

EXTENDED TO NOVEMBER 16, 2015
Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

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

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

A For the 2014 calendar year, or tax year beginning and ending

<p>B Check if applicable:</p> <p><input type="checkbox"/> Address change</p> <p><input type="checkbox"/> Name change</p> <p><input type="checkbox"/> Initial return</p> <p><input type="checkbox"/> Final return/terminated</p> <p><input type="checkbox"/> Amended return</p> <p><input type="checkbox"/> Application pending</p>	<p>C Name of organization KENTUCKY NONPROFIT NETWORK, INC.</p> <p>Doing business as</p> <p>Number and street (or P.O. box if mail is not delivered to street address) Room/suite P.O. BOX 24362</p> <p>City or town, state or province, country, and ZIP or foreign postal code LEXINGTON, KY 40524</p> <p>F Name and address of principal officer: DANIELLE CLORE P.O. BOX 24362, LEXINGTON, KY 40524</p>	<p>D Employer identification number 46-0963142</p> <p>E Telephone number 859-963-3203</p> <p>G Gross receipts \$ 202,455.</p> <p>H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No</p> <p>H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions)</p> <p>H(c) Group exemption number ▶</p>
<p>I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527</p> <p>J Website: ▶ WWW.KYNONPROFITS.ORG</p> <p>K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶</p>		
<p>Part I Summary</p>		<p>L Year of formation: 2012 M State of legal domicile: KY</p>

	Activities & Governance			Revenue	Expenses	Net Assets or Fund Balances
1	Briefly describe the organization's mission or most significant activities: KENTUCKY NONPROFIT NETWORK, INC. EXISTS TO SERVE, STRENGTHEN AND ADVANCE KENTUCKY'S NONPROFIT					
2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.					
3	Number of voting members of the governing body (Part VI, line 1a)	3				
4	Number of independent voting members of the governing body (Part VI, line 1b)	4				
5	Total number of individuals employed in calendar year 2014 (Part V, line 2a)	5				
6	Total number of volunteers (estimate if necessary)	6				
7 a	Total unrelated business revenue from Part VIII, column (C), line 12	7a				
7 b	Net unrelated business taxable income from Form 990-T, line 34	7b				
8	Contributions and grants (Part VIII, line 1h)			Prior Year	Current Year	
9	Program service revenue (Part VIII, line 2g)			89,138.	51,869.	
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			83,978.	150,541.	
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			27.	45.	
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)			0.	-125.	
13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)			173,143.	202,330.	
14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.	
15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	0.	
16 a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	116,521.	
16 b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 272.			0.	0.	
17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)			0.	137,796.	
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)			0.	254,317.	
19	Revenue less expenses. Subtract line 18 from line 12			173,143.	-51,987.	
20	Total assets (Part X, line 16)			Beginning of Current Year	End of Year	
21	Total liabilities (Part X, line 26)			80,031.	47,069.	
22	Net assets or fund balances. Subtract line 21 from line 20			30,909.	49,934.	
				49,122.	-2,865.	

Part II Signature Block

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

Sign Here	<p>Signature of officer: <i>Danielle Clore</i></p> <p>DANIELLE CLORE, EXECUTIVE DIRECTOR</p>	<p>Date: 9/28/15</p>
Paid Preparer Use Only	<p>Print/Type preparer's name: SHAWN D. LANHAM, CPA</p> <p>Firm's name: HAROLD D. LANHAM, PSC</p> <p>Firm's address: P.O. BOX 307 HARRODSBURG, KY 40330</p>	<p>Preparer's signature: SHAWN D. LANHAM, CPA</p> <p>Date: 09/25/15</p> <p>Check if self-employed <input type="checkbox"/> PTIN: P00281788</p> <p>Firm's EIN: 61-1012095</p> <p>Phone no.: (859) 734-5439</p>

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission: [X]

KENTUCKY NONPROFIT NETWORK, INC. (KNN) SERVES, STRENGTHENS AND ADVANCES KENTUCKY'S NONPROFIT ORGANIZATIONS THROUGH QUALITY AND AFFORDABLE EDUCATIONAL OPPORTUNITIES AND TECHNICAL ASSISTANCE; RESOURCES ON NONPROFIT MANAGEMENT BEST PRACTICES; A UNIFIED VOICE FOR THE SECTOR ON

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? [] Yes [X] No

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? [] Yes [X] No

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 106,031. including grants of \$) (Revenue \$ 90,127.)

