 33	1/3% of its support from	n contributi	ons, memb	ership fees, and gros	SS	
		receipts from activities related to its e	xempt functions - s	subject to certain excepti	ons, and (2	2) no more	than 33 1/3% of its		
		support from gross investment income	e and unrelated bu	siness taxable income (le	ess section	n 511 tax) f	from businesses		
		acquired by the organization after Ju	ne 30, 1975. See s	section 509(a)(2). (Com	plete Part	III.)			
11		An organization organized and opera	ated exclusively to	test for public safety. Se	e section	509(a)(4).			
12	\Box	An organization organized and operat	•	•				es	
		of one or more publicly supported or	•	•					
		Check the box in lines 12a through 12	-				•		
	а	Type I. A supporting organization						•	
	_	the supported organization(s) the		•		•		*****9	
		supporting organization. You mu			ity of the c	001013 01	truoteco or tric		
	b	Type II. A supporting organization	•		ith ite eunr	orted oraș	anization(e) by bayin	na.	
	D		•			•	, , , ,	•	
		control or management of the sup		•	ISOIIS IIIAL	CONTROL OF 1	nanage the supporte	u	
	_	organization(s). You must comp				20	and an all a factor and and	20.	
	С	Type III functionally integrated		•				witn,	
		its supported organization(s) (see	•	•					
	d	☐ Type III non-functionally integr						` '	
		that is not functionally integrated.	o c			•	nt and an attentivenes	S	
		requirement (see instructions). Y	-						
	е	Check this box if the organization	received a written	determination from the IF	RS that it is	a Type I,	Type II, Type III		
		functionally integrated, or Type III	non-functionally in	ntegrated supporting orga	anization.				
	f	Enter the number of supported organ	izations						
	g	Provide the following information about	ut the supported or	ganization(s).					
	(i	Name of supported organization	(ii) EIN	(iii) Type of organization	(iv) Is the c	-	(v) Amount of monetary	(vi) Amount of	
				(described on lines 1-10 above (see instructions))	listed in you docum	r governing ent?	support (see instructions)	other support (see instructions)	
				above (dee mendenemen)	400411			iniou doublino)	
					Yes	No			
(A)									
(^) 									
(B)									
(0)									
(C)									
(C)									
(D)									
(D)									
/E\									
(E)									
Tota	ı								

Part II

KENTUCKY SCHOOL FOR THE BLIND CHARITABLE FOUNDATIO 61-1080293

Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi) (Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Sec	tion A. Public Support			· •	•	,	
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	136,762	223,522	706,496	391,781	278,584	1,737,145
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	136,762	223,522	706,496	391,781	278,584	1,737,145
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						1,737,145
Sec	tion B. Total Support			•			
Caler	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	136,762	223,522	706,496	391,781	278,584	1,737,145
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources	267,145	288,129	282,242	333,333	349,131	1,519,980
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 .						3,257,125
12	Gross receipts from related activities, etc. (s	see instructions)				12	
13	First five years. If the Form 990 is for the organization, check this box and stop here			th, or fifth tax year	as a section 501(c)(3)	▶ 🗌
Sec	tion C. Computation of Public Su	•					
14	Public support percentage for 2018 (line 6, o						53.33 %
15	Public support percentage from 2017 Scheo					l	56.21 %
16a	33 1/3% support test - 2018. If the organize						
	box and stop here. The organization quali						▶ 🏻
b	33 1/3% support test - 2017. If the organiz						
	this box and stop here. The organization of						▶ ⊔
17a	10%-facts-and-circumstances test - 201a 10% or more, and if the organization meets Part VI how the organization meets the "fac	s the "facts-and-cire	cumstances" test, o	check this box and	stop here. Explai	n in	
b	organization						▶ □
	15 is 10% or more, and if the organization Explain in Part VI how the organization mee	meets the "facts-ar	nd-circumstances"	test, check this box	x and stop here.		
	supported organization						▶ 🗌
18	Private foundation. If the organization did instructions						▶ □

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

(Complete only if you checked the box on line 10 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.)

