# NEIGHBORHOOD DEVELOPMENT FUND Not-for-Profit Transmittal and Approval Form

Applicant/Program: Eastern High School Track 400m Renovation Project Applicant Requested Amount: \$49,412 Appropriation Request Amount: \$40,000
Executive Summary of Request
Eastern High School is requesting funding to go towards needed equipment for their track facility. This equipment will serve all the students and athlets not only at Eastern but numerous other athlets as well. This equipment will make the track elegable to host a wide array of competitions annually.
Is this program/project a fundraiser?  Yes No
Is this applicant a faith based organization?
Does this application include funding for sub-grantee(s)?
I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.    \$25,000
Primary Sponsor Disclosure  List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.
Approved by:
Appropriations Committee Chairman Date
Final Appropriations Amount:

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#### Applicant/Program:

Jefferson County Public Education Foundation, Inc. - Eastern High School Track 400m Project

## **Additional Disclosure and Signatures**

#### Additional Council Office Disclosure

List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.

#### **Council Member Signature and Amount**

District 1	<u> </u>
District 2	<u> </u>
District 3	\$
District 4	
District 5	\$
	\$
District 7	\$
District 8	\$
District 9	\$
District 10	\$
District 11	\$
District 12	\$
District 13	\$
District 14	\$
District 15	\$

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1	Applicant/Program: Fostern thom	School
	Jefferson County Public Education Foundation, Inc-Track 400m	Project
	Additional Disclosure and Signatures	
	Additional Council Office Disclosure List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.	

District 16	<b>.</b> \$
District 17	\$5,000
District 18 Mauly fash	\$5,000
District 19	\$
District 20 Strant Benson	\$5,000
District 21	\$
District 22	\$
District 23	\$
District 24	\$
District 25	\$\$
District 26	\$

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Legal Name of Applicant Organization Jefferson County Public Education Foundation, Inc.

Program Name and Request Amount Eatern High School Track 400 m Renovation Project \$49,412

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	Yes▼
Is the funding proposed by Council Member(s) less than or equal to the request amount?	Ye₅✓
Is the proposed public purpose of the program viable and well-documented?	Yeŧ▼
Will all of the funding go to programs specific to Louisville/Jefferson County?	Yeŧ▼
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	Ye₅▼
Has prior Metro Funds committed/granted been disclosed?	Ye₹▼
Is the application properly signed and dated by authorized signatory?	Yes▼
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	Ye€▼
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	N/A
Is the entity in good standing with:  • Kentucky Secretary of State?  • Louisville Metro Revenue Commission?  • Louisville Metro Government?  • Internal Revenue Service?  • Louisville Metro Human Relations Commission?	Yeŧ▼
Is the current Fiscal Year Budget included?	Yeŧ▼
Is the entity's board member list (with term length/term limits) included?	Yes
Is recommended funding less than 33% of total agency operating budget?	N/A=
Does the application budget reflect only the revenue and expenses of the project/program?	Ye€▼
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	Yes▼
Is the most recent annual audit (if required by organization) included?	Yeş≖
Is a copy of Signed Lease (if rent costs are requested) included?	N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	N/A
Are the Articles of Incorporation of the Agency included?	Yes▼
Is the IRS Form W-9 included?	Yes▼
Is the IRS Form 990 included?	Yes▼
Are the evaluation forms (if program participants are given evaluation forms) included?	N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	N/A
Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards?	N/A =
Prepared by: Date: /- 2	-15/

	CECTION 4 APRIL	10.100	
Logol Name of Suul		LICANT INFORMATIO	N
Legal Name of Appl	letterson C	ounty Public Education	on Foundation, Inc.
Website: https://www	w.jefferson.kyschools.us/about/sup	cation Center, 3332 N	lewburg Road, Louisville, KY 40218
Applicant Contact:	Kristin Wingfeld		
Phone:		Title:	Coord. School Business Partnership
Financial Contact:	502.485.	Email:	kristin.wingfeld@jefferson.kysch
Phone:	Denise Dewitt	Title:	Mgr. Grants & Awards
	502.485.3734	Email:	denise.dewitt@jefferson.kyschool
	esentative who attended NDF Train		
	GRAPHICAL AREA(S) WHERE PROG	FRAM ACTIVITIES ARE	(WILL BE) PROVIDED
Program Facility Loc	ation(s): Eastern High School, 12	2400 Old Shelbyville	Road, Louisville, KY 40243
Council District(s):	19	Zip Code(s):	40243
	SECTION 2 – PROGRAM REQU		
	NAME: Eastern High School Track	400m Renovation Pr	oject
Total Request: (\$)	49,412 Total Metro A	ward (this program)	in previous year: (\$) 0
Purpose of Request	(check all that apply):		
Operating	Funds (generally cannot exceed 339	% of agency's total op	erating budget)
	ing/services/events for direct benef		
	ject of the organization (equipment		
The Following are Re	equired Attachments:		
■ IRS Exempt Status D	etermination Letter	Signed lease if ren	t costs are being requested
■ Current year project		■ IRS Form W9	t costs are being requested
■ Current financial sta	·		f used in the proposed program
■ Most recent IRS For	m 990 or 1120-H		quired by organization)
■ Articles of Incorpora	tion (current & signed)		ization Certification Form, if applicable
	proposed vendor if request is for	l ann sact organ	полот сегенсавот гогит, и аррисавие
capital expense	•		İ
Government for this	year ending June 30, list all funds a or any other program or expense, in t or Metro Council Appropriation (N	ncluding funds receive	ed through Metro Federal Grants
	School Playgrounds (11)	Amount: (\$)	3,350
	Other School Programs (3)		
Source:	The Democration (3)		,600
	tacted the BBB Charity Review for p	Amount: (\$)	
	tacted the BBB Charity Review for p t the BBB Charity Review Standards		s 🔳 No
The one applicant the	tille ppp chality keview standards	? Yes No	

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#### **SECTION 3 - AGENCY DETAILS**

Describe Agency's Vision, Mission and Services:

The Jefferson County Public Education Foundation (JCPEF) works to advance the education of the county's citizens by providing financial support for Jefferson County Public Schools (JCPS) and its initiatives. JCPEF focuses on a range of initiatives that support the JCPS vision of all students graduating prepared, empowered, and inspired to reach their full potential and contribute as thoughtful, responsible citizens of our diverse shared world. The foundation was incorporated in 1983 as a nonprofit organization under IRS 501(c)(3). JCPEF is making this request on behalf of Eastern High School, which is one of JCPS' 169 schools.

Eastern High School Mission Statement: At Eastern High School, learners discover their talents and strengthen their abilities through a full spectrum of liberal arts, cutting-edge technology, extra-curricular opportunities and rigorous course work empowering them as leaders for college, career, and community.

Eastern High School enrolls 2,062 students in grades nine through 12 with the following demographics:

Black: 22% White: 63% Hispanic: 7% Other: 8%

Free/Reduced Lunch Rate: 35.1%

Students with learning disability: 168 (8%)

Eastern High School Track 400m Renovation Project:

The mission of the Eastern High School Track 400m Renovation Project is to fundraise, plan, and build a new, top-notch track facility at Eastern High School. The vision of the facility is to be the home track for Eastern's track program but also to be available to the Eastern HS community (more than 1,000 students and athletes annually) and the greater track community including youth, high school, and adult training and competition.

The facility will aim to host 10 to 15 competitive events varying from elementary, middle, and high school competition throughout the scholastic season (March-May) and all age groups from youth through master's competition in the summer season (June-August). The facility will be a training center for all of Eastern athletics and will also be available to local elementary and middle school teams and summer club track.

We also have plans to partner with the Louisville Sports Commission and the Kentucky Track and Cross Country Coaches Association, as well as USA Track & Field-Kentucky to bring in national class events throughout the year.

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#### **SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF**

Board Member	Term End Date
James Allen, Chair	Jan 1, 2019
Franklin Jelsma, Vice Chair	Jan 1, 2019
Lynn Huether, Secretary/Treasurer	Jan 1, 2019
Robert Arnold	Jan 1, 2020
Vic Chadha	Jan 1, 2020
Al Cornish	Jan 1, 2019
Dr. Alex Gerassimides	Jan 1, 2020
Audwin Helton	Jan 1, 2019
Henry Heuser, Jr.	Jan 1, 2019
Kevin Joynt	Jan 1, 2020
Mitch Rue	Jan 1, 2019
Joe Seiler, Janine Broussard	Jan 1, 2021
Ken Selvaggi	Jan 1, 2020
Mark Shirkness, Jeff Uligan	Jan 1, 2021
Kevin Shurn, Meredith Erickson	Jan 1, 2021
Carl Thomas	Jan 1, 2020
Carol Timmons	Jan 1, 2020

Describe the Board term lim	it policy:			
No term limits.				

Three Highest Paid Staff Names	Annual Salary
No paid staff	

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#### SECTION 5 - PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address (attach related flyers, planning minutes, designs, event permits, proposals for services/goods, etc.):

The renovated Eastern High School track will serve a tremendous purpose in Middletown, East Louisville, and Louisville as a whole. The dual purposes of the facility will be general fitness training and specifically training and competition for Track and Field. Despite a population over 1 million people the city of Louisville has only 15 rubberized, all weather tracks. Of these 15 facilities fewer than 5 regularly host track and field competition and offer training time to the community at large.

Eastern's facility will plan to annually host over 10 track meets per year including opportunities for both scholastic competition and community competition. Even before completing our construction we have agreements to partner with Special Olympics Kentucky, the Kentucky Track and Cross Country Coaches Association, and Crosby Middle School to host special events. In the past we have also partnered with Hite, Tully, and Stopher Elementary schools. We also have partnered with the Louisville Sports Commission to host events. The track also hosts an annual Water Walk and the largest Youth Running Camp in the city.

As another benefit, the facility will, at times, be open for use by community members.

We plan to host a series of track and field meets open to the public as well as both running clinics and specific track and field skills clinics.

B: Describe specifically how the funding will be spent including identification of funding to sub grantee(s):

The Eastern Track Boosters have fundraised and financed a complete renovation of the track facility. We have raised more than \$170,000 for the track construction through individual donations and team fundraising. We also obtained a loan of \$220,000 backed by the booster club for the balance of the construction costs.

The project includes several other expenses in addition to construction costs to complete the facility to the standard that would allow it to bring top flight track and field competition to Louisville's East End. Specifically, we still need a considerable amount of equipment to host track events in the spring of 2019.

This grant would allow us to purchase the following equipment totaling \$49,412:

Pole Vault Equipment—Richey Master Pole Vault Set Up and Box Collar—\$20,210 Includes the pit, pit cover, box collar, and pole vault standards.

High Jump Equipment—Richey Master High Jump Setup—\$8,880 Includes high jump pit, top cover, and standards.

Hurdles—Richey Square Base Hurdles—100 hurdles—\$13,150 100 hurdles would give a full complement of hurdles for any events.

Steeplechase barriers—full set of four steeple barriers—\$7,172

Steeple barriers, along with Eastern's unique steeplechase pit, would make Eastern one of the few high school programs in this part of the country that could host all high school, collegiate, and USATF/AAU events.

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Applicant's Initials

+

: If this request is a fundraiser, please detail how the proceeds will be spent:
ot applicable.
For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for under the grant award period, identify the applicable circumstances:
The funding request is a reimbursement of the following expenditures that will probably be incurred after the application date, but prior to the execution of the grant agreement:
✓ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of this application.
The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.
Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach invoices or proof of payment):  Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan identified in this application.
✓ Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plan identified in this application.

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E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served.	erved
The track will provide a safe venue for both general fitness training and specific track and field training and ompetition. It will have a direct benefit to those in the community electing to use it during provided training apportunities. We will also track how many participants we have each year in track competition, clinics, and tructured training opportunities at the facility. We think it is very likely that this venue will be the most used to track and field competition in the city both by number of events hosted and number of participants annually	/enue
F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this	
program/project specifically. The project partners include over 200 unique donations from individuals, groups, and businesses along with team Undraising totaling over \$170,000.	m.
pecific partners include the following: entucky Track and Cross Country Coaches Association- financial donation oyd Company- financial donation astern Class of 1997- financial donation	
astern PTSA & Booster Clubs- financial donation entral Kentucky Track Club- financial donation wag's Sport Shoes- financial donation	
acers and Racers Runner Store- financial donation ouisville Sports Commission- Advice and Support pecial Olympics Kentucky- Community Support and future event planning	
ite, Stopher, and Tully Elementary- Community Support rosby Middle School- Community Support and future event planning	

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#### SECTION 6 - PROGRAM/PROJECT BUDGET SUMMARY

THE PROGRAM/PROJECT BUDGET SHOULD REALISTICALLY ESTIMATE WHAT AMOUNT IS NEEDED FROM METRO GOVERNMENT AND WHAT IS EXPECTED FROM OTHER SOURCES.

	Column 1	Column 2	Column (1+2)=3
Program/Project Expenses	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials			·
: Community Events & Festivals (See Detailed List on Page 8)			
: Machinery & Equipment	\$49,412	\$40,000	\$89,412
K: Capital Project		\$350,000	\$350,000
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS	\$49,412	390,000	\$439,412
% of Program Engger	11 %	89 %	100%

#### List funding sources for total program/project costs in Column 2, Non-Metro Funds:

Other State, Federal or Local Government	
United Way	-
Private Contributions (do not include individual donor names)	\$170,000
Fees Collected from Program Participants	
Other (please specify) Booster Club Funding	\$220,000
Total Revenue for Columns 2 Expenses **	\$390,000

<sup>\*</sup>Total of Column 1 MUST match "Total Request on Page 1, Section 2"

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<sup>\*\*</sup>Must equal or exceed total in column 2.

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7	Column 1	Column 2	Column (1 + 2)=3
(circle one and use multiple sheets if necessary)	Proposed Metro Funds	Non- Metro Funds	Total Funds
			,
Total			

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Donor*/Type of Contribution	Value of Contribution	Method of Valuation
		7
Total Value of In-Kind		
to match Program Budget Line Item. olunteer Contribution &Other In Kind)		
(to match Program Budget Line Item. Folunteer Contribution & Other In Kind)  R INFORMATION REFERS TO WHO MADE NDIVIDUALLY, BUT GROUPED TOGETHER PER WEEK	THE IN KIND CONTRIBUTION. ON ONE LINE AS A TOTAL NOT	VOLUNTEERS NEED NOT ING HOW MANY HOURS
(to match Program Budget Line Item. Folunteer Contribution & Other In Kind)  R INFORMATION REFERS TO WHO MADE NDIVIDUALLY, BUT GROUPED TOGETHER PER WEEK  Fiscal Year Start Date: July 1, 2018	ON ONE LINE AS A TOTAL NOT	ING HOW MANY HOURS
to match Program Budget Line Item. olunteer Contribution & Other In Kind)  R INFORMATION REFERS TO WHO MADE NDIVIDUALLY, BUT GROUPED TOGETHER PER WEEK  Fiscal Year Start Date: July 1, 2018  ur Agency anticipate a significant increase	ON ONE LINE AS A TOTAL NOT	ING HOW MANY HOURS
to match Program Budget Line Item. olunteer Contribution & Other In Kind)  R INFORMATION REFERS TO WHO MADE NDIVIDUALLY, BUT GROUPED TOGETHER PER WEEK  Fiscal Year Start Date: July 1, 2018  Ur Agency anticipate a significant increase projected for next fiscal year? NO	ON ONE LINE AS A TOTAL NOT	ING HOW MANY HOURS
to match Program Budget Line Item. olunteer Contribution & Other In Kind)  R INFORMATION REFERS TO WHO MADE NDIVIDUALLY, BUT GROUPED TOGETHER PER WEEK  iscal Year Start Date: July 1, 2018  Ir Agency anticipate a significant increase projected for next fiscal year? NO	ON ONE LINE AS A TOTAL NOT	ING HOW MANY HOURS
to match Program Budget Line Item. olunteer Contribution & Other In Kind)  R INFORMATION REFERS TO WHO MADE NDIVIDUALLY, BUT GROUPED TOGETHER PER WEEK  iscal Year Start Date: July 1, 2018  Ir Agency anticipate a significant increase projected for next fiscal year? NO	ON ONE LINE AS A TOTAL NOT	ING HOW MANY HOURS
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to match Program Budget Line Item. olunteer Contribution & Other In Kind)  R INFORMATION REFERS TO WHO MADE NDIVIDUALLY, BUT GROUPED TOGETHER PER WEEK  Fiscal Year Start Date: July 1, 2018  ur Agency anticipate a significant increase	ON ONE LINE AS A TOTAL NOT	ING HOW MANY HOURS

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#### SECTION 7 - CERTIFICATIONS & ASSURANCES

By signing Section 7 of the Grant Application, the authorized official signing for the applicant organization certifies and assures to the best of his or her knowledge and/or belief the following Assurances and Certifications. If there is any reason why one or more of the assurances or certifications listed cannot be certified or assured, please explain in writing and attach to this application.

#### Standard Assurances

- Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of expenditure is subject to Kentucky's open records law.
- Applicant understands if the grant agreement is not returned to Louisville Metro within 90 days of its mailing to the applicant, the approval is automatically revoked and the funds will not be disbursed to our organization.
- Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
- Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
- The Agency Is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
- Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
- Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal
  year end.
- 8. Applicant understands they must provide proof of all expenditures (canceled checks, receipts, paid Invoices). The Applicant understands the failure to provide proof of expenditures as required in the grant agreement could result in funding being withheld or request to be returned if previously disbursed.
- 9. Applicant understands if this application is approved, the grant agreement will identify an award period that begins with the Metro Council approval date, and will end with June 30 of the fiscal year in which the grant is approved. Expenditures associated with this award expected to occur prior to the award period (approval date) must be disclosed in this application in order to be considered compliant with the grant agreement.
- 10. Applicant understands if we choose to incur expenditures prior to the approval of the application by the Metro Council, there is no guarantee that funding will be reimbursed, as the Council may choose not to award the application.
- 11. Applicant will establish safeguards to prohibit employees or any person that receives compensation from awarded funds from using their position for a purpose that constitutes or presents the appearance of personal or organizational conflict of interest, or personal gain.

#### Standard Certifications

- 1. The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
- 2. The Agency has a written Affirmative Action/Equal Opportunity Policy.
- 3. The Agency does not discriminate in employment or in provision of any service/program/activity/event based on age, color, disabled status, national origin, race, religion, sex, gender identity or sexual orientation, or Vietnam era veteran status.
- 4. The Agency certifies it will not require clients, recipients, or beneficiaries to participate in religious, political, fraternal or like activities in order to receive services/benefits provided with Louisville Metro Government funds.
- 5. The Agency understands the Americans with Disabilities Act (ADA) and makes reasonable accommodations.

Relationship Disclosure: List below any relationship you or any member of your Board of Directors or employees has with any Councilperson, Councilperson's family, Councilperson's staff or any Louisville Metro Government employee.

SECTION 8 - CERTIFICATIONS & ASSURANCES

I certify under the penalty of law the information in this application (including, without limitation accurate to the best of my knowledge. I am aware my organization will not be eligible for funding	if investiga	tion at any time shows
falsification. If falsification is shown after funding has been approved, any allocations already rece	eived and ex	mended are subject to be
repaid. I further certify that I am legally authorized to sign this application for the applying organi	ization and	have initialed each page of the
application.		
Signature of Legal Signatory: Mm. C. Clill	Date:	1-14-190
Legal Signatory: (please print): James Allen	Title:	Chair, JCPEF
Phone: 502.485.2791 Extension: NA Email: krist	in.wingfe	ld@jefferson.kyschools.us

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# IRS DETERMINATION LETTER

Internal Revenue Service District Director

Department of the Treasury

Date:

JUL 19 1983

Jefferson County Public Education Foundation, Inc. 416 West Jefferson Louisville, KY 40202 Employer identification Number:
61-1021128
Accounting Period Ending:
June 30
Form 990 Required: K Yes No

Person to Contact:

Marilyn Miller

Contact Telephone Number:

(\$13) 684-3578

Dear Applicant:

Based on information supplied, and assuming your operations will be as stated in your application for recognition of exemption, we have determined you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code.

We have further determined that you are not a private foundation within the meaning of section 509(a) of the Code, because you are an organization described in section 509(a)(3).

If your sources of support, or your purposes, character, or method of operatio; change, please let us know so we can consider the effect of the change on your exempt status and foundation status. Also, you should inform us of all changes in your name or address.

Generally, you are not liable for social security (FICA) taxes unless you file a waiver of exemption certificate as provided in the Federal Insurance Contributions Act. If you have paid FICA taxes without filing the waiver, you should contact us. You are not liable for the tax imposed under the Federal Unemployment Tax Act (FUTA).

Since you are not a private foundation, you are not subject to the excise taxes under Chapter 42 of the Code. However, you are not automatically exempt from other Federal excise taxes. If you have any questions about excise, employment, or other Federal taxes, please let us know.