EDUCATION

KNN PROVIDES NONPROFIT EXECUTIVES, BOARD MEMBERS, STAFF AND VOLUNTEERS WITH ACCESS TO HIGH QUALITY, AFFORDABLE EDUCATIONAL OPPORTUNITIES. THE ANNUAL KENTUCKY NONPROFIT LEADERSHIP FORUM IS THE STATEWIDE CONVENING OF LEADERS IN KENTUCKY AND CONTINUES TO GROW EACH YEAR, PROVIDING THE LATEST TOOLS AND INFORMATION. ADDITIONAL EDUCATIONAL SEMINARS, WORKSHOPS, WEBINARS AND TECHNICAL ASSISTANCE ACTIVITIES FOCUSING ON NONPROFIT MANAGEMENT BEST PRACTICES AND CAPACITY BUILDING ARE ALSO PROVIDED EACH YEAR TO ASSIST NONPROFIT LEADERS WITH THEIR PROFESSIONAL AND ORGANIZATIONAL DEVELOPMENT NEEDS.

4b (Code:) (Expenses \$ 79,676. including grants of \$) (Revenue \$ 56,903.)

MEMBERSHIP AND OUTREACH

KNN IS A TRUSTED RESOURCE FOR KENTUCKY'S NONPROFIT COMMUNITY. TO ACHIEVE OUR MISSION OF SERVING, STRENGTHENING AND ADVANCING KENTUCKY'S NONPROFITS, KNN IS THE CENTRAL STATEWIDE RESOURCE FOR SHARING TOOLS AND KNOWLEDGE; COMMUNICATING WITH NONPROFITS ON MANAGEMENT BEST PRACTICES; PROVIDING ACCESS TO MEMBER BENEFITS AND MOBILIZING NONPROFITS TO ACHIEVE GREATER IMPACT IN THEIR COMMUNITIES.

4c (Code:) (Expenses \$ 19,962. including grants of \$) (Revenue \$ 3,511.)

KENTUCKY GIVES DAY

KNN HOSTED THE SECOND ANNUAL KENTUCKY GIVES DAY, A 24 HOUR ONLINE FUNDRAISING EVENT PROVIDING KENTUCKY'S NONPROFITS WITH AN OPPORTUNITY TO GENERATE NEW AND ADDITIONAL DOLLARS FOR THEIR MISSIONS VIA ONLINE GIVING. OUR EFFORTS TO HOST KENTUCKY GIVES DAY ALSO PROVIDES NONPROFITS WITH TECHNICAL ASSISTANCE IN IMPLEMENTING ONLINE FUNDRAISING AND SOCIAL MEDIA STRATEGIES. KENTUCKY GIVES DAY IS A SUCCESSFUL EFFORT FOR NONPROFITS PARTICULARLY IN SOME OF KENTUCKY'S MOST RURAL COMMUNITIES AND EFFECTIVELY ENCOURAGES PHILANTHROPY ACROSS KENTUCKY.

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

4e Total program service expenses 205,669.

Part IV Checklist of Required Schedules

Table with 3 columns: Question ID, Yes, No. Contains 20 main questions and sub-questions (a, b, c, d, e, f) regarding organizational activities, financial reporting, and compliance. Includes 'X' marks in the Yes/No columns for various items.

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Main form body containing questions 1a through 14b with Yes/No columns and input fields.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

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

X

Section A. Governing Body and Management

Table with 4 columns: Question, 1a, 1b, Yes, No. Rows include questions about voting members, officer relationships, management control, governance changes, asset diversion, and mailing addresses.

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

Table with 4 columns: Question, Yes, No. Rows include questions about local chapters, written policies, conflict of interest, whistleblower, document retention, compensation, and joint ventures.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed KY
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
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: DANIELLE CLORE - 859-963-3203 P.O. BOX 24362, LEXINGTON, KY 40524

Part VIII Statement of Revenue

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

		(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns					
	b Membership dues					
	c Fundraising events	7,635.				
	d Related organizations					
	e Government grants (contributions)					
	f All other contributions, gifts, grants, and similar amounts not included above	44,234.				
	g Noncash contributions included in lines 1a-1f: \$	2,464.				
	h Total. Add lines 1a-1f	51,869.				
	Program Service Revenue	2 a EDUCATION	900099	90,127.	90,127.	
b MEMBERSHIP AND OUTREAC		900099	56,903.	56,903.		
c KENTUCKY GIVES DAY		900099	3,511.	3,511.		
d						
e						
f All other program service revenue						
g Total. Add lines 2a-2f		150,541.				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)		45.		45.	
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory	(i) Securities				
		(ii) Other				
		b Less: cost or other basis and sales expenses				
		c Gain or (loss)				
	d Net gain or (loss)					
	8 a Gross income from fundraising events (not including \$ 7,635. of contributions reported on line 1c). See Part IV, line 18	a	0.			
		b Less: direct expenses	125.			
c Net income or (loss) from fundraising events			-125.		-125.	
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses					
	c Net income or (loss) from gaming activities					
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold					
	c Net income or (loss) from sales of inventory					
Miscellaneous Revenue		Business Code				
11 a						
	b					
	c					
	d All other revenue					
e Total. Add lines 11a-11d						
12 Total revenue. See instructions.		202,330.	150,541.	0.	-80.	