Se	ction A. Public Support						
Cal	endar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
С	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support						
	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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						
С	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 or organization, check this box and stop here.						▶ □
Se	ction C. Computation of Public Sup	•					
15	Public support percentage for 2018 (line 8, co						%
16	Public support percentage from 2017 Schedul					16	%
	ction D. Computation of Investmen						
17	Investment income percentage for 2018 (line						%
18	Investment income percentage from 2017 Sc	·					%
19a	33 1/3% support tests - 2018. If the organiz 17 is not more than 33 1/3%, check this box	ation did not che and stop here.	eck the box on line The organization q	14, and line 15 is i ualifies as a public	more than 33 1/3% ly supported orgar	s, and line nization	▶ □
b	33 1/3% support tests - 2017. If the organiz line 18 is not more than 33 1/3%, check this						▶ □
20	Private foundation. If the organization did n	ot check a box of	on line 14, 19a, or 1	9b, check this box	and see instruction	ons	▶ □

Part IV Supporting

Supporting Organizations

(Complete only if you checked a box in line 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in **Part VI** how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in **Part VI** how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- **3a** Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- **b** Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in **Part VI** when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in **Part VI** what controls the organization put in place to ensure such use.
- **4a** Was any supported organization not organized in the United States ("foreign supported organization")? *If* "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- **b** Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in **Part VI** how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- **c** Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in **Part VI** what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in **Part VI**, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- **b Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- 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? If "Yes," provide detail in **Part VI.**
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as 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? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 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 or 990-EZ).
- **9a** Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in **Part VI**.
- **b** Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? *If* "Yes," provide detail in **Part VI**.
- **c** Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in **Part VI**.
- **10a** Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? *If* "Yes," *answer 10b below.*
 - **b** Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2		
3a		
3b		
3с		
4a		
4b		
4c		
5a		
5b		
5c		
6		
7		
8		
9a		
9b		
9с		
10a		
10b		

Schedule A (Form 990 or 990-EZ) 2018 KENTUCKY SCHOOL FOR THE BLIND CHARITABLE FOUNDATIO Page 5 61-1080293 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? 11a **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 Section B. Type I Supporting Organizations Yes No Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year. 1 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, 2 supervised, or controlled the supporting organization. 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 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 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions). **a** The organization satisfied the Activities Test. *Complete line 2 below.* **b** The organization is the parent of each of its supported organizations. *Complete line 3 below.* c The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions). 2 Activities Test. Answer (a) and (b) below. Yes No a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined 2a that these activities constituted substantially all of its activities.

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.

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.
- **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.

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporting Or	ganiz	ations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying			in in Part VI). See
	instructions. All other Type III non-functionally integrated supporting organia	zations	s must complete Section	ns A through E.
Sec	tion 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			
СО	llection of gross income or for management, conservation, or			
ma	aintenance 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		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
ins	structions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
fa	ctors (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,			
se	e 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		
Sec	tion 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			
en	nergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functionally	integra	ated Type III supporting	g organization (see

EEA

instructions).

Par	t V Type III Non-Functionally Integrated 509(a)(3			30293 Page
Гаі	Type iii Non-Functionally integrated 505(a)(3	o) Supporting Organia	Zations (Continued)	
Sec	tion D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exen			
2	Amounts paid to perform activity that directly furthers exempt			
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	s of supported organizat	ions	
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	e organization is respons	sive	
	(provide details in Part VI). See instructions.	o o.ga <u>-</u> a		
9	Distributable amount for 2018 from Section C, line 6			
	Line 8 amount divided by Line 9 amount			
			(ii)	(iii)
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	Underdistributions Pre-2018	Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018			
	(reasonable cause required - explain in Part VI). See			
	instructions.			
3	Excess distributions carryover, if any, to 2018			
a	From 2013			
b	From 2014			
C	From 2015			
d	From 2016			
е	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
i	Carryover from 2013 not applied (see instructions)			
j	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from			
	Section D, line 7: \$			
а	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
С	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result			
	greater than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
а	Excess from 2014			
b	Excess from 2015			

c Excess from 2016 d Excess from 2017 e Excess from 2018

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 D (Form 990)

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.