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

The box checked in the heading of this letter shows whether you must file Form 990, Return of Organization Exempt from Income tax. If Yes is checked, you are required to file Form 990 only if your gross receipts each year are normally more than \$10,000. If a return is required, it must be filed by the 15th day of of the fifth month after the end of your annual accounting period. The law imposes a penalty of \$10 a day, up to a maximum of \$5,000, when a return is filed late, unless there is reasonable cause for the delay.

You are not required to file Federal income tax returns unless you are subject to the tax on unrelated business income under section 511 of the Code. If you are subject to this tax, you must file an income tax return on Form 990-T. In this letter, we are not determining whether any of your present or proposed activities are unrelated trade or business as defined in section 513 of the Code.

You need an employer identification number even if you have no employees.

If an employer identification number was not entered on your application, a number will be assigned to you and you will be advised of it. Please use that number on all returns you file and in all correspondence with the Internal Revenue Service.

Because this letter could help resolve any questions about your exempt status and foundation status, you should keep it in your permanent records.

If you have any questions, please contact the person whose name and telephone number are shown in the heading of this letter.

Sincer yours

James J. Ryan V District Director

This supersedes our letter of July 1, 1983 in which we classified your non-private foundation status under section 509(a)(1) and 170(b)(1)(A)(vi).

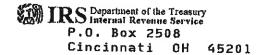
For tax years ending on or after December 31, 1982, you are required to file Form 990 only if your gross receipts each year are normally more than \$25,000, instead of \$10,000 as indicated above.

Beginning January 1, 1984, unless specifically excepted, you must pay taxes under the Federal Insurance Contributions Act. (social security taxes) for each employee who is paid \$100 or more in a calendar year.

cc: G. Alexander Hamilton
Wyatt, Tarrant & Combs
Citizens Plaza
Louisville, KY 40202

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Andres B



In reply refer to: 0248164841 June 14, 2011 LTR 4168C E0 61-1021128 000000 00

00015796 BODC: TE

JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION
502 WOOD RD RM 201
LOUISVILLE KY 40222



034020

Employer Identification Number: 61-1021128
Person to Contact: B. HALL
Toll Free Telephone Number: 1-877-829-5500

Dear TAXPAYER:

This is in response to your June 03, 2011, request for information regarding your tax-exempt status.

Our records indicate that you were recognized as exempt under section 501(c)(3) of the Internal Revenue Code in a determination letter issued in JULY 1983.

Our records also indicate that you are not a private foundation within the meaning of section 509(a) of the Code because you are described in section(s) 509(a)(1) and 170(b)(1)(A)(vi).

Donors may deduct contributions to you as provided in section 170 of the Code. Bequests, legacies, devises, transfers, or gifts to you or for your use are deductible for Federal estate and gift tax purposes if they meet the applicable provisions of sections 2055, 2106, and 2522 of the Code.

Please refer to our website www.irs.gov/eo for information regarding filing requirements. Specifically, section 6033(j) of the Code provides that failure to file an annual information return for three consecutive years results in revocation of tax-exempt status as of the filing due date of the third return for organizations required to file. We will publish a list of organizations whose tax-exempt status was revoked under section 6033(j) of the Code on our website beginning in early 2011.

0248164841 June 14, 2011 LTR 4168C E0 61-1021128 000000 00 00015797

JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION 502 WOOD RD RM 201 LOUISVILLE KY 40222

If you have any questions, please call us at the telephone number shown in the heading of this letter.

Sincerely yours,

S. A. Martin, Operations Manager Accounts Management Operations

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# CURRENT YEAR OPERATING BUDGET

# Jefferson County Public Education Foundation FY19 Operating Budget

### FY19 Budget

Revenue		•
Corporate Total	8	.\$50,000
Foundation Total		\$250,000
Government Total		\$110,000
Individual Total		\$100,000
		\$510,000

#### **Expenses**

\$510,000

# AUDITED FINANCIAL STATEMENT

## JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC.

FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2016 AND 2015

## JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC.

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500 NORTH HURSTBOURNE PARKWAY, SUITE 150, LOUISVILLE, KENTUCKY 40222 . PHONE: 502.423.0311 = FAX: 502.339.7103

#### Independent Auditor's Report

Board of Directors

Jefferson County Public Education Foundation, Inc.

Louisville, Kentucky

We have audited the accompanying financial statements of Jefferson County Public Education Foundation, Inc., which comprise the statements of assets and net assets – cash basis as of June 30, 2016 and 2015, and the related statements of revenues and support, expenses, and changes in net assets – cash basis for the years then ended, and the related notes to the figureial statements.

#### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with the cash basis of accounting as described in Note 1; this includes determining that the cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

#### Auditor's Responsibility

Our responsibility is to express an opinion on these financial statements based on our audits. We conducted our audits in accordance with auditing standards generally accepted in the United States of America. Those standards require that we pan and perform the audit to obtain reasonable assurance about whether the financial statements are free from material misstatement.

An audit involves performing procedures to obtain audit evidence about the amounts and disclosures in the financial statements. The procedures selected depend on the auditor's judgment, including the assessment of the risks of material misstatement of the financial statements, whether due to fraud or error. In making those risk assessments, the auditor considers internal control relevant to the entity's preparation and fair presentation of the financial statements in order to design audit procedures that are appropriate in the circumstances, but not for the purpose of expressing an opinion on the effectiveness of the entity's internal control. Accordingly, we express no such opinion. An audit also includes evaluating the appropriateness of accounting policies used and the reasonableness of significant accounting estimates made by management, as well as evaluating the overall presentation of the financial statements.

We believe that the audit evidence we have obtained is sufficient and appropriate to provide a basis for our audit opinion.

#### Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of Jefferson County Public Education Foundation, Inc. as of June 30, 2016 and 2015, and the changes in its net assets for the years then ended in accordance with the cash basis of accounting as described in Note 1.

#### **Basis of Accounting**

We draw attention to Note I of the financial statements, which describes the basis of accounting. The financial statements are prepared on the cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

Louisville, Kentucky June 19, 2017

Monroe Shine

## JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC. STATEMENTS OF ASSETS AND NET ASSETS - CASH BASIS JUNE 30, 2016 AND 2015

#### **ASSETS**

	<u>2016</u>	<u>2015</u>
Cash and cash equivalents	\$ 1,214,554 \$	1,358,972
NET ASSETS		
Unrestricted	157,467	13,598
Unrestricted - board designated	7,490	69,035
Temporarily restricted	1,049,597	1,276,339
TOTAL NET ASSETS	\$ 1,214,554 \$	1,358,972

# JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC. STATEMENTS OF REVENUES AND SUPPORT, EXPENSES, AND CHANGES IN NET ASSETS - CASH BASIS YEAR ENDED JUNE 30, 2016

	Every O Reads		Youth chievement	David Jones L. Vocal Scholarship	Community Data Linison Position	
Revenue and support:					3 -	
Contributions	\$	- \$	-	\$ 26,000	\$ 125,000	
Net investment income			-	. 3	•	
Transfers between programs		1.	-	-	F 6	
		20		26,003	125,000	
Expenses:						
Educational grants and expenses	16,4	171	3,000	5,000	21,504	
Payroll expenses	•	•	38	2	227	
Other general expenses			_	_		
	16,4	71	3,000	5,000	21,504	
Changes In Net Assets	(16,4	71)	(3,000)	21,003	103,496	
Total Net Assets, Beginning of Year	208,8	65	72,768	22,368		
Total Net Assets, End of Year	\$ 192,3	94 \$	69,768	\$ 43,371	\$ 103,4%	

Other Temporar		emporarily		Board								
Te	mporarily		Restricted	1	Designated		Other					
R	estricted		Total		Programs	U	nrestricted		Total			
s	553,183	s	704,183	s		\$	143,425	•	847,608			
	1	•	4	•	-	•	132	•	136			
					(37,727)		37,727		-			
	553,184		704,187		(37,727)		181,284		847,744		11	
	754,941		800,916		23,818		27,544		852,278			
	130,013		130,013		25,010		196		130,013			
	*				*:		9,871		9,871			
	884,954		930,929		23,818		37,415		992,162			
	(331,770)		(226,742)		(61,545)		143,869		(144,418)			
	972,338		1,276,339		69,035		13,598		1,358,972			
\$	640,568	\$	1,049,597	\$	7,490	\$	157,467	\$	1,214,554			

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# JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC. STATEMENTS OF REVENUES AND SUPPORT, EXPENSES, AND CHANGES IN NET ASSETS - CASH BASIS . YEAR ENDED JUNE 30; 2015

99	<u></u>	very One Reads	K	CE&S indergarten Program	Vogt Scholars	Ac	Youth hievement
TEMPORARILY RESTRICTED NET ASSETS							
Revenue and support:							
Contributions	\$	4,000	\$	250,000	\$ *	s	-
Net investment income				1.50	5.5	-	33
Transfers between programs				45	12.		-
		4,000		250,000	 		•
Expenses:							
Educational grants and expenses		17,580		41	190		3,000
Payroll expenses		(9)			(*)		-
Other general expenses		-		-	688		
		17,580		-			3,000
Changes In Net Assets		(13,580)		250,000	-		(3,000)
Total Net Assets, Beginning of Year		-222,445		o h maa	 69,778		75,768
Total Net Assets, End of Year	\$	208,865	\$	250,000	\$ 69,778	\$	72,768

Other	Temporarily	Board	0.1				
Temporarily Restricted	Restricted Total	Designated Programs	Other Unrestricted	Total			
\$ 812,876 4	\$ 1,066,876 4	\$ - %	\$ 6,248 138	\$ 1,073,124 142			
812,880	1,066,880	-	6,386	1,073,266			
1,236,313	1,256,893	34,730	10	1,291,623			
38,118	38,118	-	10,067	38,118 10,067			
1,274,431	1,295,011	34,730	10,067	1,339,808			
(461,551)	(228,131)	(34,730)	(3,681)	(266,542)			
1,136,479	1,504,470	103,765	17,279	1,625,514			
\$ 674,928	<b>\$</b> 1,276,339	\$ 69,035	\$ 13,598	\$ 1,358,972			

# JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC. NOTES TO FINANCIAL STATEMENTS JUNE 30, 2016 AND 2015

#### (1) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

#### Nature of Operations

The Jefferson County Public Education Foundation, Inc. (the "Foundation") is engaged in the solicitation and receipt of gifts, grants, and contributions from individuals, groups, corporations, and other sources, public and private, to assist and support the public school system of Jefferson County, Kentucky. The Foundation also engages in other activities to advance the education of citizens of Louisville and Jefferson County, Kentucky. The Foundation qualifies as a non-profit organization under Section 501(c)(3) of the Internal Revenue Code and is, therefore, exempt from federal and state income taxes.

#### Basis of Presentation

The accompanying financial statements are presented on the cash basis of accounting which is a comprehensive basis of accounting other than accounting principles generally accepted in the United States of America. Consequently, revenues are recognized when received rather than when earned and expenses and purchases of assets are recognized when cash is disbursed rather than when the obligation is incurred. This basis differs from accounting principles generally accepted in the United States of America primarily because the Foundation has not recognized donor pledges or in-kind donations.

The Foundation reports net assets and revenues, expenses, gains, and losses based on the existence or absence of donor-imposed restrictions. Accordingly, net assets of the Foundation and changes therein are classified and reported as follows:

<u>Unrestricted net assets</u> - Represent the portion of expendable funds available for support in the operation of the Foundation.

<u>Temporarily restricted net assets</u> – Net assets subject to donor-imposed stipulations that may or will be met either by actions of the Foundation and/or the passage of time.

<u>Permanently restricted net assets</u> – Net assets subject to donor-imposed stipulations that they be maintained permanently by the Foundation. At June 30, 2016 and 2015, the Foundation had no permanently restricted net assets.

Certain prior year accounts have been reclassified to conform to current year presentations.

#### Cash and Cash Equivalents

The Foundation considers all highly liquid investments with an initial maturity of three months or less to be cash equivalents.

#### **Contributions**

All contributions are considered to be available for unrestricted use unless specifically restricted by the donor. Amounts received that are designated for future periods or restricted by the donor for specific purposes are reported as temporarily restricted or permanently restricted support that increases those net asset classes. However, if a restriction is fulfilled in the same time period in which the contribution is received, the entity reports the support as unrestricted.

# JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC. NOTES TO FINANCIAL STATEMENTS - CONTINUED JUNE 30, 2016 AND 2015

#### (I - continued)

#### **Income Taxes**

The Foundation is exempt from federal and state income taxes under Section 501(c)(3) of the Internal Revenue Code. Accordingly, the financial statements do not provide for income taxes.

The Foundation has implemented the accounting guidance for uncertainty in income taxes. Under that guidance, tax positions need to be recognized in the financial statements when it is more-likely-than-not the position will be sustained upon examination by the tax authorities. As of June 30, 2016, The Foundation has no uncertain tax positions that qualify for either recognition or disclosure in the financial statements. The Foundation files federal income tax returns. Returns filed for the tax years ended on or after June 30, 2013 are subject to examination. The Foundation is not currently being examined and management believes its tax-exempt status would be upheld under examination.

#### (2) CASH AND CASH EQUIVALENTS

Cash and cash equivalents included in the accompanying statements of assets and net assets consist of the following as of June 30:

	<u>2016</u>	<u>2015</u>
Money market account Checking accounts	\$ 1,201,754 	
Total	\$ <u>1.214.55</u> 4	\$ 1,358,972

The Foundation maintains its cash in bank deposit accounts which, at times, may exceed FDIC limits. However, the amounts in excess of the FDIC limits exposed to credit risk are secured by United States Treasury repurchase agreements pledged by the Foundation's bank and held in the Foundation's name.

#### (3) CONTRIBUTIONS

The Foundation's revenue consists primarily of donor contributions. The Foundation records multi-year pledges in the period in which the contribution is received under the cash basis of accounting.

#### (4) BOARD DESIGNATED NET ASSETS

Unrestricted net assets include an amount designated by the board of directors of \$7,490 and \$69,035 as of June 30, 2016 and 2015, respectively. This designation is to fund advanced teacher training and an outreach program called ACT Now to improve students' qualifications for higher education enrollment opportunities.

# JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC. NOTES TO FINANCIAL STATEMENTS - CONTINUED JUNE 30, 2016 AND 2015

#### (5) OTHER TEMPORARILY RESTRICTED NET ASSETS

Other programs consisted of the following as of June 30:

	2016	<u>2015</u>
National Board Certified Teacher Training Louisville Education & Employment Part. ZEON Chemicals CE&S Kindergarten Camp Oliver Daniel Winn HOSA Ford Academies Ford NGL Lou Goes to College Gordon Food Service Wyatt Debate Scholarship Fund All others	\$ 38,000 34,227 31,820 24,463 24,000 22,922 20,048 20,000 18,795 17,535 388,758	\$ 40,500 5,265 43,448 - 25,000 19,226 13,105 - 21,788 10,830 495,766
	\$ <u>640,568</u>	\$ 674,928

Temporarily restricted net assets amounting to \$1,049,597 and \$1,276,339 for 2016 and 2015, respectively, are available for various programs conducted by the Jefferson County Public Schools and include amounts for early childhood development, student scholarships, teacher recognition and awards, and various other special projects.

#### (6) CONCENTRATION

During the year ended June 30, 2016, the Foundation received a total of \$284,700 from the CE&S Foundation, which represents approximately 27% of contributions. During the year ended June 30, 2015, the Foundation received a total of \$277,079 from the CE&S Foundation and \$181,043 from WHAS Crusade from Children, which represents approximately 26% and 17% of contributions, respectively.

#### (7) SUBSEQUENT EVENTS

The Foundation has evaluated whether any subsequent events that require recognition or disclosure in the accompanying financial statements and related notes thereto have taken place through June 19, 2017, the date these financial statements were available to be issued. The Foundation has determined that there are no such subsequent events.

# 990 FORM

Return of Organization Exempt From Income Tax

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

OMB No. 1545-0047

Department of the Treasury

Do not enter social security numbers on this form as it may be made public.
 Information about Form 990 and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>.

-		information about Form 990 and its instructions is a	at www.in	s.aov/form990	l.	inspection
A	For th			UN 30,	2017	
В	Check is applicat	DEFFERSON COUNTY PUBLIC EDUCATION		D Employer identification number		
누	chan Nam					
<u> </u>	chan	Doing business as			61-1	.021128
Final		Number and street (or P.O. box if mail is not delivered to street address)   R   P.O. BOX 35368	loom/suite _	E Telephone number 502-585-5347		
	tormi ated			G Gross recelp	bs \$	3,461,550.
	Amer	LOUISVILLE, KY 40202		H(a) is this a group return		
	Appli			for subcrdinates? Yes X No		
	pend	100 EASTPOINT PARKWAY, LOUISVILLE, KY	4022			ncluded? Yes No
1	Tax-ex	sempt status; X 501(c)(3) 501(c) ( ) ◀ (Insert no.) 4947(a)(1) or				list. (see instructions)
		ite: N/A		H(c) Group e		
		f organization: X Corperation Trust Association Other	I Vear			A State of legal domicile: KY
	art I	Summary	1 - 1 car c	n Ionadon, 2	203/1	er draw criegal conficile, IXI
	1	Briefly describe the organization's mission or most significant activities: SUPPOR	PW OF	CUTUAT.	CONT (	COTINITIV
8	1	KENTUCKY PUBLIC SCHOOLS	KI OF	OBFFER:	SOM (	COUNTY,
Ē	2					
Governance	3	Check this box  if the organization discontinued its operations or disposed Number of voting members of the governing body (Part VI, line 1a)				
ő	4		•••••		3	25
-85	"	Number of independent voting members of the governing body (Part VI, line 1b)	•		4	25
Activities &	5	Total number of individuals employed in calendar year 2016 (Part V, line 2a)	r		5	0
Ž	6	Total number of volunteers (estimate if necessary)			6	0
Ag	78	Total unrelated business revenue from Part VIII, column (C), line 12			7a	_0.
	<u> </u>	Net unrelated business taxable income from Form 990-T, line 34		******************	7b	0.
				Prior Year		Current Year
2	8	Contributions and grants (Part VIII, line 1h)		847,	608.	3,461,275.
Revenue	9	Program service revenue (Part VIII, line 2g)			Ö.	0.
<u>§</u>	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)			136.	275.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)			0.	0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		847,	744.	3,461,550.
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		852,		1,317,235.
	14	Benefits paid to or for members (Part IX, column (A), line 4)			0.	0.
u)		Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)			0.	0.
JSe	16a	Professional fundraising fees (Part IX, column (A), line 11e)			0.	0.
Expenses	ь	Total fundraising expenses (Part IX, column (D), line 25) > 73,805	5.			
ñ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		139,	384	190,033.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		992,	162.	1,507,268.
	19	Revenue less expenses. Subtract line 18 from line 12		-144,4		1,954,282.
L S		The state of the s		inning of Curre	$\overline{}$	
왍뎚	20	Total assets (Part X, line 16)	-	1,214,		End of Year 3,168,836.
SE		Total liabilities (Part X, line 16)	···	2,222,	0.	0,100,030.
펄		Net assets or fund balances. Subtract line 21 from line 20	****	1,214,5		3,168,836.
	rt II	Signature Block		1,414,	J-24-1	3,100,030.
		ttles of perjury, I declare that I have examined this return, including accompanying schedules an	-d -t-t	40 00-14-41-4		Landata and N. P. C. U.
FIIA	correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which	iu statemen	is, and to the bi	st of my	Knowledge and Deliet, It is
40,	201100		preparer n	as any knowled	je	
Signature of officer Date						
angle   Parameter   Parameter				Date		
Here JOSEPH SEILER, SECRETARY/TREASURER Type or print name and title						
			l ne	da I		
أسير		Print/Type preparer's name Preparer's signature	Da		Check (_ if	PTIN
'aid		JEREMY M FINN, CPA			self-employe	
reparer Firm's name MONROE SHINE & CO., INC. CPA'S			Firm's	EIN 🛌	35-1515068	
Ise Only   Firm's address ▶ PO BOX 22039						
LOUISVILLE, KY 40252-9804 Phone no. 502-423-0311						
Alay the IRS discuss this return with the preparer shown above? (see instructions)						
3200	1 11-11	-16 LHA For Paperwork Reduction Act Notice, see the separate instructions.			_	Form 990 (2016)

## JEFFERSON COUNTY PUBLIC EDUCATION

For	m 990 (2016) FOUNDATION, INC.	61-1021128	Page 2
P	art III Statement of Program Service Accomplishments		
_	Check if Schedule O contains a response or note to any line in this Part III		
1	Briefly describe the organization's mission:		•
	SUPPORT OF JEFFERSON COUNTY, KENTUCKY PUBLIC SCHOOLS		
		<del></del>	
			_
2	Did the organization undertake any significant program services during the year which were not listed on the		-
	prior Form 990 or 990-EZ?	Ves	X No
	If "Yes," describe these new services on Schedule O.		140
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?		X No
	If "Yes," describe these changes on Schedule O.	L res	1 <u>42</u> 140
4	Describe the organization's program service accomplishments for each of its three largest program services, as r		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to other	neasured by expenses.	
	revenue, if any, for each program service reported.	s, the total expenses, a	nd
4a			
70	T, JI, ZJJ (Revenue	њ\$	
	GRANTS AND ALLOCATIONS TO THE JEFFERSON COUNTY PUBLIC SCH	HOOL SYSTEM	<u>IN</u>
*	KENTUCKY AND INDIVIDUALS TO PROMOTE EDUCATIONAL IMPROVEMENT	<u>ents in</u>	
	ELEMENTARY, MIDDLE, AND HIGH SCHOOLS AND EARLY CHILDHOOD	EDUCATION.	
4b	(Code:) (Expenses \$ including grants of \$ ) (Revenue		
70	(Code:) (Expenses 5) (Revenue	B\$	
4c	(Code:) (Expenses Sincluding grants of S) (Revenue		
70	(Code:) (Expenses S) (Revenue	· \$	)
		<u></u>	
4d	Other program services (Describe in Schedule O.)		
-T-M			
1=	(Expenses 5 including grants of \$ ) (Revenue \$		
4e	Total program service expenses ▶ 1,391,040.		
		Form 99	00 (2016)

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		1 1 5 3	1 140
	If "Yes," complete Schedule A	1	l x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for	-	1	1-
	public office? If "Yes," complete Schedule C, Part I	3	1	X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	-		<del> </del>
	during the tax year? If "Yes," complete Schedule C, Part II	4	1	X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or	1		
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	1	x
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			1
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	۲		<del> </del>
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7	1	X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<u> </u>		
	Schedule D, Part III	8	1	x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	<u> </u>		-
	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 endowments, permanent	1		
	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, VIII, VIII, IX, or X	1.0		
	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		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11Ь		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	110		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	110		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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		Ì	
	Schedule D, Parts XI and XII	12a	X	
ь	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
148	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
В	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,		- 1	
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
15	or more? [f "Yes," complete Schedule F, Parts I and IV	14Ь		_X
13	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		X
10	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	1 1		
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16	<b></b> -↓	X
••	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			*-
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I  Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		X
	1c and 8a? If "Yos " complete Schodule C. Part III.		I	7.5
19	1c and 8a? If "Yes," complete Schedule G, Part II  Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	18	$\rightarrow$	X
_	complete Schedule G. Parl III		ı	v
		form !	ggn "	X
		TOINT !		(010

Part IV | Checklist of Required Schedules (continued) Yes No 20a Did the organization operate one or more hospital facilities? If "Yes, " complete Schedule H X. 20a ------b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? 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 ..... Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 27 If "Yes," complete Schedule I, Parts I and III X 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? If "Yes," complete Schedule J ..... X 23 24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No", go to line 25a ..... X 24a Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? 24b 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? 24c d 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 X 25a 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? .ff "Yes," complete Schedule L, Part I X 25b 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? If "Yes," complete Schedule L, Part II X 26 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? If "Yes," complete Schedule L, Part III ..... X 27 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 current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV X 28a A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV ..... X An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV ..... 28c X Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M ...... 29 X 29 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M ..... X 30 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I X Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 32 Schedule N, Part II X 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-37 # "Yes," complete Schedule R, Part I 33 X Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and 34 Part V, line 1 X 34 Did the organization have a controlled entity within the meaning of section 512(b)(13)? X 35a b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2 35b Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? If "Yes." complete Schedule R, Part V, line 2 ..... X 36 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 X 37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note, All Form 990 filers are required to complete Schedule O X Form 990 (2016)

	Check if Schedule O contains a response or note to any line in this Part V			_
	4 4 4		Yes	· No
la	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable	٥٢	103	1
b		5		
C	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming	7	1	and the same
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements.		$\top$	1
				1
þ	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		Į
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		1	Т
3 <b>a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	1	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		$\Box$	
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
þ	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).		3	ĺ
5 <b>a</b>	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
C	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the 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 gifts			
	were not tax deductible?	6Ь	1	
7	Organizations that may receive deductible contributions under section 170(c).			
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a_	<u> </u>	X
Ь	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
C	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7c		X
d	if "Yes," indicate the number of Forms 8282 filed during the year 7d	$\Box$		
е	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
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		Х
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
3	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the		$\Box$	
	sponsoring organization have excess business holdings at any time during the year?	8		
	Sponsoring organizations maintaining donor advised funds.			
	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
	Section 501(c)(7) organizations. Enter:			
a	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		ľ	
	Section 501(c)(12) organizations. Enter:	, 1		
	Gross income from members or shareholders	! <b>[</b>		
b	Gross income from other sources (Do not net amounts due or paid to other sources against	;- I	- 1	
	amounts due or received from them.)			
a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		
6	ff "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b			
	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	s the organization licensed to issue qualified health plans in more than one state?	13a	$\Box$	
4	Note. See the instructions for additional information the agreement in a contract on the contract of the contr			
	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		- 1	
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			
b c	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 13b Enter the amount of reserves on hand 13c			
b c a	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	14a		X

JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION. INC. 61-1021128 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 Section A. Governing Body and Management No Yes 1a Enter the number of voting members of the governing body at the end of the tax year 25 1a 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 25 Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? X 3 Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 X Did the organization have members or stockholders? Χ· 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? X 7a 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 X Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: a The governing body? \_\_\_\_\_ X 8a b Each committee with authority to act on behalf of the governing body? Х 86 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 Section 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? X 10a 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? X <u>1</u>1a 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 X Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe în Schedule O how this was done ..... 12 c Did the organization have a written whistleblower policy? 13 X 13 Did the organization have a written document retention and destruction policy? 14 X 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official X Other officers or key employees of the organization X 15b If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? X 16a 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? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed > NONE Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply

State the name, address, and telephone number of the person who possesses the organization's books and records:

JOE SEILER, TREASURER - 502-499-4794

2500 EASTPOINT PARKWAY, LOUISVILLE, KY 40223

\_\_\_ Another's website

statements available to the public during the tax year.

X Upon request

Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial

Other (explain in Schedule O)

Own website

Form 990 (2016) FOUNDATION, INC. 61-1021128 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.

Page 7

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. X 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	(de	not o c, unle	Pos sheck ss pe	C) sition more	) then is bot	one h an	(D)  Reportable compensation from	(E) Reportable compensation from related	(F) Estimated amount of other
<del></del>	(list any hours for related organizations below line)	Individual Instite or director	Individual trastee or director fractitutional teratee Officer Kay emplayee Highert compansable employee Former		Officer Officer Any ampligue Highest compensation Fringings		the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations	
(1) JAMES R ALLEN	1.00	l								
CHAIRMAN (2) FRANKLIN JELSMA	4 0 5	X	Ц.	X				0.	0.	0.
(2) FRANKLIN JELSMA VICE CHAIRMAN	1.00									
(3) JOSEPH SEILER	2 00	X		X	<u> </u>		Ш	0.	0.	0.
TREASURER	3.00									
(4) MIKE BROWN	1 00	X		X		_		0.	0.	0.
MEMBER	1.00	x							_ }	
(5) AUDWIN HELTON	1.00	_		-	_	$\vdash$		0.	0.	
MEMBER	1.00	X								_
(6) HENRY HEUSER JR	1.00	Α.	_	$\vdash$				0.	0.	0.
MEMBER	1.00	X						0.	0	
(7) MARK SHIRKNESS	1.00	^				$\dashv$	$\dashv$		0.	0.
MEMBER	2100	x						0.	0.	
(8) KEVIN SHURN	1.00			-			$\dashv$	0.1		
MEMBER		x						0.	0.	0.
(9) JEFF ULIGIAN	1.00			$\neg$	一	7	1			<u> </u>
MEMBER		x						0.	0.	0.
(10) AL CORNISH	1.00		╅	7	$\neg$		寸			
MEMBER		х		- 1	ŀ			0.1	0.	0.
(11) LYNN HUETHER	1.00	$\Box$	$\neg$		一		寸			
MEMBER		X		_				0.	0.	0.
(12) KEN SELVAGGI	1.00			П		П	П			
MEMBER		X	_	$\perp$	_	_	$\perp$	0.	0.	0.
(13) BILL SIMPSON	1.00	- 1	- 1	- 1				· T		
MEMBER		X	4	4	4		4	0.	0.	0.
(14) MALCOLM B. CHANCEY JR. MEMBER	1.00	_								
	1 00	X	-	4	4	4	_	0.	0.	O
(15) DR. DONNA M. HARGENS MEMBER	1.00							.		
(16) ROBERT J. ARNOLD	1 00	X	$\dashv$	$\dashv$	+		+	0.	0.	0.
MEMBER . ARROLD	1.00	x			ľ	-1		,		
(17) VIK CHADHA	1.00	<u> </u>	+	+	+	$\dashv$	+	0.	0.	0.
MEMBER		x			ı			ا ۱		_
632007 11-71-16		Δ		_				0.	0.	0 . om 990 (2016)

Page 8

Section A. Officers, Directors, Trus	tees, Key Em	ploy	yees	, and	d Hi	<u>ighe</u>	st C	ompensated Employe	es (continued)			
(A) .	(B)	1			C)			, (D)	(E)		(	=)
Name and title	Average	10	o nat c		sitio		ane	Reportable	Reportable	9	Estin	-
	hours per	bo:	x, unle	ISS DE	rson	is bot	th an	compensation	compensation	on	amoi	ant of
	week	-	licer a	no a c	arect.	OF/EUX	\$tee)	from	from relate	d	ott	ner
	(list any hours for	1 8		İ	1	L	1	the	organization		compe	
	related	흉	1 2		l	25		organization	(W-2/1099-MI	SC)	fron	the
	organizations	.   를	1 8		١.,	188		(W-2/1099-MISC)	1		organi	
	below	15	1		肾	8,	ı				and n	
	line)	adividual traztes or director	nstitufional trustee	Office	Kay em <b>ploye</b> a	Topon Topon	Farmer				organia	ations
(18) DR. ALEX GERASSIMIDES, MD	1.00	=	=	0	3	= 5	122					
MEMBER		]x						0.	i	0.		0.
(19) JOE HARDESTY	1.00									,		
MEMBER		X						0.		0.		0.
(20) TOM HUDSON MEMBER	1.00	1						_				
(21) KEVIN JOYNT	1 00	X			_			0.		0.		0.
MEMBER	1.00	x						0.		_		
(22) TANJA OQUENDO	1.00	Â		$\vdash$	-		$\vdash$	0.		0.		0.
MEMBER		x					1	0.		0.		0.
(23) MITCH RUE	1.00											
MEMBER		Х						0.		0.		0.
(24) GWEN TILTON	1.00											
MEMBER (25) CAROL TIMMONS	1 00	X	Ш	_			Ш	0.		0.		0.
MEMBER	1.00	х						_	'			_
(26) SAM CORBETT	40.00	Δ.	Н	$\dashv$		$\vdash$	Н	0.		0.	_	0.
EXECUTIVE DIRECTOR	40.00			x				0.		0.		0.
1b Sub-total								0.		ō.		0.
c Total from continuation sheets to Part VII	Section A		•••••					0.		0.		0.
d Total (add lines 1b and 1c)				•••••		···· '		0.		0.		0.
2 Total number of individuals (including but no	ot limited to the	ose I	listec	abo	ove)	who	o rec		000 of reportable			
compensation from the organization					,	_			oos or raportable			0
											Ye	s No
3 Did the organization list any former officer,												$T^-$
line 1a? If "Yes," complete Schedule J for su  4 For any individual listed on line 1a, is the sur	ch individual					•••••					3	X
and the state of t	n of reportable	or •	mper	ısati	ion :	and	othe	er compensation from the	ne organization	- 1		
and related organizations greater than \$150, 5 Did any person listed on line 1a receive or ac	Crie componi	COL	npie	te S	ched	dule	J fo	r such individual		····	4	X
rendered to the organization? If "Yes." comp	viata Schadula	. I fo	A1 110	anna Sha	uny t	n ire	alec	o organization or individ	lual for services	1	5	x
Section B. Independent Contractors	Nete Our source	0.70	n sur	-	9/5/	77.	** ***	**************************************			5 [	<u> </u>
f Complete this table for your five highest com	pensated inde	epen	den	cor	ntrad	ctors	s tha	at received more than \$	100,000 of comp	ensati	n from	
the organization. Report compensation for the	ne calendar ye:	ar er	nding	ı wit	h o	wit	hin t	he organization's tax ye	ear.		_	
(A)								(B)			(C)	
Name and business a	laaress	NO	NE				+	Description of s	ervices	C	mpensati	on
	<u> </u>						+					
							Т					
							4					
									T			
					_		+					
					•							
2 Total number of independent contractors (ind	luding but not	t firmi	ited 1	to th	ose	liste	ed al	bove) who received ma	re than			
\$100,000 of compensation from the organiza					0							
										Fo	<sub>rm</sub> 990	(2016)

JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC. 61-1021128 Page 9 Part VIII Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII (C) -Unrelated (B) (D) Revenue excluded from tax under Total revenue Related or exempt function business sections 512 - 514 revenue revenue Gifts, Grants llar Amounts 1 a Federated campaigns ..... b Membership dues 1Ь c Fundraising events 1c d Related organizations 1d Government grants (contributions) 1e f All other contributions, gifts, grants, and similar amounts not included above ..... 1f 3,461,275. 9 Noncash contributions included in lines 1a-1f; \$ h Total. Add lines 1a-1f 3,461,275. Business Code 2 a Program Service Revenue f All other program service revenue g Total. Add lines 2a-2f Investment income (including dividends, interest, and other similar amounts) 275. 275. Income from investment of tax-exempt bond proceeds Royalties ..... (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses ....... c Rental income or (loss) ..... d Net rental income or (loss) ... 7 a Gross amount from sales of (i) Securities assets other than inventory 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 Revenue including \$ \_ contributions reported on line 1c). See Part IV, line 18 \_\_\_\_\_a Other b Less: direct expenses \_\_\_\_\_ b c Net income or (loss) from fundraising events 9 a Gross income from gaming activities. See Part IV, line 19 \_\_\_\_\_ a b Less: direct expenses c Net income or (loss) from gaming activities 10 a Gross sales of inventory, less returns and allowances b Less: cost of goods sold \_\_\_\_\_ b c Net income or (loss) from sales of inventory

Business Code

 $\triangleright$  3,461,550.

275.

11 a b c Miscellaneous Revenue

d All other revenue

e Total. Add lines 11a-11d

0.

0.

Form 990 (2016) FOUNDATION, INC.
Part IX | Statement of Functional Expenses 61-1021128 Page 10

	tion 501(c)(3) and 501(c)(4) organizations must com Check if Schedule O contains a respon	oiete <u>all columns. All oti</u> ise or note to any line il	<i>ne<u>r organizations must co</u> n this Part IX</i>	mplete column (A).	
Do 7b,	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Cities desicultion to defitication of gattleathoring			951151411 579511000	CAPOTISCS
	and domestic governments. See Part IV, line 21	1,317,235.	1,317,235.		
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	The state of the s				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,		,		
_	trustees, and key employees			·	
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and				
_	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include			,	
_	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):				
a	Management	184,513.	73,805.	36,903.	73,805.
þ	Legal				
C		· · · · · · · · · · · · · · · · · · ·			
ď	Lobbying				
e	The state of the s				
f	Investment management fees		,		
9	Other. (If line 11g amount exceeds 10% of line 25,		ĺ		
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	2 500			***
13	Office expenses	3,598.		3,598.	
14	Information technology				
15	Royalties				
16	Occupancy				
17 18	Travel				
18	Payments of travel or entertainment expenses			ĺ	
10	for any federal, state, or local public officials				<del> </del>
19 20	Conferences, conventions, and meetings				
20 21	Interest				
21 22	Payments to affiliates				
22 23	Depreciation, depletion, and amortization	1,922.		4 000	
23 24	Other expenses, itemize expenses not covered	1,922.		1,922.	
	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.)				
а					
b					
c					
d					<del></del>
е	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	1,507,268.	1,391,040.	42,423.	73,805.
	Joint costs. Complete this line only if the organization				,
	reported in column (B) joint costs from a combined	i		}	
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)			. 1	

		Check if Schedule O contains a response or note to any line in this Part X			
		•	(A) ' Beginning of year		(B) End of year
	1	Cash · non-interest-bearing	12,800.	1	C
	2	Savings and temporary cash investments	1,201,754.		3,168,836
	3	Pledges and grants receivable, net		3	
١.	4	Accounts receivable, net		4	
- [ ;	5	Loans and other receivables from current and former officers, directors,			
		trustees, key employees, and highest compensated employees. Complete			
ĺ		Part II of Schedule L	-	5	
- [ -	6	Loans and other receivables from other disqualified persons (as defined under			
1		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
ı		employers and sponsoring organizations of section 501(c)(9) voluntary			
.		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
10		Land, buildings, and equipment: cost or other			
		basis. Complete Part VI of Schedule D 10a			
1		Less: accumulated depreciation 10b		10c	
1.		Investments - publicly traded securities		11	
12	2	Investments - other securities. See Part IV, line 11		12	
13	_ 3	Investments - program-related. See Part IV, line 11		13	
14		Intangible assets		14	
15	5	Other assets. See Part IV, line 11		15	
16	S .	Total assets, Add lines 1 through 15 (must equal line 34)	1,214,554.	16	3,168,836
17	7	Accounts payable and accrued expenses	7/274/224	17	3,100,030
18	B	Grants payable		18	
19	9	Deferred revenue		19	
20	3	Tax-exempt bond liabilities		20	
21	1	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
22		Loans and other payables to current and former officers, directors, trustees,			
-		key employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L		ا ۵۰	
23	2	Consumed mandenance and nation would be succeeded to the state of the	····	22	
24		Unsecured notes and loans payable to unrelated third parties  Unsecured notes and loans payable to unrelated third parties		23	
25		Other liabilities (including federal income tax, payables to related third		24	
1-		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Detected B		00	
26		Total liabilities, Add lines 17 through 25	0.	25 26	0
1-		Organizations that follow SFAS 117 (ASC 958), check here	- 0.	20	
		complete lines 27 through 29, and lines 33 and 34.		- [	
27		Unrestricted net assets	164,956.	~	111 00/
28		Temporarily restricted net assets	1,049,598.	27	111,984 1,988,347
29		- · · · · · · · · · · · · · · · · · · ·	1,040,000.	- 1	1,068,505
1		Permanently restricted net assets  Organizations that do not follow SFAS 117 (ASC 958), check here		29	T1000,303
		and complete lines 30 through 34.			
30		Capital stock or trust principal, or current funds		20	
31		Paid-in or capital surplus, or land, building, or equipment fund		30	
32		Retained earnings, endowment, accumulated income, or other funds		31	
32		Total net assets or fund balances	1,214,554.	32	3,168,836
33		I VIDE DE DANGES UN TURB DERNE ENS	1,444,334.	33	קרםים מדיר

	m 990 (2016) FOUNDATION, INC.	61	-102	1128	D	age 12
Pi	art XI Reconciliation of Net Assets					age 14
	Check if Schedule O contains a response or note to any line in this Part XI					
	•	٠	40041771	***** 1 .54*		(4
1	Total revenue (must equal Part VIII, column (A), line 12)	1 1		3,46	1.5	50.
2	Total expenses (must equal Part IX, column (A), line 25)	2		L,50		
3	Revenue less expenses. Subtract line 2 from line 1	3		,95		
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (Al)	4		,21		
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				
9	Other changes in net assets or fund balances (explain in Schedule 0)	9				0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,			_		
D-	column (B))	10	3	1168	8.8	36.
Pą	III Financial Statements and Reporting					
_	Check if Schedule O contains a response or note to any line in this Part XII	********				X
					Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other					
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	). -				
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?			2a		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?			2b	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:					
	X Separate basis Consolidated basis Both consolidated and separate basis					
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			į	
	review, or compilation of its financial statements and selection of an independent accountant?	•••••		2c	X	
	If the organization changed either its oversight process or selection process during the tax year, explain in Scher	lule O				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sing	le Audi	it		Į	
	Act and OMB Circular A-133?			3a		X
þ	The organization undergo the required audit or audits? If the organization did not undergo the require	d audi	100			
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits	*********	******	ЗЬ		
				Form 9	90 (	2016)

### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury

Name of the organization

### **Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section

4947(a)(1) nonexempt charitable trust.

Attach to Form 990 or Form 990-EZ.

Information about Schedule A (Form 990 or 990-EZ) and its instructions is at <a href="https://www.irs.gov/form990">www.irs.gov/form990</a>
JEFFERSON COUNTY PUBLIC EDUCATION

2016 Open to Public

OM9 No. 1545-0047

form990. Inspection
Employer identification number

FOUNDATION, INC. 61-1021128 Part Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 X An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and grossreceipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations g Provide the following information about the supported organization(s) (i) Name of supported (iv) is the organization listed in your appending document? (III) Type of organization (v) Amount of monetary (vi) Amount of other organization (described on lines 1-10) support (see instructions) support (see instructions) above (see instructions))

Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION, INC.