Department of the Treasury Internal Revenue Service

► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2018

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KEI	TUCKY SCHOOL FOR THE BLIND CHARITABLE FOUNDATIO 61-1080293
Pa	
	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?
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?
Pa	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)
	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
а	Total number of conservation easements
b	Total acreage restricted by conservation easements
С	Number of conservation easements on a certified historic structure included in (a)
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a
	historic structure listed in the National Register
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the 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
	December of acceptation accompant reported on line 2/d) above action the requirements of acction 170/b)/d)/P)/i)
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	and section 170(n)(4)(B)(ii)?
•	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.
Pai	t 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:
а	Revenue included on Form 990, Part VIII, line 1
b	Assets included in Form 990, Part X

Pa	rt III Organizations Maintaining Collec	ctions of Art,	Historical Tr	easures, or	Other Similar Ass	ets (continued)
3	Using the organization's acquisition, accession, and other	her records, chec	k any of the follow	ring that are a s	ignificant use of its	
	collection items (check all that apply):					
а	Public exhibition	d Loan o	or exchange progra	ams		
b	Scholarly research	e Other				
С	Preservation for future generations					
4	Provide a description of the organization's collections	and explain how	they further the org	ganization's exe	mpt purpose in Part	
	XIII.					
5	During the year, did the organization solicit or receive of	donations of art, h	nistorical treasures	s, or other simila	r	
	assets to be sold to raise funds rather than to be main		the organization's	collection?		🗌 Yes 📗 No
Pa	rt IV Escrow and Custodial Arrangeme		_			
	Complete if the organization answer	ed "Yes" on F	Form 990, Part	t IV, line 9, o	r reported an amou	int on Form
	990, Part X, line 21.					
1a	Is the organization an agent, trustee, custodian or othe	r intermediary for	contributions or o	ther assets not		
	•					Yes No
b	If "Yes," explain the arrangement in Part XIII and comp	plete the following	g table:			
					Am	ount
С	Beginning balance					
d	Additions during the year					
е	Distributions during the year					
f	Ending balance					
2a	Did the organization include an amount on Form 990, F				•	🗌 Yes 📗 No
_ <u>b</u>	If "Yes," explain the arrangement in Part XIII. Check he	ere if the explana	tion has been prov	ided on Part XI	<u> </u>	
Pa	rt V Endowment Funds.		000 D	. D. / . P 40		
	Complete if the organization answer					
		Current year	(b) Prior year	(c) Two years ba	ack (d) Three years back	(e) Four years back
1a	Beginning of year balance					
b	Contributions					
С	Net investment earnings, gains, and					
	losses					
d	Grants or scholarships					
е	Other expenditures for facilities and					
	programs					
f	Administrative expenses					
g	End of year balance			<u> </u>		
2	Provide the estimated percentage of the current year e	,	1g, column (a)) he	eld as:		
a	Board designated or quasi-endowment	%				
b	Permanent endowment > %	0.4				
С	Temporarily restricted endowment	%				
٥-	The percentages on lines 2a, 2b, and 2c should equal			d	L -	
3a	Are there endowment funds not in the possession of the	ne organization ti	nat are neid and ad	aministered for t	ne	V N-
	organization by:					Yes No
	(i) unrelated organizations					. 3a(i)
	(.,,		Cabadula DO			. 3a(ii)
b	If "Yes" on line 3a(ii), are the related organizations liste	•				. 3b
4 D2	Describe in Part XIII the intended uses of the organizart VI Land, Buildings, and Equipment.	mons endowmer	it iurias.			
Га		od "Voc" on [Form 000 Part	+ IV/ line 11e	Soo Form 000 Pr	ort V. lino 10
	Complete if the organization answer					
	Description of property	(a) Cost or other b (investment)	' '	or other basis other)	(c) Accumulated depreciation	(d) Book value
4.	Lond	(iiivesiiielii)		04101)	чертестаноп	
1a	Land					
b	Buildings			-		
۲ C	Leasehold improvements			7 207	7 007	
d	Equipment			7,287	7,287	
e Tota	Other	orm 000 Part V	column (R) line 1	Oc)		
1010	. Add mids id unbugh it. (Oblumi (u) must Equal FC	····· σσο, ι αιι Λ, ι	וווופיוטן , <i>וווופיוטן</i> , וווופיוט			

Investments - Other Securities.