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization

	fails to qualify under the test	s listed below, plea	ase comp <b>i</b> ete Part i	III.) ·	•	98	
Se	ction A. Public Support						
Cale	endar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
- 1	Gifts, grants, contributions, and		1,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	10,2017	(0)2010	(8) 2010	(i) Total
	membership fees received. (Do not						1
	include any "unusual grants.")	586,986.	870.698.	1073124.	847,608.	3461275.	6839691.
2	Tax revenues levied for the organ-		1 2 7 2 2 2 2 2		017,0001	34012/3	0033031.
	ization's benefit and either paid to		1				
	or expended on its behalf						1
3	The value of services or facilities						
	furnished by a governmental unit to		1				
	the organization without charge						
4	Total. Add lines 1 through 3	586,986.	870,698.	1073124.	847,608.	3461275.	6839691.
	The portion of total contributions		3,0,0300	2010124	047,000.	3±012/3.	0023031.
_	by each person (other than a	Į	:				
	governmental unit or publicly						
	supported organization) included	1		'			
	on line 1 that exceeds 2% of the					'	
	amount shown on line 11,						
	1 45						
	***************************************						3318382.
Sec	Public support. Subtract line 5 from line 4.	<u> </u>					3521309.
	ndar year (or fiscal year beginning in)	(a) 2012 586, 986.	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	200,900.	870,698.	1073124.	847,608.	3461275.	6839691.
•	Gross income from interest,						
	dividends, payments received on	<b> </b> ,	]	•			
	securities loans, rents, royalties	4 000	4.55				
_	and income from similar sources	1,029.	163.	142.	136.	275.	1,745.
9	Net income from unrelated business						
	activities, whether or not the		1				
	business is regularly carried on						
10	Other income. Do not include gain		Į	1	l		
	or loss from the sale of capital						
	assets (Explain in Part VI.)					•	
	Total support. Add lines 7 through 10						6841436.
	Gross receipts from related activities,					12	
	First five years. If the Form 990 is for						
500	organization, check this box and stop tion C. Computation of Public	here					<b>&gt;</b>
14	Public support percentage for 2016 (life	ne 6, column (f) div	rided by line 11, co	lum'n (1))		14	51.47 %
15	Public support percentage from 2015	Schedule A, Part II	l, line 14		L	15	60.84 %
	33 1/3% support test - 2016. If the o			line 13, and line 14	4 is 33 1/3% or mo	re, check this box	and
	stop here. The organization qualifies a		-				
	33 1/3% support test - 2015. If the o						
	and stop here. The organization quali	fies as a publicly su	upported organizat	ion		*****	▶□
17a	10% -facts-and-circumstances test	<ul> <li>2016. If the orga</li> </ul>	inization did not ch	eck a box on line	13, 16a, or 16b, an	d line 14 is 10% o	more,
	and if the organization meets the "fact	s-and-circumstance	es" test, check this	boxand stophe	ere. Explain in Part	VI how the organia	ation.
	meets the "facts-and-circumstances" t	est. The organization	on qualifies as a pu	blicly supported o	organization		
b	10% -facts-and-circumstances test	<ul> <li>2015. If the orga</li> </ul>	ınization did not ch	eck a box on line	13, 16a, 16b, or 17	a, and line 15 is 10	% or
	more, and if the organization meets the	e "facts-and-circum	nstances" test, che	ck this box and s	top here. Explain i	n Part VI how the	
	organization meets the "facts-and-circu	umstances" test. Ti	he organization qui	alifies as a publicly	supported organia	zation	
18	Private foundation. If the organization	n did not check a b	ox on line 13, 16a,	16b, 17a, or 17b,	check this box and	see instructions	
					Sched	ule A (Form 990 o	r 900-E7) 2016

Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION, INC.

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

61-1021128 Page 3

Schedule A (Form 990 or 990-EZ) 2016

(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 ||,) Section A. Public Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (f) Total 1 Gifts, grants, contributions, and membership fees received, (Do not include any "unusual grants.") ..... 2 Gross receipts from admissions. merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge ... 6 Total. Add lines 1 through 5 ...... 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b) Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support. (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2012 (b) 2013 (c) 2014 (d) 2015 (e) 2016 (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 activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) ..... 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2015 Schedule A, Part III, line 15 % 16-Section D. Computation of Investment Income Percentage 17 Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 17 % 18 Investment income percentage from 2015 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2016. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization b 33 1/3% support tests - 2015. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization \_\_\_\_\_ 🕨 20 Private foundation, if the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION, INC.

Part IV 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	Section A.	ΙIΑ	Supporting	Organiza	ations
---	------------	-----	------------	----------	--------

- 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.
- 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 (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.)

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### JEFFERSON COUNTY PUBLIC EDUCATION Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION, INC.

Sc	hedule A (Form 990 or 990-EZ) 2016 FOUNDATION, INC.	61-102	2112	28 F	ane s
IP	art IV   Supporting Organizations (continued)				age c
			-	Yes	No
11	* Has the organization accepted a gift or contribution from any of the following persons?	(4)		1	1 140
	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			l	
	below, the governing body of a supported organization?		11a	į	1
	b A family member of a person described in (a) above?	- 1	11b		T
	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	1	-
Se	ction B. Type I Supporting Organizations				
				Yes	No
- 1	and an arrange in a membership of the of more supported diganizations have the power to	Γ			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	- 1		1	l
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	i		1	
	controlled the organization's activities. If the organization had more than one supported organization,				1
	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.	L	1		
2	and the supported				
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in	1			i
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,				
5-	supervised, or controlled the supporting organization.		2		
<u>5e</u>	ction C. Type II Supporting Organizations				
.00				Yes	No
7	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				
800	the supported promisation(s)		1		
361	ction D. All Type III Supporting Organizations				
	Political de la company de la	_		Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the				
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	1			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the				
2	organization's governing documents in effect on the date of notification, to the extent not previously provided?	ļ.	1		
~	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	1			
3	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a	-	2		
-	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 tay year? A live III deports in Grand III 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.				
Sec	ction E. Type III Functionally Integrated Supporting Organizations		3		
1					
a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruent organization satisfied the Activities Test. Complete line 2 below.	ctions).	-		
b					
c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (				
2	Activities Test. Answer (a) and (b) below.	see instruct	10 <i>(187</i> 0).	v. 1	
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	<u> </u>		Yes	<u>No</u>
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	ŀ		- 1	
	those supported organizations and explain how these activities directly furthered their exempt purposes,		1	- 1	
	how the organization was responsive to those supported organizations, and how the organization determined		j		
	that these activities constituted substantially all of its activities.	1.	<sub>la</sub>		
ь	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	<del>-</del>	4	<del>-</del> +	
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the		1		
	reasons for the organization's position that its supported organization(s) would have engaged in these		- 1		
	activities but for the organization's involvement.	,	ь		
3	Parent of Supported Organizations. Answer (a) and (b) below.	<del>  '</del>	~	-+	
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	- 1			
	trustees of each of the supported organizations? Provide details in Part VI.	,	a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	<del>  "</del>	+		
	of its supported organizations? If "Yes." describe in Part VI, the role played by the organization in this regard.	3	_	- 1	

Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION, INC.			61-1021128 Page 6
Part V Type III Non-Functionally Integrated 509(a)(3) Suppo	rting Organi	izations	OI IOZIIZO Pade 6
Check here if the organization satisfied the Integral Part Test as a qual	lifving trust on t	Yoy 20 1970 (eyplain in l	Port VI \ Coninstructions A
other Type III non-functionally integrated supporting organizations mus	st complete Ser	tions A'through F	air vi.) Seemstructions. A
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		(,,
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4		
5 Depreciation and depletion	5		<del>                                     </del>
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			•
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see			
instructions for short tax year or assets held for part of year):			<u> </u>
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e Discount claimed for blockage or other			
factors (explain in detail in Part VI):			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3		
4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4		
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6 Multiply line 5 by .035	6	<u> </u>	
7 Recoveries of prior-year distributions	7		
8 Minimum Asset Amount (add line 7 to line 6)	. 8		
Section C - Distributable Amount			Curent Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2 Enter 85% of line 1	. 2		
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3		-
4 Enter greater of line 2 or line 3	4		
5 Income tax imposed in prior year	5		
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		
7 Check here if the current year is the organization's first as a non-function	nally integrated	Type III supporting organ	ization (see
instructions).			

Schedule A (Form 990 or 990-EZ) 2016

	art V Type III Non-Functionally Integrated 509			51-1021128 Page	<u>e 7</u>
Sac	tion D Distributions	alayor aupporting Orga	anizations (continued)		_
1		<del></del>		Current Year	_
2	Amounts paid to supported organizations to accomplish ex	empt purposes	• • • • • • • • • • • • • • • • • • • •		_
_	Amounts paid to perform activity that directly furthers exem	pt purposes of supported			
3	organizations, in excess of income from activity				_
4	Administrative expenses paid to accomplish exempt purpos	ses of supported organization	<u> </u>		
	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	he organization is responsive		-	
_	(provide details in Part VI). See instructions				
9	Distributable amount for 2016 from Section C, line 6				
10	Line 8 amount divided by Line 9 amount				
		(i)	(ii)	(iii)	
Sec	tion E - Distribution Allocations (see instructions)	Excess Distributions	Underdistributions Pre-2016	Distributable	
_			F16-2010	Amount for 2016	_
	Distributable amount for 2016 from Section C, line 6				_
2	Underdistributions, if any, for years prior to 2016 (reason-				
_	able cause required- explain in Part VI). See instructions				
_3_	Excess distributions carryover, if any, to 2016:				
a					
b					
	From 2013			<u> </u>	
	From 2014				_
	From 2015				
	Total of lines 3a through e				
	Applied to underdistributions of prior years				_
<u>h</u>	Applied to 2016 distributable amount				
i_	The state of the s				_
	Remainder, Subtract lines 3g, 3h, and 3i from 3f.				_
4	Distributions for 2016 from Section D,				_
	line 7: \$				
а	Applied to underdistributions of prior years				_
	Applied to 2016 distributable amount				
C	Remainder. Subtract lines 4a and 4b from 4				_
5	Remaining underdistributions for years prior to 2016, 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 2016. Subtract lines 3h				_
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions				
7	Excess distributions carryover to 2017. Add lines 3j			<u> </u>	_
	and 4c				
8	Breakdown of line 7:				_
а	·				_
b	Excess from 2013	·-			_
C	Excess from 2014				_
	Excess from 2015			<del></del>	_
е	Excess from 2016				_

Schedule A (Form 990 or 990-EZ) 2016

Part VI	Form 990 or 990 EZ) 2016 FOUNDATIO	N, INC.	61-	<u>1021128 Pane :</u>
·	Supplemental Information. Provide t Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5 line 1; Part IV, Section D, lines 2 and 3; Part I' Section D, lines 5, 6, and 8; and Part V, Section (See instructions.)	he explanations required by Part a, 6, 9a, 9b, 9c, 11a, 11b, and 11 V. Section E, lines 1c, 2a, 2b, 3a, on E, lines 2, 5, and 6. Also comp	II, line 10; Part II, line 17a or 17b; Pa Ic; Part IV, Section B, lines 1 and 2; F and 3b; Part V, line 1; Part V, Section elete this part for any additional infor	rt III, line 12; Part IV, Section C, 1 B, line 1e; Part V, nation.
		<u> </u>		
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_				
				<del></del>
	<del></del>	) i.		·
2028 09-21-16			<b>A.</b> b	
			Schedule & /Form	900 AP 000 EZ) 2046

Schedule A (Form 990 or 990-EZ) 2016

### Schedule A

### Identification of Excess Contributions Included on Part II, Line 5

2016

\*\*\* Do Not File \*\*

\*\*\* Not Open to Public Inspection \*\*\*

Contributor's Name	Total Contributions	Excess Contributions
CES FOUNDATION	1,713,154.	1,576,325
GHEENS FOUNDATION	360,000.	223,171
J GRAHAM BROWN FOUNDATION	451,331.	314,502
LIFT A LIFE FOUNDATION	200,000.	63,171
LOU COMMUNITY FOUNDATION	302,152.	165,323
WHAS CRUSADE FOR CHILDREN	181,043.	44,214
ALAN L. HUFF AND RUTH D. HUFF REVOCABLE TRUST	1,068,505.	931,676
		· 
		·
		·
		<u>-</u> .
		·
otal Excess Contributions to Schedule A, Part II, Line 5		3,318,382

### Schedule B

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

Department of the Treasury Internal Revenue Service

### **Schedule of Contributors**

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

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

OMB No. 1545-0047

Employer identification number

Name of the organization

JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC. 61-1021128 Organization type (check one): Filers of: Section: Form 990 or 990-EZ 501(c)( 3 ) (enter number) organization 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization Form 990-PF 501(c)(3) exempt private foundation 4947(a)(1) nonexempt charitable trust treated as a private foundation 501(c)(3) taxable private foundation Check if your organization is covered by the General Rule or a Special Rule. Note: Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions. General Rule For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions. Special Rules For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-E2), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III. For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc.,

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \_\_\_\_\_\_\_ \$

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

Name of organization

Employer identification number JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC. 61-1021128 Part I Contributors (See instructions). Use duplicate copies of Part I if additional space is needed. (a) No. Name, address, and ZIP + 4 Type of contribution **Total contributions** 1 CE&S FOUNDATION Person Payro\* 101 S FIFTH STREET STE 1650 1,076,500. Noncash (Complete Part II for LOUISVILLE, KY 40202 noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 2 JG BROWN FOUNDATION Person Payroil 4350 BROWNSBORO RD STE 200 350,000. Noncash (Complete Part II for LOUISVILLE, KY 40207 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 3 COMMUNITY FOUNDATION Person Payroll 325 W MAIN STREET STE 1110 78,738. Noncash (Complete Part II for LOUISVILLE, KY 40202 noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 4 GHEENS FOUNDATION Person Payrol 401 W MAIN ST SUITE 705 175,000. Noncash (Complete Part 1) for LOUISVILLE, KY 40202 nonçash contributions.) (a) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 5 LIFT A LIFE FOUNDATION Person Payroll 4350 BROWNSBORO RD STE 110 100,000. Noncash (Complete Part II for LOUISVILLE, KY 40207 noncash contributions.) (a) (c) No. Name, address, and ZIP + 4 Total contributions Type of contribution 6 HENRY HEUSER Person Payrol! 222 SOUTH FIRST STREET 100,100. Noncash (Complete Part II for

LOUISVILLE, KY 40202

noncash contributions.)

Page 2

Name of organization	1		
JEFFERSON	COUNTY	PUBLIC	EDUCATION
FOUNDATION	I. INC.		•

	RSON COUNTY PUBLIC EDUCATION	,	Employer identification number
FOUND	ATION, INC.	3 <u>*</u>	61-1021128
Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	onal space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
7	ALAN L. HUFF AND RUTH D. HUFF REVOCABLE TRUST  425 SOUTH COMMERCE AVENUE SEBRING, FL 33870	_ \$ <u>1,068,5</u> (	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		-   \$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No,	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	15	\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

Name of organization

JEFFERSON COUNTY PUBLIC EDUCATION
FOUNDATION, INC.

Employer identification number

	ATION, INC.	(%)	61-1021128
Part II	Noncash Property (See instructions). Use duplicate copies of Part I	l if additional space is needed.	
(a) No. from Part i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		     \$	
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		\$	
(a) No. rom Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
_			-
(a) No. rom art I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
		- - -   \$	
a) lo. om art i	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
-		- - -   \$	
a) lo. om art l	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received <sup>1</sup>
_   -			

	B (Form 990, 990-EZ, or 990-PF) (2016)			Page			
Name of org				Employer identification number			
JEFFER	RSON COUNTY PUBLIC EDUC	ATION	,				
Part III	ATION, INC.	tributione às assentantia	*	61-1021128			
	Exclusively religious, charitable, etc., con the year from any one contributor. Complete completing Part III, enter the total of exclusively religion Use duplicate copies of Part III if addition	s. charitable, etc., contributions of \$1,000 or	MINO line entry cas accomings on	_			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Desci	ription of how gift is held			
		(e) Transfer of gift		<u> </u>			
-	Transferee's name, address, a	nd ZIP + 4	Relationship of tran	sferor to transferee			
	<del>-</del>	<del></del>					
43.51							
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	iption of how gift's held			
			— I ———				
			<del>-</del>				
	(e) Transfer of gift						
	Transferrado a ser a la la companya de la companya						
	Transferee's name, address, ar	<u>10 ZIP + 4</u>	Relationship of trans	sferor to transferee			
(a) No.							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descri	ption of how gift is held			
-							
H	<u></u>						
		(e) Transfer of gift					
	Transferee's name, address, an	d 71P + 4	Relationship of trans	f			
			Relationship of trains	reror to transferee			
-							
-							
(a) No. from							
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Descrip	tion of how gift is held			
_							
-			_				
-		4.50					
		(e) Transfer of gift					
1	Transferee's name, address, and	! ZIP + 4	Relationship of transf	arns to transferer			
_				ALC: TO FINISHED			
-							
-							
	<del></del>						

### **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.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/torm990.

JEFFERSON COUNTY PUBLIC EDUCATION

Emplo

OMB No. 1545-0047 16 Open to Public Inspection

Department of the Treesury Internal Revenue Service Name of the organization

FOUNDATION. TNC Employer identification number

Schedule D (Form 990) 2016

Pa	art I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds or	Accou	OT-INSTITS
	organization answered "Yes" on Form 990, Part IV, Iin	ne fi	MUCUU	into. Complete if the
	Service of the servic	(a) Donor advised funds	(b) Fu	nds and other accounts
1	Total number at end of year		(-),-	and dire dire socoding
- 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 the	writing that the assets held in donor advised to	nde.	
	are the organization's property, subject to the organization's	exclusive legal control?	iiius	Yes No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be used	 I only	165 NO
	for charitable purposes and not for the benefit of the donor of	r donor advisor, or for any other purpose confe	errina	
	impermissible private benefit?	*****	_	Yes No
Рε	rt II Conservation Easements. Complete if the org	ganization answered "Yes" on Form 990, Part I	V, line 7	, , , , , , , , , , , , , , , , , , , ,
1	Purpose(s) of conservation easements held by the organization	on (check all that apply).		
	Preservation of land for public use (e.g., recreation or en	ducation) Preservation of a historica	lly impo	rtant land area
	Protection of natural habitat	Preservation of a certified		
	Preservation of open space			
2	Complete lines 2a through 2d if the organization held a qualification	ed conservation contribution in the form of a c	onserva	ation easement on the last
	day of the tax year.			Held at the End of the Tax Year
a	Total number of conservation easements		2a	
b	Total acreage restricted by conservation easements		2b	
C	Number of conservation easements on a certified historic stru	cture included in (a)	2c	
d	Number of conservation easements included in (c) acquired a	fter 8/17/06, and not on a historic structure		
20	listed in the National Register	*	2d	
3	Number of conservation easements modified, transferred, rele	eased, extinguished, or terminated by the orga	nization	during the tax
	year >	-		
4 5	Number of states where property subject to conservation ease	ement is located		
3	Does the organization have a written policy regarding the periodicities and enforcement of the periodicities.			
6	violations, and enforcement of the conservation easements it	holds?	*********	Yes No
•	Staff and volunteer hours devoted to monitoring, inspecting, h	landling of violations, and enforcing conservat	ion ease	ments during the year
7	Amount of expenses incurred in monitoring inconstitute has the			
•	Amount of expenses incurred in monitoring, inspecting, handli	ing of violations, and enforcing conservation e	asemen	ts during the year
8	Does each conservation easement reported on line 2(d) above	and the state of t		
_	and section 170(h)(4)(B)(ii)?	salisty the requirements of section 170(h)(4)(E	9(0)	Г¬., г¬.,
9	In Part XIII, describe how the organization reports conservation	agreements in its revenue and agreement the		Yes No
	include, if applicable, the text of the footnote to the organization	on's financial statements that despites the	nent, an	o balance sheet, and
_	conservation easements.	on a initialistic statements that describes the or	ganızatı	on's accounting for
Par	t III Organizations Maintaining Collections of	Art. Historical Treasures, or Other 5	Similar	r Assets
	Complete if the organization answered "Yes" on Form 9	990, Part IV, line 8.	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, 1000101
1a	If the organization elected, as permitted under SFAS 116 (ASC	958), not to report in its revenue statement a	nd halar	ice shoot write of art
	historical treasures, or other similar assets held for public exhib	bition, education, or research in furtherance of	public s	service provide in Part YIII
	the text of the footnote to its financial statements that describe	es these items.	paono	service, provide, it i att XIII,
b	If the organization elected, as permitted under SFAS 116 (ASC		alance s	sheet works of art historical
	treasures, or other similar assets held for public exhibition, edu	cation, or research in furtherance of public se	rvice. pr	ovide the following amounts
	relating to these items:	.,	те, р.	and romering an location
	(i) Revenue included on Form 990, Part VIII, line 1	***************************************	. • \$	s
	(ii) Assets included in Form 990, Part X	LP28ra6pay-14y-010a1brocks, samevaballa	. • \$	
2	If the organization received or held works of art, historical treas	cures, or other similar assets for financial gain,	provide	
	the following amounts required to be reported under SFAS 116	G (ASC 958) relating to these items:	•	•
a	Revenue included on Form 990, Part VIII, line 1		. •	S
<u> </u>	Assets included in Form 990, Part X	4-544B-254-544-66-66-64-28-4-5-5-5-66-68-69-6-6-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-4-	. ▶ 3	;
LHA	For Paperwork Reduction Act Notice, see the Instructions f	or Form 990.		Schedule D (Form 990) 2016

		LION, INC.			61	<u>-1021128</u>	Page 2
	T Organizations Maintaining	Collections of A	<u>rt, Historical Tr</u>	easures, or Oth	er Similar A	ssets (continu	ved)
.3	Using the organization's acquisition, access	sion, and other recor	ds, check any of the	following that are a	significant use	of its collection if	ems
	(check all that apply):	•		50			
ε			d Loan or ex	change programs			
, t			e Other				
•							
4	Provide a description of the organization's of	collections and explain	in how they further t	the organization's ex	empt purpose ir	n Part XIII.	
5	During the year, did the organization solicit	or receive donations	of art, historical trea	sures, or other simil	ar assets		
Time.	to be sold to raise funds rather than to be m	aintained as part of t	the organization's c	ollection?		Yes	□ No
Pa	reported an amount on Form 990, Pa	i <b>gements.</b> Comp	lete if the organizati	on answered "Yes" o	on Form 990, Pa	ırt IV, line9, or	
1a	Is the organization an agent, trustee, custod		diary for contribution	IS Or other seconds as	المراجعة المراجعة		
	on Form 990, Part X?	incir or other intermet	alary for Contribution	is or other assets no	t included		
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	dlowing table:	********************		L Yes	∐ No
	and the second second second second	and complete the to	mowing table:			<del></del>	
С	Beginning balance					Amount	
d	Additions during the year	************************		***************************************	1c		
е	Distributions during the year	***************************************	***************************************	***************************************	1d		
f	Ending balance	***************************************	***************************************		<u>1e</u>		
2a	Did the organization include an amount on F	orm 990 Part Y line	21 for approve		<u>  1f                                    </u>		
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	rzi, idi esciow di c	ustodiai account liab	шту?	Yes	∐ No
Pa	rt V Endowment Funds. Complete	if the organization an	swered "Vee" on E	provided on Part XIII	10		
		(a) Current year	(b) Prior year				
1a	Beginning of year balance	0.	(b) Filor year	(c) Two years back	(d) Three years	back (e) Four ye	ars back
ь	Contributions	1,068,505.			<del> </del>	<del></del>	
c	Net investment earnings, gains, and losses	14.					
d	Grants or scholarships	. 0.					
е	Other expenditures for facilities						
	and programs	0.			ĺ		
f	Administrative expenses	0.					
g	End of year balance	1,068,519.					
2	Provide the estimated percentage of the curr		Mino 1a, column (e)	N hald an	<u> </u>		
а	Board designated or quasi-endowment	.00	ek	y neiu as:			
Ь	Permanent endowment ▶ 100.00	%	_~				
c	Temporarily restricted endowment	.00 %					
	The percentages on lines 2a, 2b, and 2c shot						
За	Are there endowment funds not in the posses	seion of the organization	tion that are hold as	ووالما والمساهم الماساهم الماساهم			
	by:	oolon of the organization	don that are field an	o administered for tr	ne organization	<u></u>	1
	•					Ye	
	(ii) unrelated organizations (iii) related organizations	*********************	1441	***************************************		3a(i) !	X
b	(ii) related organizations  If "Yes" on line 3a(ii), are the related organizations	inne lietori se require	nd on Cabadula D2			3a(ii)	X
4	Describe in Part XIII the intended uses of the	Organization's andou	wort funds	**************************************		[3b ]	
Par	t VI Land, Buildings, and Equipme	ent.	vinent lunds,				
	Complete if the organization answered		Part IV line 11a Q	000 Day V	E 40		
	Description of property	(a) Cost or ot					
	and interest of property	basis (investm	()		ccumulated	(d) Book va	lue
Ta	Land		y Dasis (	oniei) de	preciation	<del></del>	
ь	Buildings		<del></del>	<del>   -</del>		<del></del>	
c	Leasehold improvements		<del>-  </del>				
d	Equipment	·				<del></del>	
R	Other		<del>-   -</del> -	<del>-   -</del>			
Total	Add lines to through to 40-4	- 1	, , , , , , , , , ,				- 0
- 10 15110	Add lines 1a through 1e. (Column (d) must ea	<u>uai Form 990, Part X</u>	<u>. column (B), line 10</u>	<u>C.J</u>			0.

Schedule D (Form 990) 2016 FOUNDATION,	INC.		61-1021128 Page
Part VII Investments - Other Securities.			
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11b. See Form 990, Part X, line	12,
(a) Description of Security of Category (including name of security)	(b) Book value	(c) Method of valuation: Co	st or end-of-year market value •
(1) Financial derivatives			
(2) Closely-held equity interests			
(3) Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(G)			
(H)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)  Part VIII Investments - Program Related.			
Complete if the organization answered "Yes"	on Form 990, Part IV,	line 11c, See Form 990, Part X, line 1:	3.
(a) Description of investment	(b) Book value	(c) Method of valuation: Cos	st or end-of-year market value
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			***
(8)			
(9)			
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets.			
<del></del>	_		-
Complete if the organization answered "Yes" o		line 11d. See Form 990, Part X, line 15	
	Description		(b) Book value
(2)			
(3)			·
(4)			
(5)		<del></del>	
(6)	<del></del>	<del></del>	
(7)			
(8)			
(9)	<u> </u>		
Total, (Column (b) must equal Form 990, Part X, col. (B) line	151		
Part A Other Liabilities.		······································	<u> 4</u>
Complete if the organization answered "Yes" or	n Form 990, Part IV, I	ine 11e or 11f. See Form 990, Part X, I	ine 25
1. (a) Description of liability		(b) Book value	
(1) Federal income taxes			
(2)			
(3)			
(4)			
(5)			
(6) -			
(7)			
(8)			
(9)			
Total. (Column (b) must equal Form 990. Part X. col. (B) line 2	(5)		
2. Liability for uncertain tax positions. In Part XIII, provide the	e text of the footnote	to the organization's financial statem	ents that reports the
organization's liability for uncertain tax positions under F	N 48 (ASC 740), Che	ck here if the text of the footnote has	been provided in Part XIII X

Sched	fule D (Form 990) 2016 FOUNDATION, INC.	61-	1021128	Page 4
T al	XI Reconciliation of Revenue per Audited Financial Statements With Revenue per R	eturn.	•	
¥00	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
	Total revenue, gains, and other support per audited financial statements	1	3,461,	550.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
a	Net unrealized gains (losses) on investments	]		
ь	Donated services and use of facilities			
C	Recoveries of prior year grants	7 1		
d	Other (Describe in Part XIII.)	7		
e	Add lines 2a through 2d	2e		0.
3	Subtract line 2e from line 1	3	3,461,5	50.
-4 4	amounts included on Form 990, Part VIII, line 12, but not on line 1:		<u> </u>	
#1	nvestment expenses not included on Form 990, Part VIII, line 7b			
ь (	Other (Describe in Part XIII.)	1		
C /	Add lines 4a and 4b	4c		0.
	Cotal revenue. Add lines 3 and 4C. (This must equal Form 900, Part ) line 12 l		3,461,5	50.
Part	XII Reconciliation of Expenses per Audited Financial Statements With Expenses per I	Retur	).	50.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.			
1 1	otal expenses and losses per audited financial statements	1 1	1,507,2	6.0
2 /	Amounts included on line 1 but not on Form 990, Part IX, line 25:	<del></del>	1,501,2	00.
28	Donated services and use of facilities			
b F	Prior year adjustments 2b	1 1		
c (	)ther leane			
d C	Other (Describe in Part XIII.) 2d	1 1		
e A	dd lines 2a through 2d			^
3 8	add lines 2a through 2d	2e	1 509 0	<u> </u>
4 A	subtract line 2e from line 1 mounts included on Form 990, Part IX, line 25, but not on line 1:	3	1,507,2	68.
a li	montment expenses and helpful at the control of the	1 1		
ь c	ther (Describe in Part VIII.)			
c A	old lines 4a and 4b.			
5 T	dd lines 4a and 4b	4c	4 505 0	0.
Part	otal expenses. Add lines 3 and 4c. (This must equal Form 990. Pert I, line 18 )  XIII Supplemental Information.	5	1,507,2	<u>68.</u>
Provide lines 2d	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 and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.	Part X	, line 2; Part XI,	
PART	V, LINE 4:			_
TO F	UND SCHOLARSHIP PROGRAMS			
PART	X, LINE 2:			
THE	FOUNDATION HAS IMPLEMENTED THE ACCOUNTING GUIDANCE FOR UNC	CERT	AINTY IN	
	ME TAXES. UNDER THAT GUIDANCE, TAX POSITIONS NEED TO BE I			
	FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE I			
	THE PART OF THE PA	OST	T.TOM MITT	1
BE S	USTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. AS OF C	UNE	30,	
2017	, THE FOUNDATION HAS NO UNCERTAIN TAX POSITIONS THAT QUALI	FY ]	FOR	
BITH!	ER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.	THI	E	
FOUN	DATION FILES FEDERAL INCOME TAX RETURNS. RETURNS FILED FO	R TI	HE TAX	
	S ENDED ON OR AFTER JUNE 30, 2015 ARE SUBJECT TO EXAMINATI	ON.	THE	
32054 08-	८५ <sup>-</sup> ।0	ichedu!	le DiForm 990) :	201E

### JEFFERSON COUNTY PUBLIC EDUCATION Schedule D (Form 990) 2016 FOUNDATION, INC. Part XIII | Supplemental Information (continued) 61-1021128 Page 5 FOUNDATION IS NOT CURRENTLY BEING EXAMINED AND MANAGEMENT BELIEVES ITS TAX-EXEMPT STATUS WOULD BE UPHELD UNDER EXAMINATION.

SCHEDULE (Form 990)

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

Open to Public

Employer identification number 61-1021128 OMB No. 1545-0047 Inspection Does the organization maintain records to substantiate the amount of the grants or assistance, and the selection Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. Complete if the organization answered "Yes" on Form 990, Part IV, line 21 or 22. ► Attach to Form 990, JEFFERSON COUNTY PUBLIC EDUCATION criteria used to award the grants or assistance? General Information on Grants and Assistance FOUNDATION Name of the organization Department of the Treasury Internal Revenue Service Part

2 DAVID JONES VOCAL, MOORE THE MAGIC LADDER READING ILSON WYATT DEBATE, JOB CHOLARSHIP, AND GORDON ETRO GOVERNMENT GRANTS PROVIDING SCHOOLS WITH (h) Purpose of grant CHOLARSHIP, ABRAMSON CANTRELL, AND OTHER, IDUCATIONAL PROGRAMS TO ENHANCE TEACHING or assistance CULTURE TO ADVANCE X INTERVENTION AND TO FUND VARIOUS Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any CHOLARSHIPS ECHNOLOGY TUDENTS FOOD (g) Description of noncash assistance (f) Method of valuation (book, FMV, appraisal, other) BOOK BOOK BOOK BOOK BOOK O. BOOK 0 ö ö 0 (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is neede (d) Amount of cash grant 1,032,332, 39,720, 8,363, 000 7,587. 16,436, 75, Enter total number of section 501(c)(3) and government organizations listed in the line 1 table (c) IRC section (if applicable) 2 Enter total number of other organizations issued in the line of the LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 61-6001316 23-7078461 61-6001218 26-3245117 61-1328305 61-1150334 (b) EIN 1 (a) Name and address of organization CONTROLLERS OFFICE- UNIVERSITY OF 120 STURGILL DEVELOPMENT BUILDING JEFFERSON COUNTY PUBLIC SCHOOLS LEARNING INC - 2303 RIVER ROAD, STE 100 - LOUISVILLE, XY 40206 COLLABORATIVE FOR TEACHING AND or government UNIVERSITY OF LOUISVILLE UNIVERSITY OF KENTUCKY 3801 BONAVENTURE BLVD LOUISVILLE, KY 40292 COUISVILLE, KY 40232 LOUISVILLE, XY 40219 LEXINGTON, KY 40506 ANCHORAGE, KY 40223 3332 NEWBURG ROAD LEARNING STEWARDS BLAKE ELEMENTARY PO BOX 23536 Part

532 101 11-01-16

Schedule I (Form 990) (2016)

61-1021128 Schedule i (Form 990) (2016) FOUNDATION, INC.

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered 'Yes' on Form 990, Part IV, line 22.

Part III can be duplicated if additional space is needed.

Page 2

(a) Type of grant or assistance	(b) Number of racipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
				)	•
					36
					3
	·			-	
					ō:
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2:	ired in Part I, lin	e 2; Part III, column	(b); and any other ad	ditional information.	
THE BOARD APPROVES THE DISBURSEMENT	OF FUNDS	S TO VARIOUS	US PROGRAMS	5 THE	
ORGANIZATION SUPPORTS.					
4.77					25
					(9)
					S-2

Schedule 1 (Form 990) (2016)

632102 11-01-16

### SCHEDULE O

(Form 990 or 990-EZ)
Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

onses to specific questions on y additional information. Open to Public on Structions is at www.irs.gov/torm990.

Name of the organization

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

JEFFERSON COUNTY PUBLIC EDUCATION Emplo

Employer identification number

ONB No. 1545-0047

FOUNDATION, INC. 61-1021128 FORM 990, PART VI, SECTION B, LINE 11B: THE SECRETARY/TREASURER REVIEWS THE 990 BEFORE FILING AND THE BOARD REVIEWS A COPY OF THE 990 AFTER IT IS FILED. FORM 990, PART VI, SECTION C, LINE 19: THESE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST. PART XII, LINE C THIS PURPOSE HAS NOT CHANGED FROM THE PRIOR YEAR.

### Form **8868** (Rev. January 2017)

Application for Automatic Extension of Time To File an Exempt Organization Return

OMB No. 1545-1709

Department of the Treasury Internal Revenue Service File a separate application for each return.

Information about Form 8868 and its instructions is at www.irs.gov/form8868

						l			
Electron	ic filing (e-file). You can electronically file Form 8868 t	o request	a 6-month automatic extension of tir	ne to file	any of th	ne			
forms list	ted below with the exception of Form 8870, Information	Return for	Transfers Associated With Certain F	<sup>D</sup> ersonal	Benefit				
Contracts	s, for which an extension request must be sent to the IR	S in paper	format (see instructions). For more	details or	the elec	ctronic			
	his form, visit www.irs.gov/efile, click on Charities & Non			on-Profits	ì.				
Autom	atic 6-Month Extension of Time. Only subn	nit origin	al (no copies needed).						
All corpor	rations required to file an income tax return other than F	orm 990-T	(including 1120-C filers), partnership	os. REMI	Cs. and t	nusts	· · ·		
must use	Form 7004 to request an extension of time to file incom	ne tax retui	ms.		oo, and t	.,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			
_				Entru	11a-1- 1-1-	446.4			
Type or	Name of exempt organization or other filer, see instru	ictions.				entifying num			
print	JEFFERSON COUNTY PUBLIC EDU	JCATIO	ON	Employ	eridentii	ficationnumb	er (EIN) o		
Ella berthe	FOUNDATION, INC.	•		1	61-	-102112	g		
File by the due date for	Number, street, and room or suite no. If a P.O. box, s	ee instruct	tions.	Social					
filing your return, See	P.O. BOX 35368	The state of the s				IUITIDEI (SSIV)	,		
instructions.	City, town or post office, state, and ZIP code. For a fo	oreign add	ress, see instructions.						
	LOUISVILLE, KY 40202								
	Return Code for the return that this application is for (file	e a separa	te application for each return)				01		
Application	on	Return	Application				Return		
ls For		Code	ls For				Code		
	or Form 990-EZ	01	Form 990-T (corporation)	ation)			07		
Form 990-		02	Form 1041-A						
Form 990-	0 (individual)	03	Form 4720 (other than individual)				09		
		04	Form 5227				10		
	T (sec. 401(a) or 408(a) trust) T (trust other than above)	05	Form 6069				11		
TOTH SO	JOE SEILER, TRE	06	Form 8870				12		
• The bo	oks are in the care of 2500 EASTPOINT	ANUGA:	X IOUTOUTTE S	TT 40					
Telepho	one No. ► 502-499-4794	PARKW		Y 40	223				
_	rganization does not have an office or place of business	in the Linit	Fax No.						
<ul> <li>If this is</li> </ul>	for a Group Return, enter the organization's four digit G	an ule Onli Smun Ever	notion Number (CEN)						
box 🕨 🗌	. If it is for part of the group, check this box	and attac	th a list with the names and FINs of	oll momb	or the wh	iole group, ch	eck this		
1 I req	uest an automatic 6-month extension of time until		1	_					
	ne organization named above. The extension is for the o			ure exer	npi orgai	nization return	п		
▶□	calendar year or								
	X tax year beginning <u>JUL 1, 2016</u>	, and	lending JUN 30, 2017						
2 If the	If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return								
	Change in accounting period								
3a If this	s application is for Forms 990-BL, 990-PF, 990-T, 4720, o	or 6069, er	nter the tentative tax, less any						
	efundable credits. See instructions.			3a	\$		0.		
b If this	s application is for Forms 990-PF, 990-T, 4720, or 6069,	enter any	refundable credits and			_			
estimated tax payments made. Include any prior year overpayment allowed as a credit.					\$		0.		
estin	Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required,								
c Balar	nce due. Subtract line 3b from line 3a. Include your pay sing EFTPS (Electronic Federal Tax Payment System). So	ment with	this form, if required,				0.		

LHA For Privacy Act and Paperwork Reduction Act Notice, see instructions.

Form 8868 (Rev. 1-2017)

### ARTICLES OF INCORPORATION

ARTICLES OF INCORPORATION MAR 1 41983
OF
JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION

The undersigned Incorporator, Malcolm B. Chancey, Jr., executes these Articles of Incorporation for the purpose of forming and does hereby form a nonprofit corporation under the laws of the Commonwealth of Kentucky (KRS 273.160 et seq.), with all the rights, privileges and immunities of a corporation organized for civic, charitable, cultural and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code in accordance with the following provisions:

### ARTICLE I

### Name

The name of the corporation is Jefferson County Public Education Foundation, Inc.

### ARTICLE II

### Duration

The corporation shall have perpetual existence.

### ARTICLE III

### Purposes and Powers

A. The corporation is organized and operated exclusively for public, charitable and educational purposes within the meaning of Section 501(c)(3) of the Internal Revenue Code, as amended. The corporation shall receive

### 50: 301 at 258

contributions and fees, and shall distribute its funds for public, charitable, educational and/or scientific purposes, as hereinafter set forth. In carrying out its corporate purposes, the corporation shall have all the powers allowed corporations by Chapter 273 of the Kentucky Revised Statutes; provided, however, the corporation shall not have or exercise any power prohibited by the provisions of Paratorians B and C.

- B. It is expressly not the purpose of the corporation to carry on propaganda or otherwise attempt to influence legislation, nor to participate or intervene in (including the publication or distributing of statements) any political campaign on behalf of any candidate for public office.
- C. Any other provision of these articles to the contrary notwithstanding, the corporation shall have no capital stock and no power to issue certificates of stock nor to declare dividends; no part of the net earnings of the corporation shall inure to the benefit of any private individual or member; and the corporation shall not carry on any activities denied to: [i] a corporation described in Section 501(c)(3) of the Internal Revenue Code of 1954, as amended, including prohibited transactions defined in Section 503 of the Code; or [ii] a corporation, contributions to which are deductible under Section 170(c)(2) of the Internal Revenue Code of 1954, as amended.

- D. Any other provisions of these articles to the contrary notwithstanding, this corporation shall, if the following provisions of law are ever applicable to it: [i] distribute its income for each fiscal year at such time and in such manner as not to be subject to the tax under Section 4942 of the Internal Revenue Code of 1954, as amended; [ii] not engage in any act of self dealing as defined in Section 4941(d) of the Internal Revenue Code, as amended; [iii] not retain any excess business holdings as defined in Section 4943(c) of the Internal Revenue Code of 1954, as amended; [iv] not make any investments in such manner as to subject the corporation to tax under Section 4944 of the Internal Revenue Code of 1954, as amended; and [v] not make any taxable expenditures as defined in Section 4945(d) of the Internal Revenue Code of 1954, as amended.
- E. In furtherance of the general purposes in Paragraph A, the particular purposes of the corporation are: the solicitation and receipt of gifts, grants and contributions from individuals, groups, corporations and other sources, public and private, to assist and support financially and otherwise the public school system of Jefferson County, Kentucky; to engage in any and all activities which advance education of the citizens of Louisville and Jefferson County, Kentucky through the support of the Jefferson County Public Schools.