Part VII

	Complete if the organization answere			
	(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuatio Cost or end-of-year market	
(1) Financial d	erivatives			
	Id equity interests			
(3) Other				
	est Receivable	20,364		
	es Receivable	1,690		
(C) (D)				
(E)				
(F)				
(G)				
(H)				
	must equal Form 990, Part X, col. (B) line 12.)	22,054		
Part VIII	Investments - Program Related.			
	Complete if the organization answere	ed "Yes" on Form 990, Par	rt IV, line 11c. See Form 990,	Part X, line 13.
	(a) Description of investment	(b) Book value	(c) Method of valuatio Cost or end-of-year market	
(1)				
(2)				
(3)				
(4)				
(5)				
<u>(6)</u> (7)				
(8)				
(9)				
	must equal Form 990, Part X, col. (B) line 13.)			
Part IX	Other Assets.			
	Complete if the organization answere	ed "Yes" on Form 990, Par	rt IV, line 11d. See Form 990,	Part X, line 15.
	(a) 1	Description		(b) Book value
(1)				
(2)				
(3)				
<u>(4)</u>				
(5) (6)				
(7)				
(8)				
(9)				
	n (b) must equal Form 990, Part X, col. (B) line 1	5.)		
Part X	Other Liabilities.			
	Complete if the organization answere line 25.	ed "Yes" on Form 990, Pa	rt IV, line 11e or 11f. See Fori	m 990, Part X,
1.	(a) Description of liability	(b) Book value		
(1) Federal in	ncome taxes			
	l Taxes Payable	3,058		
			_	
			_	
	must equal Form 990. Part X, col. (B) line 25.)	3.058		
(2) Payrol (3) (4) (5) (6) (7) (8) (9) Total. (Column (b))		3,058	ation's financial statements that report	s 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.

Schedule D (Form 990) 2018

Pai	Reconciliation of Revenue per Audited Financial Statements With Revenue per Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.	Return.	
1	Total revenue, gains, and other support per audited financial statements	1	1 106 150
	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1	1,106,159
2	Net unrealized gains (losses) on investments		
a b	Donated services and use of facilities	_	
C	Recoveries of prior year grants	-	
d	Other (Describe in Part XIII.)	-	
e	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	1,106,159
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		1,100,133
a	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)	-	
c	Add lines 4a and 4b	4c	
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)	5	1,106,159
	Reconciliation of Expenses per Audited Financial Statements With Per Audited Fin		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		
1	Total expenses and losses per audited financial statements	1	603,349
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
а	Donated services and use of facilities		
b	Prior year adjustments	-	
С	Other losses	-	
d	Other (Describe in Part XIII.) 2d	-	
е	Add lines 2a through 2d	2e	
3	Subtract line 2e from line 1	3	603,349
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
а	Investment expenses not included on Form 990, Part VIII, line 7b 4a		
b	Other (Describe in Part XIII.)		
С	Add lines 4a and 4b	4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)	5	603,349
Par	t XIII Supplemental Information.		
	de 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 XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	irt A, iirie	

EEA Schedule D (Form 990) 2018

SCHEDULE G (Form 990 or 990-EZ)

Supplemental Information Regarding Fundraising or Gaming Activities

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

OMB No. 1545-0047 2018

Department of the Treasury Internal Revenue Service Name of the organization

▶ Go to www.irs.gov/Form990 for instructions and the latest information.

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KENTUCKY SCHOOL FOR THE BLIND CHARITABLE FOUNDATIO 61-1080293 Fundraising Activities. Complete if the organization answered "Yes" on Form 990, Part IV, line 17. Form 990-EZ filers are not required to complete this part. Indicate whether the organization raised funds through any of the following activities. Check all that apply. Mail solicitations e Solicitation of non-government grants Internet and email solicitations **f** Solicitation of government grants b Phone solicitations g Special fundraising events **d** In-person solicitations 2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees, X Yes or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? No b If "Yes," list the 10 highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization. (v) Amount paid to (iii) Did fundraiser have (vi) Amount paid to (i) Name and address of individual (iv) Gross receipts (or retained by) custody or control of (or retained by) (ii) Activity or entity (fundraiser) from activity fundraiser listed in contributions? organization col. (i) Yes No 1 2 3 4 5 6 7 8 9 10 3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