### ARTICLE IV

### Members

The corporation shall have no members.

### ARTICLE V

### Directors

The corporation shall be governed by a Board of Directors consisting of not less than five (5) members and not more than fifteen (15), the exact number and the terms of each to be set in the manner provided for in the Bylaws. The initial Board of Directors of the corporation shall consist of nine (9) persons who shall serve until the first annual election of Directors or until their successors are elected and qualify. The names and addresses of said directors are: Mary Helen Byck, Byck's, Louisville Galleria, Louisville, Kentucky 40202; Joan Riehm, Humana, Inc. Riverfront Plaza, Louisville, Kentucky 40202; I.W. Hughes, Brown & Williamson Tobacco Corporation, 1600 W. Hill Street, Louisville, Kentucky 40210; Orson Oliver, Bank of Louisville, 500 W. Broadway, Louisville, Kentucky 40202; Woodford R. Porter's Funeral Home, 1300 W. Chestnut, Louisville, Kentucky 40203; John Gray, Citizens Fidelity Bank and Trust Company, Citizens Plaza, Louisville, Kentucky 40202; William E. Summers, III, W.L.O.U. Radio Station, 2549 S. 3rd Street, Louisville, Kentucky 40208; Paul Best, First National Bank of Louisville, First National Tower, Louisville,

Kentucky 40202; Malcolm B. Chancey, Jr., Liberty National Bank & Trust Co. of Louisville, 416 W. Jefferson Street, Louisville, Kentucky 40202.

### ARTICLE VI

### Officers

of a chairman, vice-chairman, secretary and treasurer; provided, however, except for the office of chairman, any or all of the other offices may be combined in one person. The directors may create such other offices and committees as they deem necessary for the proper administration of the corporation's business. The officers of the corporation shall be elected for such term and in such manner as is provided in the Bylaws.

### ARTICLE VII

### Bylaws

The Bylaws for the corporation shall be adopted, and may be amended or repealed, by the Board of Directors.

### ARTICLE VIII

### Registered Office and Registered Agent

The street address of the initial registered office of the corporation is 416 West Jefferson, Louisville, Kentucky 40202.

The name of the initial registered agent at that address is Malcolm B. Chancey, Jr.

### ARTICLE IX

### Exemption From Liability and Indemnification

The private property of the directors of the corporation shall be exempt from liability for any and all debts of the corporation.

The corporation shall have the power to indemnify any person who was or is a party, or is threatened to be made a party, to any threatened, pending or completed action, suit or proceedings, whether civil, criminal, administrative or investigative (other than an action by or on behalf of the corporation) by reason of the fact that he is or was a director, officer, employee or agent of the corporation, against expenses (including attorney's fees) judgments, fines and amounts paid in settlement, actually and reasonably incurred by him in connection with such action, suit or proceeding. Further provisions for indemnification of officers and directors shall be specified in the Bylaws.

### ARTICLE X

### Dissolution

Dissolution shall be accomplished in accordance with Chapter 273 of the Kentucky Revised Statutes or its successor.

Upon dissolution of the corporation, the Board of Directors shall, after paying or making provisions for the payment of, all liabilities of the corporation, dispose of all corporate assets to such organizations organized and operated exclusively for charitable, educational, or scientific purposes as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1954, or its successor, or to such organizations described under Section 170(c)(1) Internal Revenue Code of 1954, or its successor, as Board of Directors shall determine. Any such assets not disposed of by the Board of Directors shall be disposed of by the Circuit Court of the County in which the principal office of the corporation is then located, to such organization or organizations organized and operated exclusively for charitable, educational, religious or scientific purposes as shall, at that time, qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1954, or its successor.

### ARTICLE XI

### Incorporator

The name and address of the Incorporator is:

Malcolm B. Chancey Jr. Liberty National Bank & Trust Company 416 West Jefferson Street Louisville, Kentucky 40202

# 501 301 au 964

Signed and ackno	wledged by the	Incorporator	at
Aresville, Kentuck	y, this that	of Much	,
1984.		4	-
V.	Mallala	Munaul	**************************************
Ð	1	Carr Cer In C	
COMMONWEALTH OF KENTUCKY )	·C		*
COUNTY OF JEFFERSON )		9	man i di transmissi
I, the undersigne Commonwealth and County afore personally appeared before sworn, declared, acknowledge be the Articles of Incorporthis the day of March.	esaid, do hereby of me and, after led and verified ration of	certify that having been duther foregoing	to L'Education Foundation
My commission expir	res: <u> </u>	1984.	- Chic
	Salucio Notary Public	S. Webl	
ig.			20
THIS INSTRUMENT WAS PREPARED I	ВУ		
1, 11	1.		

G. Alexander Hamilton WYATT, TARRANT & COMBS

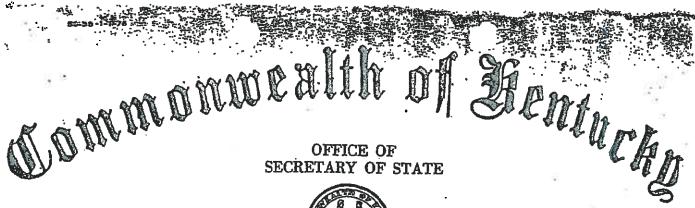
Citizens Plaza

Louisville, Kentucky 40202

A1408
1583 MAR 21 MI 10: 33

8

301 au 964



FRANCES JONES MILLS

Secretary



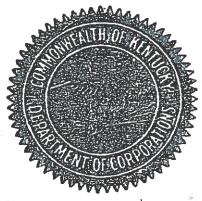
FRANKFORT, KENTUCKY

# CERTIFICATE OF INCORPORATION OF NON-STOCK, NON-PROFIT CORPORATION

I, FRANCES JONES MILLS, Secretary of State of the Commonwealth of Kentucky certify that there has been delivered to my office articles of incorporation of JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC.

The name and	address of the registered agent of this corporation is	<u> </u>
,	MALCOIM B. CHANCEY, JR.	
NAME	416 WEST JEFFERSON	
STREET ADDRESS	LOUISVILIE, KENTUCKY	
CITY. STATE		

NOW, THEREFORE, finding that these articles of incorporation conform to law and that all fees therefore having been paid as prescribed by law, I, FRANCES JONES MILLS, Secretary of State, issue this Certificate of Incorporation.



SECRETARY OF STATE

Issued this 14TH day of MARCH	_, 1983
at Frankfort, Kentucky.	
Frances Jones Mills	
U	

ASSISTANT SECRETARY OF STATE

# COST ESTIMATE FROM VENDOR



QUOTATION

(Master PV Setup)

(beyond NFHS/NCAA Requirements, Added 3ft in back)

(Sponsorship Price)

P.O. Box 166

Michigantown, IN 46057

Fax: 765-249-3010 Phone: 1-800-333-7487 Federal ID#: 35-1183976

Prepared By: Stephen Griffy (stephen@richeyathletics.com)

TO: Michael Horan (michael.horan@jefferson.kyschools.us, 502-807-1165) Eastern HS 12400 Old Shelbyville Rd

Louisville, KY 40243-1598

PRICING IS CONFIDENTIAL.

Do not share unless obligated by law

Signature:

ideal Delivery: Depends on Your Schedule Ideal Order: Before Dec 1st

Date: 11/6/2018

			Oignature,		
Quote Expir		Payment Terms**	Your Order Number	F.O.B.	Shipped Via
12/	1/2018	Net 30 or Split (see below)		Richey Plant	Richey Truck
Quantity	item #		Description	Unit Cost	Ext. Price
1	DFTY-32E	Master PV Pit: 32" X 21' >	27'2" (22oz DOUBLE COATED: BLUE, BLACK or GREY Base Unit	) 17,570.00	17,570.0
		[21ft wide in front	, 21ft wide in back, ~20ft behind the plant box]	"   17,570.00	17,570.0
	DFTY-32E_TP	Reversible T	op Pad Made to Fit Your Pit (Blue or Grev)	3,200.00	3,200.0
_1	DFTY-32E_WC	eather Cover Form-Fitted win	nore linkages than necessary (22oz DC Blue, Grey or	Whit 1,775.00	1,775.0
1pr	BP-52	Base Pads for safety	protection around standard bases (MatchPit 22oz)	1,040.00	1,040.0
		[treated lumber: 2x6	and 3/4" plywood framing + high compression foam]	1	1,5.5.5
1pr	PVS-180		Standards (6-16ft or 7-18ft or 8-20ft adjustability)	2,400.00	2,400.0
1	Cust		in increment pins on PV standards	75.00	75.0
1	TDS-2700		or PV Pit to help with windstorms (tested to 75mph)	160.00	Free w F
ו	ла	Exec	utive Discount (on current pricing)		(6,300.0
1	Shipping****	***Hand Delive (175 miles	ry + Help w/ Setup (delivered with others) from Richey Plant, IN: \$2/mile+100/setup)	450.00	450.0
1	PV-XB-Pkg	Pole	Vault Crossbars (2) + Bungee (1)	180.00	Free w Pi
<u>2+1 year</u>	<u>quarantee or</u>	ALL equipment. See we	to the the second second	Shipped Total:	\$ 26,850.0

To accept this quotation, fax or mail School Purchase Order to above information

Your Shipped Package Total:

with signed copy of this document, or fill in order number, sign and retieed an ASTM-Certified Box Collar (catalog price 650)?

20,210.00 Add 450 subtract \$400

Purchased With HJ Pit: Quoted here is complete replacement of the pole vault equipment (start from scratch). All parts work together perfectlyl BASE UNIT COLORS AVAILABLE: Red, Blue, Black, Green, Purple, Maroon, Navy, Forest Green, Grey, Brown

TOP PAD COLORS AVAILABLE: Red, Blue, Green, Athletic Gold, Vegas Gold, Grey, Orange, Purple, Marcon, Navy, Forest Green, Black

All sizes exceed current IAAF/NIAA/NFHS/KHSAA specifications and future expectations, including: (~)

~Dimensional sizes all far exceed minimum requirements, in the front of both systems (beyond college sized footprints)

~Coaching box (preferred landing zone) included on both sides of top pad (making it truly reversible)

Designs Specific to Richey are all selected in order to Improve safety or increase longevity, or both: (~)

~PV Design: Back sections of PV pit are congruent and interchangeable, maximizing longevity with different ways to setup. Being able to rotate sections each year adds to lifetime of systems. (also, 7ft sections fit through doorways)

~RH&L Attachment System includes SEWN IN FLAPS with 8" of velcro to keep back sections from separating during practice/competition.

~Box collar Accommodation: collar works well with this system (NCAA Requirement 2013 and on; works well with Richey Landing Systems) ~Reversible Top Pad on PV system increases the expected lifetime of the top pads. (zipper along back if foam ever needs replaced).

~High quality foam (expect 12-16 years lifetime) with 3 varying compressions - softer (top), medium, harder (bottom).

(to increase the time that the vaulter decelerates when he lands = a safer landing)

No vacuuming down of sections to decrease the life of your pit - we hand deliver/assemble all equipment)

We hand deliver and help set up or place in storage at school's convenience. Pit is never vacuumed down = increased expected life. penes: Michigan State, Mi; Cincinatti, OH, Purdue, IN; Notre Darme, IN; Wisconsin, Wi; William and Mary, VA; Fresno State, CA; Augustana, IL; Rutgers, NJ;

Washington, WA; George Fox U, OR; MO State, MO; Wake Forest, NC; UNI, IA; Abilene Christian, TX; A&M @ Commerce, TX; North Texas, TX; Marquette, WI; North Central, IL; St. Thomas, MN, George Mason, VA etc.

Recent KY HS Deliveries: Bourbon County, St. Xavier, Henderson County, Muhlenburg County, Grayson County, Madison Central, Farristown MS, and more to come!

MORE REFERENCES: Type: richeyathletics.com/pages/testlmonials/4 and click on map.

PICTURES of work that we've done, type: http://www.flickr.com/photos/99332393@N08/ into web address bar.

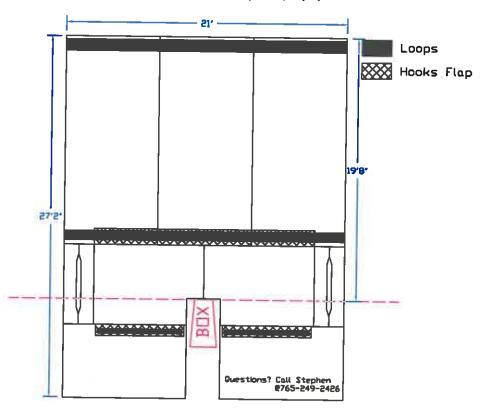
Expectations for RICHEY Equipment: We guarantee it for 13 years, expect it to last minimum of 15 years, (ask for contacts)

and multiple high school/D1/D2/D3 programs across the Midwest have safe equipment, that have been used for 16-22 yrs. Refs available.

Option2 Invoiced for total amount after Dec 15th, 2018 (purchase order required).

Option\* report of 1/3 (development), 1/3 after Dec 15th, remaining to 3 octive Dec 3 tot. 2018 or July 15th 2019 occurring on the livery date.

## Master PV Pit



### Features:

Thickness: This landing system is 32" thick. This pit is guaranteed to outperform the thinner 26-28" thick pits because there is more foam being used to accomplish the task of safely catching the athlete.

Maximized interchangeability of sections: Every section is designed specifically with the intent for the coach to be able to set it up differently, year after year, at his/her own discretion. Specific to the Richey Master PV Pit, each of the 3 completely congruent and interchangable sections has nylon strapping holding stainless steel rings all the way around the perimeter of the tops, allowing for maximum security of the top pad, and all the way around the bottoms, allowing maximum security of the weather cover, and hook/loops sewn into the tops, allowing for fully functional unit-to-unit attachment, regardless of which unit section is placed in any location when this equipment is set up. This design helps to maximize the use of every square inch of the pit. Expect up to 20 years of use.

Reversibility of the top pad: The top pad has two sides, and both are equal in terms of function and strength. If the top pad is customized, both sides will be customized. There is no "good" side and a "bad" side. Both sides are equal and both should be used so that the expected life of the system is maximized.

2" of foam in the top pad: The standard thickness of all Richey top pad foam keeps the athlete safe when landing where two sections meet up with eath other, as well as gives a more comfortable feel to the landing experience. An added benefit is that the foam in the reversible top pad protects from UV penetration into the base units of the pit. Whenever a landing system is exposed to the elements, the pit is slowly wearing out. The top pad works to take the brunt of this damage while the rest of the landing system is only working to catch the vaulter. This is another reason why typically, after 12-15 years of practice and competition, ONLY the foam in the top pad needs replaced. The cost of replacing only the foam in a top pad for any landing system is a small fraction of the cost of replacing the entire pit!

Hook and loop attachment system: Each section behind the plant box is held together by 8 inches of hook/loop material on each side of every place where sections come together; each section in front of the plant box is held together by 4 inches of hook/loop along with sewn in flaps that cannot be misplaced. This keeps the entire landing system safe and secure through all competition and practice, and minimizes any potential for the athlete "finding" a crack between sections, both in the front and in the back of the system. The benefit of using hook and loop as opposed to straps and buckles is a major safety advantage. Our hook and loop does not wear out, it is UV resistant, limits damage if an unfortunate windstorm occurs, increases the safety of the landing system, and you will never have to replace a strap/buckle combination that has simply worn out. Included under our 13 year guarantee coverage.

22oz. Vinyl (hydrostatic puncture resistance of 500psi) encasements with mesh tops: The way we design our encasements allows for an easy evacuation of air when the vaulter lands as well as the ability to easily remove any water that has collected in the system from condensation due to spingtime atmospheric conditions. The additional benefits to using a mesh top on each section is the resistance to damage by track spikes and a better feel when the athlete comes in contact with his or her skin. Vinyl on a hot day is painful for any athlete to have their skin slide across when exiting the landing area.

Since we hand deliver every pit we make, we know for sure what it's going to be like when it shows up. There is no variable dependent upon how long it stays in its vacuumed down state. This is one of the main reasons why we have seen equipment used safely for 20+years.

References available upon request!



# QUOTATION

Track and Field Since 1962

P.O. Box 166

Michigantown, IN 46057

Fax: 765-249-3010 Phone: 1-800-333-7487 Federal ID#: 35-1183976

Prepared By: Stephen Griffy (stephen@richeyathletics.com)

Eastern HS 12400 Old Shelbyville Rd

Louisville, KY 40243-1598

TO: Michael Horan (michael.horan@jefferson.kyschools.us, 502-807-1165) PRICING IS CONFIDENTIAL.

Do not share unless obligated by law

Signature:

# 11708 E (Master HJ Full Setup) (Sponsorship Price)

Date: 11/6/2018

feal Delivery: Depends on Your Sche ideal Order: Before Dec 1st

Quote Expir		Payment Terms**	Your Order Number	F.O.B.	Shipped Via
12/	1/2018	Net 30 or Split (see below)		Richey Plant	Richey Truck
Quantity	Item #		Parad 4		
describing			Description	Unit Cost	Ext. Price
1	UHJ-N	Master High Jump Pit: 28" >	K 19'6" X 11' (22oz DOUBLE COATED: BLUE, BLACK or GREY Base Units)	7,790.00	7,790.00
		[3 completely congrue	nt and interchangeable base sections + front extension]	1	,
1 [	UHJ-N_TP	Reversible	Top Pad Made to Fit Your Pit (Blue or Grey)	1.335.00	1,335.00
1	OHT-N_MC	Weather Cover Form-Fitted w	more linkages than necessary (22oz DC Blue, Grey or White)		995.0
1pr	AHJ-450		Standards w/ Heavy Galv Steel Base (2ft-7ft7in adjust)	605.00	605.0
1	Mfg Disc		ecutive Discount (on current pricing)		(2,145.00
1	Shipping****	***Hand Deliv (175 mile	very + Help w/ Setup (delivered with others) es from Richey Plant, IN: \$2/mile+100/setup)	450.00	300.00
1	HJ-XB-Pkg		h Jump Crossbars (2) + Bungee (1)	180.00	Free w Pit
2+1 yea	<u>r guarante</u>	on ALL equipment. S	ee website for full details. List Sh	ipped Total:	\$ 11,355.00

To accept this quotation, fax or mall School Purchase Order to above information with this doc. or sign and fill in "Your Order Number" (above) and return.

Your Shipped Package Total: Purchased With PV Pit:

8,880.00 subtract \$250

Quoted here is complete replacement of the pole vault equipment (start from scratch). All parts work together perfectlyl BASE UNIT COLORS AVAILABLE: Red, Blue, Black, Green, Purple, Marcon, Navy, Forest Green, Gray, Brown

TOP PAD COLORS AVAILABLE: Red, Blue, Green, Athletic Gold, Vegas Gold, Grey, Orange, Purple, Marcon, Navy, Forest Green, Black

All sizes meet AND exceed current NFHS/KHSAA specifications and future expectations, including: (~)

~Dimensional sizes all far exceed minimum requirements, in the front of systems (beyond college sized footprints)

~Front Extension (potential future requirement) for the high jump (see schematic)

Designs Specific to Richey are all selected in order to improve safety or increase longevity, or both: (~)

~HJ Design: "Nose" built into front of pit by design. 3 Congruent back sections + "nose" extension in front.

~HJ Design: Back sections of HJ pit are congruent and interchangeable allowing for maximum variation of setup configurations.

Being able to rotate sections each year adds to lifetime of systems. (also, sections fit through doorways)

~Reversible Top Pad on HJ system increases the expected lifetime of the top pads. (zipper along back if foam ever needs replaced).

~RH&L Attachment System includes SEWN IN FLAPS with 6" of velcro to keep back sections from separating during practice/competition.

~High quality foam (expect 12-16 years lifetime) with 3 varying compressions - softer (top), medium, harder (bottom). (to increase the time that the vaulter decelerates when he lands = a safer landing)

No vacuuming down of sections to decrease the life of your pit - we hand deliver/assemble all equipment)

We hand deliver and help set up or place in storage at school's convenience. Pit is never vacuumed down = increased expected life. es: Michigan State, Mi; Cincinatti, OH; Purdue, IN; Notre Dame, IN; Wisconsin, Wi; William and Mary, VA; Fresno State, CA; Augustane, IL; Rufgers, NJ;

Washington, WA; George Fox U, OR; MO State, MO; Wake Forest, NC; UNI, IA; Abliene Christian, TX; A&M @ Commerce, TX; North Texas, TX; Marquette, Wi; North Central, IL; St. Thomas, MN, George Mason, VA etc.

Recent KY HS Deliveries: Bourbon County, St. Xavier, Henderson County, Muhlenburg County, Grayson County, Madison Central, Farristown MS, and more to come! MORE REFERENCES: Type: richeyathletics.com/pages/testimonials/4 and click on map.

PICTURES of work that we've done, type: http://www.flickr.com/photos/99332393@N08/ into web address bar.

Expectations for RICHEY Equipment: We guarantee it for 13 years, expect it to last minimum of 15 years, (ask for contacts)

and multiple high school/D1/D2/D3 programs across the Midwest have safe equipment that have been used for 16-22 yrs. Refs available.

Option2 Invoiced for total amount after Dec 15th, 2018 (purchase order required).

Option2 Transcript 10: 113 downstrayment, 1/3 after Dec 15th), substraint 24 setter Dec 15th, 2018 cruck 15th,

# Master HJ Pit 19'-6" Questions? Call Stephen P 765-249-2426

# <u>Features:</u>

Thickness: This landing system is 28" thick or just as thick as a high school pole vault pit. This pit is guaranteed to outperform the thinner 22-26" thick pits because there is more foam being used to accomplish the task of safely catching the athlete.

Interchangeability of sections: Each section has nylon strapping holding stainless steel rings all the way around the perimeter of the top, allowing for maximum security of the top pad, and all the way around the bottom, allowing maximum security of the weather cover, regardless of which unit is placed on the right, left or center. The added benefit of having 3 sections that are all the same with the addition of the bump out in front (instead of cutting out the corners of the side sections) is that you have the ability to set up your system differently every year. This design allows for maximizing the use of every square inch of the pit, rather than using only a small portion of the pit for landing. Being able to set it up differently every year also spreads out the wear and causes the pit to "feel" newer longer and ultimately adds years onto the lifetime of the landing system. Nobody else designs their high jump landing systems this way.

Reversibility of the top pad: The top pad has two sides, and both are equal in terms of function and strength. If the top pad is customized, both sides will be customized. There is no "good" side and a "bad" side. Both sides are equal and both should be used so that the expected life of the system is maximized.

Hook and loop attachment system: Each section is held together by at least 6 inches of hook/loop material. This both keeps the sections pulled in across the back, minimizing any potential for the athlete "finding" a crack between sections, AND along the front where the front section attaches to the back with a sewn in flap (see picture above) which cannot be lost or stolen. The benefit of using hook and loop as opposed to straps and buckles is a major advantage. Our hook and loop does not wear out, it is UV resistant, limits damage is an unfortunate windstorm occurs, increases the safety of the landing system, and you will never have to replace a strap/buckle combination that has simply worn out. Included under our 13 year guarantee coverage.

Vinyl encasements with mesh tops: The way we design our encasents allows for an easy evacuation of air when the vaulter lands as well as the ability to easily remove any water that has collected in the system from condensation due to spingtime atmospheric conditions. The additional benefits to using a mesh top on each section is the resistance to damage by track spikes and a better feel when the athlete comes in contact with it with his or her skin. Vinyl on a hot day is painful for any athlete to have their skin slide across when exiting the landing area.

2" of foam in the top pad: The standard thickness of all Richey top pad foam keeps the athlete safe when landing where two sections meet up with eath other, as well as gives a more comfortable feel to the landing experience. An added benefit is that the foam in the reversible top pad protects from UV penetration into the base units of the pit. Whenever a landing system is exposted to the elements, the plt is slowly wearing out. The top pad works to take the brunt of this damage while the rest of the landing system is only working to catch the vaulter. This is another reason why typically, after 12-15 years of practice and competition, ONLY the foam in the top pad needs replaced. The cost of replacing only the foam in a top pad for any landing system is a small fraction of the cost of replacing the entire pit!



**QUOTATION** 

Track and Field Stoce 1962

P.O. Box 166

Michigantown, IN 46057

# 11708 H2

Date: 12/10/2018

Fax: 765-249-3010 Phone: 1-800-333-7487 Federal ID#: 35-1183976

Prepared By: Stephen Griffy (stephen@richeyathletics.com)

TO: Michael Horan (michael.horan@jefferson.kyschools.us, 502-807-1165)

Eastern HS

PRICING IS CONFIDENTIAL.

Please don't share unless obligated by law

ideal Delivery: Depends on Your Schedule Ideal Order: Before Dec 20th

12400 Old Shelbyville Rd Louisville, KY 40243-1598 Signature:

Quote Expir	ation Date	Payment Terms**	Your Order Number	F.O.B.	Shipped Via
1/2	5/2019	Net 30 or Split (see below)			Richey Truck
Quantity	Item#		Description	Unit Cost	Ext. Price
100	XLAH-HS	90 Degree High So (school	chool Hurdle (competition style) Lists at 180 ea I colors + custom logo included)	123.00	12,300.00
1	Shipping****	Dro	pp-Shipped from Manufacturer		850.00
lurdles qu	oted carry the l	ongest warranty on the mari	ket of comparable models. List Shippe	ed Price (180ea):	\$ 18,850.00

To accept this quotation, fax or mail School Purchase Order to above information

YOUR Shipped Price: \$ 13,150.00

with this doc. or sign and fill in "Your Order Number" (above) and return.

Hurdles quoted have longest warranty on the market and come delivered fully assembled. Notes:

Option2 Invoiced for total amount after Jan 15th, 2018 (purchase order required).
Option3: Invoiced for 1/2 downnayment, 1/3 amorusin 15th, remaining 1/3 before July 15th, 2019.

Sargent Distribution 549 Mallory Pkwy Franklin IN 46131



Eastern High School Michael Horan 12400 Old Shelbyville Road Louisville KY 40243

Quote #
Quote Date
Quote Total (USD)

103018-6 October 30, 2018 \$7,172.00

Item	Description	Unit Cost	Quantity	Line Total
740140	STEEPLECHASE BARRIERS; SET OF 4	8,965.00	1	8,965.00
20%	Discount (20%)	-1,793.00	ì	-1,793.00
Quote Total (US	D)			\$7,172.00

### Terms

Thank you for your support of Sargent Distribution. Payment is expected within 30 days of delivery. If you would like to pay via credit card once the order is placed, please let me know.

# W-9 FORM

# Form W-9 (Rev. November 2017)

(Rev. November 2017) Department of the Treasury Internal Revenue Service

### Request for Taxpayer . Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	1 Name (as shown on your income tax return). Name is required on this line;	de est les estables la les		
	Jefferson County Public Education Foundation	CO HOLIBBAS (UIS INS DISUK.		
	2 Business name/disregarded entity name, if different from above	<del></del>		
ол раде 3.	3 Check appropriate box for federal tax classification of the person whose na following seven boxes.  C Corporation  S Corporation	_	ck only one of the	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3;
<b>4</b> €	single-member LLC	Landisinp	Liferosvestate	Exempt payee code (llany)
₽₩	<ul> <li>Umited liability company, Enter the tax classification (C=C corporation,</li> </ul>	S=S corporation, P=Partners	hio) ►	South to bayes code (traty)
Print or type. Specific instructions on page	Note: Check the appropriate box in the fine above for the tax classifical LLC if the LLC is classified as a single-member LLC that is disregarded another LLC that is not disregarded from the owner for U.S. federal tax is disregarded from the owner should check the appropriate box for the	ion of the single-member ow from the owner unless the cy	ner. Do not check wher of the LLC is	Exemption from FATCA reporting code (if any)
ğ	Other (see instructions) ►  Address (number, street, and apt. or suite no.) See instructions.			(Applies to accounts melataket systems the (J.E.)
க		1	Requester's name a	nd address (options)
ச	3332 Newburg Road 6 City, state, and ZIP code			
1	Louisville, KY 40218	1		
	7 List account number(s) here (optional)	1		
Part				
Enter y backur	our TIN in the appropriate box. The TIN provided must match the nar o withholding. For individuals, this is generally your social security nur	me given on line 1 to avoi	d Social sec	rrity number
resider	II BIIBN, SOIO DIODIJAIOF, OF AISTAGAIMED Antity, see the Instructions for	Florid Inter Constitution		
entities TIN, lat	, it is your employer identification number (EIN). If you do not have a	number, see How to get a		
Note:	f the account is in more than one name, see the instructions for line t	Ales con Mihot Alesse	O?	dentification number
Numbe	r To Give the Requester for guidelines on whose number to enter.	r meo een film limit en	IC Trubioles	Danimosuch number
	·		6   1   -	1 0 2 1 1 2 8
Part				<u> </u>
	penalties of perjury, I certify that:			
Serv	number shown on this form is my correct taxpayer identification numi not subject to backup withholding because; (a) I am exempt from bar ce (IRS) that I am subject to backup withholding as a result of a failur nger subject to backup withholding; and			
3. l am	a U.S. citizen or other U.S. person (defined below); and			
4. The F	FATCA code(s) entered on this form (if any) indicating that I am exemp	pt from FATCA reporting i	ls correct.	
Certific you have scaulsit	ation instructions. You must cross out Item 2 above if you have been no e falled to report all interest and dividends on your tax ratum. For real est ion or abandonment of secured property, cancellation of debt, contribution an interest and dividends, you are not required to sign the certification, b	otified by the IRS that you a tate transactions, Item 2 do ons to an Individual retirem ut you must provide your o	ere currently subjected not apply. For	mortgage interest paid,
Here	Signature of U.S. person > R. Allen	Dat	er 6/1	12018
	eral Instructions	• Form 1099-DiV (divid		ose from stocks or mutual
ioted.	references are to the Internal Revenue Code unless otherwise	funds) • Form 1099-MISC (var	lous types of Inco	ome, prizes, awards, or gross
eiztea t	developments. For the latest information about developments o Form W-9 and its instructions, such as legislation enacted y were published, go to www.irs.gov/FormW9.	proceeds) • Form 1099-B (stock of transactions by brokers)	or mutual fund sal	es and certain other
	ose of Form	• Form 1099-S (ргосвы	ds from real estat	e transactions) party network transactions)
ın İndivi	dual or entity (Form W-8 requester) who is required to file an ion return with the IRS must obtain your correct taxpayer	<ul> <li>Form 1098 (home more 1098-T (tuition)</li> </ul>	rtgage interest), 1	party network transactions) 098-E (student loan interest),
dentifica	Ition number (TIN) which may be your social security number	• Form 1099-C (cancele	ed debt)	
xpayer	dividual taxpayer identification number (ITIN), adoption identification number (ATIN), or employer identification number	• Form 1099-A (acquisiti		
:INJ, to mount :	report on an information return the amount paid to you, or other reportable on an information return. Examples of information	alien), to provide your ci	orrect TIN,	rson (Including a resident
itums li	olude, but are not limited to, the following. 099-INT (interest earned or paid)	If you do not return Fo be subject to backup wi	om W-9 to the red (thholding, See W	quester with a TIN, you might hat is backup withholding,

By signing the filled-out form, you:

- Certify that the TiN you are giving is correct (or you are waiting for a number to be issued),
- 2. Certify that you are not subject to backup withholding, or
- 3. Claim exemption from backup withholding if you are a U.S. exempt payee. If applicable, you are also certifying that as a U.S. person, your allocable share of any partnership income from a U.S. trade or business is not subject to the withholding tax on foreign partners' share of effectively connected income, and
- Certify that FATCA code(s) entered on this form (if any) indicating that you are exempt from the FATCA reporting, is correct. See What is FATCA reporting, later, for further information.

Note: If you are a U.S. person and a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

Definition of a U.S. person. For federal tax purposes, you are considered a U.S. person if you are:

- An Individual who is a U.S. citizen or U.S. resident ellen:
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301,7701-7).

Special rules for partnerships. Partnerships that conduct a trade or business in the United States are generally required to pay a withholding tax under section 1446 on any foreign partners' share of effectively connected taxable income from such business. Further, in certain cases where a Form W-9 has not been received, the rules under section 1446 require a partnership to presume that a partner is a foreign person, and pay the section 1446 withholding tax. Therefore, if you are a U.S. person that is a partner in a partnership conducting a trade or business in the United States, provide Form W-9 to the partnership to establish your U.S. status and avoid section 1446 withholding on your share of partnership income.

In the cases below, the following person must give Form W-9 to the partnership for purposes of establishing its U.S. status and avoiding withholding on its allocable share of net income from the partnership conducting a trade or business in the United States.

- In the case of a disregarded entity with a U.S. owner, the U.S. owner
  of the disregarded entity and not the entity;
- In the case of a grantor trust with a U.S. grantor or other U.S. owner, generally, the U.S. grantor or other U.S. owner of the grantor trust and not the trust; and
- In the case of a U.S. trust (other than a grantor trust), the U.S. trust (other than a grantor trust) and not the beneficiaries of the trust.

Foreign person. If you are a foreign person or the U.S. branch of a foreign bank that has elected to be treated as a U.S. person, do not use Form W-9. Instead, use the appropriate Form W-8 or Form 8233 (see Pub. 515, Withholding of Tax on Nonresident Allens and Foreign Entitlies).

Nonresident afien who becomes a resident alien. Generally, only a nonresident afien individual may use the terms of a tax treaty to reduce or eliminate U.S. tax on certain types of income. However, most tax treaties contain a provision known as a "saving clause." Exceptions specified in the saving clause may permit an exemption from tax to continue for certain types of income even after the payee has otherwise become a U.S. resident alien for tax purposes.

If you are a U.S. resident alien who is relying on an exception contained in the saving clause of a tax treaty to claim an exemption from U.S. tax on certain types of income, you must attach a statement to Form W-9 that specifies the following five items.

- The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident alien.
  - 2. The treaty article addressing the income.
- The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- The type and amount of income that qualifies for the exemption from tax.
- Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty slows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident alien for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1844) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident alien of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-8 a statement that includes the information described above to support that exemption.

If you are a nonresident allen or a foreign entity, give the equester the appropriate completed Form W-8 or Form \$233.

### **Backup Withholding**

What is backup withholding? Persons making certain payments to you must under certain conditions withhold and pay to the IRS 28% of such payments. This is called "backup withholding." Payments that may be subject to backup withholding include interest, tax-exempt interest, dividends, broker and barter exchange transactions, rents, reyalties, nonemployee pay, payments made in settlement of payment card and third party network transactions, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

You will not be subject to backup withholding on payments you receive if you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividuals on your tax return.

Payments you receive will be subject to backup withholding it:

- 1. You do not furnish your TIN to the requester,
- You do not certify your TIN when required (see the instructions for Part II for details),
- 3. The IRS tells the requester that you furnished an incorrect TIN,
- 4. The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or
- You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See Exempt payee code, later, and the separate instructions for the Requester of Form W-9 for more information.

Also see Special rules for partnerships, earlier.

### What is FATCA Reporting?

The Foreign Account Tax Compliance Act (FATCA) requires a participating foreign financial institution to report all United States account holders that are specified United States persons. Catain payees are exempt from FATCA reporting. See Exemption four FATCA reporting code, later, and the instructions for the Requester of Form W-9 for more information.

### **Updating Your Information**

You must provide updated information to any person to whom you claimed to be an exempt payee if you are no longer an exempt payee and anticipate receiving reportable payments in the future from this person. For example, you may need to provide updated information if you are a C corporation that elects to be an S corporation, or if you no longer are tax exempt. In addition, you must furnish a new Form W-9 if the name or TIN changes for the account; for example, if the grantor of a grantor trust dies.

### **Penalties**

Fallure to furnish TIN. If you fall to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such fallure unless your fallure is due to reasonable cause and not to wilki neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Wilifully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TiNs. If the requester discloses or uses TiNs in violation of federal law, the requester may be subject to civil and criminal penalities.

### **Specific Instructions**

### Line 1

You must enter one of the following on this line; do not leave this line blank. The name should match the name on your tex return.

If this Form W-9 is for a joint account (other than an account maintained by a foreign financial institution (FFI)), list first, and then circle, the name of the person or entity whose number you entered in Part I of Form W-9. If you are providing Form W-9 to an FFI to document a joint account, each holder of the account that is a U.S. person must provide a Form W-9.

a. Individual, Generally, enter the name shown on your tax return. If you have changed your last name without informing the Social Security Administration (SSA) of the name change, enter your first name, the last name as shown on your social security card, and your new last name.

Note: ITIN applicant: Enter your individual name as it was entered on your Form W-7 application, line 1a. This should also be the same as the name you entered on the Form 1040/1040A/1040EZ you filed with your application.

- Sole proprietor or single-member LLC. Enter your individual name as shown on your 1040/1040A/1040EZ on line 1. You may enter your business, trade, or "doing business as" (DBA) name on line 2.
- c. Partnership, LLC that is not a single-member LLC, C corporation, or S corporation. Enter the entity's name as shown on the entity's tax return on line 1 and any business, trade, or DBA name on line 2.
- d. Other entitles. Enter your name as shown on required U.S. federal tax documents on line 1. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on line 2.
- e. Disregarded entity. For U.S. federal tax purposes, an entity that is disregarded as an entity separate from its owner is treated as a "disregarded entity." See Regulations section 301.7701-2(c)(2)(iii). Enter the owner's name on line 1. The name of the entity entered on line 1 should never be a disregarded entity. The name on line 1 should be the name shown on the income tax return on which the income should be reported. For example, if a foreign LLC that is treated as a disregarded entity for U.S. federal tax purposes has a single owner that is a U.S. person, the U.S. owner's name is required to be provided on line 1. If the direct owner of the entity is also a disregarded entity, enter the first owner that is not disregarded for federal tax purposes. Enter the disregarded entity's name on line 2, "Business name/disregarded entity name." If the owner of the disregarded entity is a foreign person, the owner must complete an appropriate Form W-8 instead of a Form W-9. This is the case even if the foreign person has a U.S. TiN.

### Line 2

If you have a business name, trade name, DBA name, or disregarded entity name, you may enter it on line 2.

### Line 3

Check the appropriate box on line 3 for the U.S. federal tax classification of the person whose name is entered on line 1. Check only one box on line 3.

iF the entity/person on line 1 is a(n)	THEN check the box for
Corporation	Corporation
<ul> <li>Individual</li> <li>Sole proprietorship, or</li> <li>Single-member limited ilability company (LLC) owned by an individual and disregarded for U.S. federal tax purposes.</li> </ul>	Individual/sole proprietor or single- member LLC
<ul> <li>LLC treated as a partnership for U.S. federal tax purposes,</li> <li>LLC that has filed Form 8832 or 2553 to be taxed as a corporation, or</li> <li>LLC that is disregarded as an entity separate from its owner but the owner is another LLC that is not disregarded for U.S. federal tax purposes.</li> </ul>	Limited liability company and enter the appropriate tax classification. (P= Partnership; C= C corporation; or S= S corporation)
Partnership	Partnership
Trust/estate	Trust/estate

### Line 4, Exemptions

If you are exempt from backup withholding and/or FATCA reporting, enter in the appropriate space on line 4 any code(s) that may apply to you.

### Exempt payee code.

- Generally, Individuals (including sole proprietors) are not exempt from backup withholding.
- Except as provided below, corporations are exempt from backup withholding for certain payments, including interest and divisends.
- Corporations are not exempt from backup withholding for payments made in settlement of payment card or third party network tansactions.
- Corporations are not exempt from backup withholding with respect to attorneys' fees or gross proceeds paid to attorneys, and coporations that provide medical or health care services are not exempt with respect to payments reportable on Form 1099-MISC.

The following codes identify payees that are exempt from tackup withholding. Enter the appropriate code in the space in line 4.

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account salisfies the requirements of section 401(f)(2)
- 2-The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealther possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions agencies, or instrumentalities
- 5-A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonweith or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8-A real estate investment trust
- 9—An entity registered at all times during the tax year under the investment Company Act of 1940
- 10-A common trust fund operated by a bank under section 584(a)
- 11-A financial institution
- 12—A middleman known in the investment community as a seminee or custodian
- 13—A trust exempt from tax under section 864 or described in section 4947

The following chart shows types of payments that may be exempt from backup withholding. The chart applies to the exempt payees listed above, 1 through 13.

IF the payment is for	THEN the payment is exempt for
Interest and dividend payments	All exempt payees except for 7
Broker transactions	Exempt payees 1 through 4 and 6 through 11 and all C corporations. S corporations must not enter an exempt payee code because they are exempt only for sales of noncovered securities acquired prior to 2012.
Barter exchange transactions and patronage dividends	Exempt payees 1 through 4
Payments over \$600 required to be reported and direct sales over \$5,0001	Generally, exempt payees 1 through 5 <sup>2</sup>
Payments made in settlement of payment card or third party network transactions	Exempt payees 1 through 4

<sup>&</sup>lt;sup>1</sup> See Form 1099-MISC, Miscellaneous Income, and its instructions.

Exemption from FATCA reporting code. The following codes identify payees that are exempt from reporting under FATCA. These codes apply to persons submitting this form for accounts maintained outside of the United States by certain foreign financial institutions. Therefore, if you are only submitting this form for an account you hold in the United States, you may leave this field blank. Consult with the person requesting this form if you are uncertain if the financial institution is subject to these requirements. A requester may indicate that a code is not required by providing you with a Form W-9 with "Not Applicable" (or any similar indication) written or printed on the fine for a FATCA exemption code.