Part IIFundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		<u> </u>	(a) Event #1 Golf Outing (event type)	(b) Event #2 Stars Dinner (event type)	(c) Other events None (total number)	(d) Total events (add col. (a) through col. (c))	
Revenue	1	Gross receipts	19,646	33,536		53,182	
æ	2	Less: Contributions Gross income (line 1 minus					
		line 2)	19,646	33,536		53,182	
	4	Cash prizes					
	5	Noncash prizes					
suses	6	Rent/facility costs					
Direct Expenses	7	Food and beverages					
Direc	8	Entertainment					
	9	Other direct expenses					
	10	Direct expense summary. Add lines					
Pa	11 irt l	Net income summary. Subtract line Gaming. Complete if the o	organization answered "	Yes" on Form 990. Part	IV. line 19. or reported	53,182 more	
		than \$15,000 on Form 990	•		. ,		
Revenue			(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))	
Re	1	Gross revenue					
ses	2	Cash prizes					
Direct Expenses	3	Noncash prizes					
Direct	4	Rent/facility costs					
	5	Other direct expenses					
	6	Volunteer labor	Yes % No				
	7	Direct expense summary. Add lines	2 through 5 in column (d)				
	8	Net gaming income summary. Sub	tract line 7 from line 1, colu	mn (d)			
		ere any of the organization's gaming "Yes," explain:	licenses revoked, suspende	_	tax year?	Yes No	

SCHEDULE I (Form 990)

Department of the Treasury

Internal Revenue Service Name of the organization

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.

► Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

Employer identification number

Open to Public Inspection

KENTUCI	KY SCHOOL FOR THE BLIND	61-1080293											
Part I	art I General Information on Grants and Assistance												
1 Doe	es the organization maintain records to	o substantiate the amour	nt of the grants or assis	stance, the grantees' eli	igibility for the grants or	assistance, and							
the	the selection criteria used to award the grants or assistance?												
2 Des	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.												
Part II	Grants and Other Assistan	ce to Domestic Org	anizations and Do	mestic Governmer	nts. Complete if the o	rganization answered	"Yes" on Form 990),					
	Part IV, line 21, for any recip	ient that received mo	re than \$5,000. Par	t II can be duplicate	d 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 noncash assistance	(h) Purpose of grant or assistance					
(1)													
(2)													
(3)													
(4)													
(5)													
(6)													
(7)													
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	er total number of section 501(c)(3) are	-		table			· · · · · · · · · · · · · · · · · · ·						

edule I (Form 990) (2018) KENTUCKY SCHOOL	FOR THE BLIND CHAP	RITABLE FOUNDAT	rio		61-1080293 P
art III Grants and Other Assistance	to Domestic Individua	als. Complete if the	ne organization ansv	wered "Yes" on Form 990	
Part III can be duplicated if addi			o. gaa		, , , a., , , , , , , , , , , , , , , ,
(a) Type of grant or assistance	(b) Number of	(c) Amount of	(d) Amount of	(e) Method of valuation (book,	(f) Description of noncash assistance
(a) Type of grant of assistance	recipients	cash grant	noncash assistance	FMV, appraisal, other)	(i) Description of noncastrassistance
	recipients	casii giaiii	Tioricasii assisiance	i www, appraisai, other)	
V Supplemental Information. Pr	ovide the information re	equired in Part I li	ine 2: Part III. colum	n (b): and any other add	itional information
- Cappioniona momation :		oquirou iii i aic i, ii	2, . a,	(5), and any sais add	

SCHEDULE O (Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization

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.

▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

61-1080293 KENTUCKY SCHOOL FOR THE BLIND CHARITABLE FOUNDATIO 01. Form 990 governing body review (Part VI, line 11) discussion with copies presented to board members 02. Conflict of interest policy compliance (Part VI, line 12c) Discussion at regular monthly board meetings 03. CEO, executive director, top management comp (Part VI, line 15a) Review and discussion at board meeting 04. Other officer or key employee compensation (Part VI, line 15b Review and discussion at board meeting 05. Governing documents, etc, available to public (Part VI, line 19) All documents are available upon request