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
- B-The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
- G-A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the investment Company Act of 1940
- I-A common trust fund as defined in section 584(a)
- J-A bank as defined in section 581
- K-A broker
- $L\!-\!A$  trust exempt from tax under section 684 or described in section 4947(a)(1)

M—A tax exempt trust under a section 403(b) plan or section 457(g) plan

Note: You may wish to consult with the financial institution requesting this form to determine whether the FATCA code and/or exempt payed code should be completed.

### Line 5

Enter your address (number, street, and apartment or sultenumber). This is where the requester of this Form W-9 will mail your information returns. If this address differs from the one the requester aready has on file, write NEW at the top. If a new address is provided, there is still a chance the old address will be used until the payor changes your address in their records.

### Line (

Enter your city, state, and ZIP code.

### Part I. Taxpayer Identification Number (TIN)

Enter your TiN in the appropriate box. If you are a resident alien and you do not have and are not eligible to get an SSN, your TN is your IRS individual texpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see How to get a TIN below.

If you are a sole proprietor and you have an EIN, you may enter either your SSN or EIN.

if you are a single-member LLC that is disregarded as an entity separate from its owner, enter the owner's SSN (or EIN, if the owner has one). Do not enter the disregarded entity's EIN. If the LLC is classified as a corporation or partnership, enter the entity's EIN.

Note: See What Name and Number To Give the Requester, later, for further clarification of name and TIN combinations.

How to get a TiN. If you do not have a TiN, apply for one immediately. To apply for an SSN, get Form SS-5, Application for a Social Security Card, from your local SSA office or get this form online at www.SSA.gov. You may also get this form by calling 1-800-772-1213. Use Form W-7, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN, or Form SS-4, Application for Employer Identification Number, to apply for an EIN. You can apply for an EIN online by accessing the IRS website at www.liss.gov/Businesses and cilicking on Employer Identification Number (EIN) under Stafing a Business. Go to www.liss.gov/Forms to view, download, or print Form W-7 and/or Form SS-4. Or, you can go to www.liss.gov/OrderForms to place an order and have Form W-7 and/or SS-4 mailed to you within 10 business days.

If you are asked to complete Form W-9 but do not have a TIN, apply for a TIN and write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all such payments until you provide your TIN to the requester.

Note: Entering "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Caution: A disregarded U.S. entity that has a foreign ownermust use the appropriate Form W-8,  $\,$ 

### Part II. Certification

To establish to the withholding agent that you are a U.S. person, or resident allen, sign Form W-9. You may be requested to sign by the withholding agent even if item 1, 4, or 5 below indicates otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required). In the case of a disregarded entity, the person identified on line 1 must sign. Exempt payees, see Exempt payee code, earlier.

Signature requirements. Complete the certification as indicated in items 1 through 5 below.

<sup>&</sup>lt;sup>2</sup> However, the following payments made to a corporation and reportable on Form 1099-MISC are not exempt from backup withholding: medical and health care payments, attorneys' fees, gross proceeds paid to an attorney reportable under section 6045(f), and payments for services paid by a federal executive agency.

- Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983.
   You must give your correct TIN, but you do not have to sign the certification.
- 2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.
- 3. Real estate transactions. You must sign the certification. You may cross out Item 2 of the certification.
- 4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments made in settlement of payment card and third party network transactions, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).
- 5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified tuition program payments (under section 529), ABLE accounts (under section 529A), IRA, Coverdell ESA, Archer MSA or HSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

### What Name and Number To Give the Requester

	· · · · · · · · · · · · · · · · · · ·
For this type of account:	Give name and SSN of:
1. Individual	The individual
Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account
<ol> <li>Two or more U.S. persons (joint account maintained by an FFI)</li> </ol>	Each holder of the account
Custodial account of a minor     (Uniform Glift to Minors Act)	The minor
<ol><li>a. The usual revocable savings truet (grantor is also trustee)</li></ol>	The grantor-trustee <sup>1</sup>
<ul> <li>So-called trust account that is not a legal or valid trust under state law</li> </ul>	The actual owner <sup>1</sup>
Sole proprietorehip or disregarded entity owned by an individua!	The owner
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i) (A))	The grantor*
For this type of account:	Give name and EIN of:
Disregarded entity not owned by an individual	The owner
9. A valid trust, estate, or pension trust	Legal entity <sup>4</sup>
10. Corporation or LLC electing corporate status on Form 8832 or Form 2653	The corporation
11. Association, club, religious, charitable, educational, or other tax- exempt organization	The organization
12. Partnership or multi-member LLC	The partnership
13. A broker or registered nominee	The broker or nominee

For this type of account:	Give name and EIN of
14. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity
Granter trust filling under the Form 1041 Filling Method or the Optional Form 1099 Filling Method 2 (see Regulations section 1.671-4(b)(2)(f(B))	The trust

- <sup>1</sup> List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.
- <sup>2</sup> Circle the minor's name and fumish the minor's SSN,
- <sup>3</sup> You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.
- <sup>4</sup> List first and circle the name of the trust, estate, or pension trust. (Oo not furnish the TiN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see Special rules for partnerships, earlier.

\*Note: The grantor also must provide a Form W-9 to truste of trust.

Note: If no name is circled when more than one name is listed, the
number will be considered to be that of the first name listed.

### Secure Your Tax Records From Identity Theft

identity theft occurs when someone uses your personal information such as your name, SSN, or other identifying information, without your permission, to commit fraud or other crimes. An identity the may use your SSN to get a job or may file a tax return using your SSN to receive a refund.

To reduce your risk:

- Protect your SSN,
- · Ensure your employer is protecting your SSN, and
- . Be careful when choosing a tax preparer.

If your tax records are affected by identity theft and you receive a notice from the IRS, respond right away to the name and pione number printed on the IRS notice or letter.

If your tax records are not currently affected by identity tieft but you think you are at risk due to a lost or stolen purse or wallet, questionable credit card activity or credit report, contact the IRS identity Theft Hotline at 1-800-908-4490 or submit Form 14039.

For more information, see Pub. 5027, Identity Theft information for Taxpayers.

Victims of Identity theft who are experiencing economic larm or a systemic problem, or are seeking help in resolving tax problems that have not been resolved through normal channels, may be eigible for Taxpayer Advocate Service (TAS) assistance. You can read: TAS by calling the TAS toll-free case intake line at 1-877-777-4778 or TTY/TDD 1-800-829-4059.

Protect yourself from suspicious emails or phishing schemes. Phishing is the creation and use of email and websites designed to mimic legitimate business emails and websites. The most common act is sending an email to a user falsely claiming to be an established legitimate enterprise in an attempt to scam the user into surendering private information that will be used for identity theft.

# ANNUAL AUDIT – SEE INCLUDED ADUDITED FINANCIAL STATEMENT

### JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC.

### **General Information**

**Organization Number** 

0175787

Name

JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC.

**Profit or Non-Profit** 

N - Non-profit

Company Type

KCO - Kentucky Corporation

**Status** Standing A - Active

G - Good

State

KY

**File Date Organization Date**  3/14/1983 3/14/1983

**Last Annual Report** 

4/20/2018

**Principal Office** 

JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION JAEGER EDUCATION CENTER- ATTN: SAM CORBETT EXEC

3332 NEWBURG RD LOUISVILLE, KY 40218

Registered Agent

WT&C CORPORATE SERVICES, INC.

500 W. JEFFERSON STREET

**SUITE 2800** 

LOUISVILLE, KY 40202

### **Current Officers**

Chairman James Allen Vice President Franklin Jelsma **Treasurer** Lynn Heuther Director **Audwin Helton** Director JEFF ULIGIAN Director Henry Heuser **Assistant Treasurer** Joseph Seiler

### Individuals / Entities listed at time of formation

Director MARY HELEN BYCK

Director JOAN RIEHM Director I W HUGHES Director **ORSON OLIVER** 

Director **WOODFORD R PORTOR** Incorporator MALCOLM B CHANCEY JR

### Images available online

Documents filed with the Office of the Secretary of State on September 15, 2004 or thereafter are available as scanned images or PDF documents. Documents filed prior to September 15, 2004 will become available as the images are created.

**Annual Report** 4/20/2018 1 page **PDF** 

Certificate of Assumed Name 2/26/2018 1 page tiff **PDF** 

Annual Report 4/20/2017 1 page **PDF** 

Principal Office Address	5/12/2016 2:58:46 PM	1 page	PDF	
<u>Change</u>	E/12/2016	1	חחר	
Annual Report	5/12/2016	1 page	PDF	
Annual Report	5/15/2015	1 page	PDF	
<u>Principal Office Address</u> <u>Change</u>	2/11/2014 10:18:20 AM	1 page	<u>PDF</u>	
Annual Report	2/11/2014	1 page	PDF	
Annual Report	6/18/2013	1 page	PDF	
Registered Agent name/address change	3/8/2013	1 page	tiff	PDF
Annual Report	6/28/2012	1 page	PDF	
Annual Report	7/19/2011	1 page	PDF	
Annual Report	5/28/2010	1 page	PDF	
Annual Report	1/13/2009	1 page	PDF	
Annual Report	3/4/2008		tiff	DDE
		1 page		<u>PDF</u>
Annual Report	1/8/2007	1 page	PDF	DDE
Annual Report	3/7/2006	1 page	<u>tiff</u>	<u>PDF</u>
Annual Report	3/11/2005	1 page	PDF	205
Annual Report	6/5/2002	2 pages	tiff	PDF
Annual Report	5/21/2001	2 pages	tiff	PDF
Annual Report	10/3/2000	2 pages	tiff	PDF
Annual Report	7/16/1999	2 pages	tiff	PDF
Annual Report	4/24/1998	2 pages	tiff	<u>PDF</u>
Annual Report	7/1/1997	2 pages	tiff	<u>PDF</u>
Annual Report	7/1/1996	2 pages	tiff	<u>PDF</u>
Annual Report	7/1/1995	3 pages	tiff	<u>PDF</u>
Annual Report	7/1/1994	2 pages	tiff	<u>PDF</u>
Annual Report	7/1/1992	2 pages	tiff	<u>PDF</u>
Annual Report	7/1/1991	1 page	tiff	<u>PDF</u>
Annual Report	7/1/1990	2 pages	tiff	<u>PDF</u>
Annual Report	7/1/1989	2 pages	tiff	<b>PDF</b>

### **Assumed Names**

<u>FUTUREUP</u> Active

### **Activity History**

Filing	File Date	Effective Date	Org. Referenced
Annual report	4/20/2018 10:58:11 AM	4/20/2018 10:58:11 AM	
Added assumed name	2/26/2018 12:15:42 PM	2/26/2018	<u>FUTUREUP</u>
Annual report	4/20/2017 2:09:23 PM	4/20/2017 2:09:23 PM	
Annual report	5/12/2016 3:06:17 PM	5/12/2016 3:06:17 PM	
Principal office change	5/12/2016 2:58:46 PM	5/12/2016 2:58:46 PM	
Annual report	5/15/2015 12:24:37 PM	5/15/2015 12:24:37 PM	

Annual report	2/11/2014 10:23:31 AM	2/11/2014 10:23:31 AM
Principal office change	2/11/2014 10:18:20 AM	2/11/2014 10:18:20 AM
Annual report	6/18/2013 10:48:04 PM	6/18/2013 10:48:04 PM
Registered agent address change	3/8/2013 2:47:46 PM	3/8/2013
Annual report	6/28/2012 4:10:51 PM	6/28/2012 4:10:51 PM
Annual report	7/19/2011 9:24:22 AM	7/19/2011 9:24:22 AM
Annual report	5/28/2010 9:56:56 AM	5/28/2010 9:56:56 AM
Annual report	1/13/2009 10:11:05 AM	1/13/2009 10:11:05 AM
Annual report	3/4/2008 8:28:00 AM	3/4/2008
Annual report	1/8/2007 4:01:51 PM	1/8/2007 4:01:51 PM
Annual report	3/7/2006 10:38:23 AM	3/7/2006
Annual report Annual report	3/11/2005 3/18/2004	3/11/2005 3/18/2004

### **Microfilmed Images**

Microfilm images are not available online. They can be ordered by faxing a Request For Corporate Documents to the Corporate Records Branch at 502-564-5687.

Annual Report	12/31/2004 2:10:42 PM	2 pages
Annual Report	6/11/2003	2 pages
Annual Report	6/5/2002	2 pages
Annual Report	5/21/2001	2 pages
Annual Report	10/3/2000	2 pages
Annual Report	7/16/1999	2 pages
Annual Report	4/24/1998	2 pages
Annual Report	7/1/1997	2 pages
Annual Report	7/1/1996	2 pages
Annual Report	7/1/1995	3 pages
Annual Report	7/1/1994	2 pages
Annual Report	7/1/1993	2 pages
Annual Report	7/1/1992	2 pages
Annual Report	7/1/1991	1 page
Annual Report	7/1/1990	2 pages
Annual Report	7/1/1989	2 pages
Statement of Change	7/15/1986	1 page
Articles of Incorporation	3/14/1983	9 pages

# Form W-9

(Rev. October 2018) Department of the Treasury Internal Revenue Service

# Request for Taxpayer Identification Number and Certification

► Go to www.irs.gov/FormW9 for instructions and the latest information.

Give Form to the requester. Do not send to the IRS.

	Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.											
	Eastern Track XC Booster Club, Inc.											
	2 Business name/disregarded entity name, if different from above				_							
	y and one north about											
6.0	Check appropriate box for federal tax classification of the person whose na following seven boxes.	me is entered on line 1. Ch.				_						
pag	following seven boxes.	THE SE PRINCIPAL OF THE 1. OF	eck only	опо	Of the	9   1	6 Ex Certai	emptio in entiti	18 (CC 88. M	ot Inc	appiy dividu	only to als; see
lo l	☐ Individual/sole proprietor or ☐ C Corporation ☐ S Corporatio	n Partnership				-   1	instru	ctions	on pa	ige 3	):	MIG1 000
. ee.	single-member LLC	·· Larmership	L.J Tri	ust/e	estate	١.						
Print or type.	Limited liability company. Enter the tax classification (C=C corporation, S	S-S comprotion D-Dartner	mbini b			l'	-xem	pt paye	e coc	16 (II	any)	_
호호	NOTE: Uneck the appropriate how in the line above for the tay about and			net	chaoi	١.	<b>-</b>					
투드	another LLC that is not disregarded from the owner for LLC todays have	rom the owner unless the o	wner of					ption fr (if any)	am F	ATC,	A repo	orting
F (2)	The street of th	ourposes. Otherwise, a sing tax classification of its own:	il <del>o</del> -memi: er.	oer L	LC th	at '	JUUG	(it dily)		_		
Print or type. Specific Instructions on page	✓ Other (see Instructions) ➤ Nonprofit corporation exempt	nder IRS Code Sect	ion 50	1(c)	1(3)	10	4pplies	to accour	ks maá	ntakned	l outsick	the U.S.)
0	The same productions, success, and apr. or suite no.) see instructions.		Reques	ter's	name							
ഗ്	PO Box 43471 6 City, state, and ZIP code											
J												
ŀ	Louisville, KY 40253 7 List account number(s) here (optional)											
	- A control of the control									_		<u> </u>
Part	Taxpayer Identification Number (TIN)											
Enter y	our TIN in the appropriate box. The TIN provided must make the	no chian an line di te	1.4	G <sub>2</sub> .	-1-1-		hr.					
			old   era i	304	CIAI S	ecni	ity n	umber	_	_	_	
	nt alien, sole proprietor, or disregarded entity, see the instructions for it is your employer identification number (EIN). If you do not have a refer.					- 1	-1		_	1		
				or or	4		L		1	L,	L	
Note: I	f the account is in more than one name, see the instructions for line 1	. Also see What Name a	nd i		piove	r ide	entifi	cation	num	aer		_
NUTTIE	r To Give the Requester for guidelines on whose number to enter,		 أ			1			T	767		=
Dowk				2	7	-	3	6 9	5	9	9	3
Part									_	_		
1 Than	penalties of perjury, I certify that:									_		
2. I am	number shown on this form is my correct taxpayer identification numb	per (or I am waiting for a	numbe	r to	be is	sue	d to	me); a	nd			
Servi	not subject to backup withholding because: (a) I am exempt from bac ice (IRS) that I am subject to backup withholding as a result of a failur nger subject to backup withholding; and	:Kup withholding, or (b) I e to report all interest or	l have n divider	iot b nds.	or (c	noti:	fied i	by the	Inter	mal I	Reve	nue
	a U.S. citizen or other U.S. person (defined below); and			,	\-	,			VOIII	JQ 11	ie uie	ar i catii
4. The F	FATCA code(s) entered on this form (if any) is all and											
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.												
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because acquisition or abandonment of secured property, cancellation of debt, contributions to an item 2 does not apply. For mortgage interest paid,												
acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.												
Sign	, , , , , , , , , , , , , , , , , , ,	ut you must provide your	correct	TIÑ.	. See	the	instr	uction	for	Part	II, lat	er.
Here	Signature of Sumana R. Scorson	BOOMILLAN		, 1	Bri	10	100					
Gen	eral Instructions			4	34	_	L	14				
		<ul> <li>Form 1099-DIV (divided funds)</li> </ul>	dends, i	inclu	uding	tho	se fr	om st	ocks	or n	nutus	al .
noted.	references are to the Internal Revenue Code unless otherwise	Tortasj										
	developments. For the latest information about developments	<ul> <li>Form 1099-MISC (va proceeds)</li> </ul>	a rous (y	hes	or in	con	ne, p	rizes,	awa	'ds,	or gr	088
i ciaten f	O FULL VV-9 and its instructions, such as isolation appeared	• Form 1099-B (stock	or mutu	ial fi	und s	ales	s and	i certa	in ot	her		
archi (116	area trief were published, go to www.irs.gov/FormW9.											
Purpo	ose of Form	• Form 1099-S (procee	eds fron	n rea	al est	tate	tran	sactio	18)			
An indivi	idual or entity (Form Wa9 requester) who is required to (it.	• Form 1099-K (merch	ant car	d an	ıd thii	rd p	arty	netwo	rk tra	ansa	ction	s)
information return with the IRS must obtain with strength and the IRS must obtain with the IRS m												
(SSN), individual taxpaver identification number (TIN) advantage (TIN) advantage (TIN) (SSN), individual taxpaver identification number (TIN) advantage (TIN) (SSN), individual taxpaver identification number (TIN) (SSN), individual taxpaver identification number (TIN) (SSN), individual taxpaver identification number (SSN), individ												
taxpayer Identification number (ATIN), or amployer identification property of the state of the s												
	report on an information return the amount paid to you, or other reportable on an information return. Examples of information	Use Form W-9 only i	f vou ar	'A A	U.S.	per	son	includ	ina s	, rae	idani	
Armino 1	icidde, but are not ilmited to, the following.	alient, to brovide your	correct	HN.								
• Form 1	099-INT (interest eamed or paid)	If you do not return F be subject to backup w later	orm W ithhold	-9 tç ing.	See	<i>req</i> e Wha	uest at is	o <i>r with</i> backu	<i>a 71.</i> p wif	N, yı ihho	ou m Iding	ight ,

Form 990-N

### **Electronic Notice (e-Postcard)**

OMB No. 1545-2085

Department of the Treasury Internal Revenue Service for Tax-Exempt Organization not Required to File Form 990 or 990-EZ

2017

Open to Public Inspection

A For the 2017 Calendar year, or tax year begin	nning <u>2017-07-01</u> and ending <u>2018-06-30</u>	
B Check if available Terminated for Business  Gross receipts are normally \$50,000 or less	C Name of Organization: EASTERN TRACK XC BOOSTER  CLUB  12400 Old Shelbyville Road,	D Employee Identification Number <u>27-3695993</u>
E Website:	F Name of Principal Officer: Chris Chmlelewski  2809 Woodward Drive, Louisville, KY, US, 40220	_

Privacy Act and Paperwork Reduction Act Notice: We ask for the information on this form to carry out the Internal Revenue laws of the United States. You are required to give us the information. We need it to ensure that you are complying with these laws,

The organization is not required to provide information requested on a form that is subject to the Paperwork Reduction Act unless the form displays a valid OMB control number. Books or records relating to a form or its instructions must be retained as long as their contents may become material in the administration of any Internal Revenue law. The rules governing the confidentiality of the Form 990-N is covered in code section 6104.

The time needed to complete and file this form and related schedules will vary depending on the individual circumstances. The estimated average times is 15 minutes.

Note: This Image is provided for your records only. Do Not mail this page to the IRS. The IRS will not accept this filing via paper. You must file your Form 990-N (e-Postcard) electronically.

### **Smith, Chanelle Emily**

From:

Gordon, Julie A <julie.gordon@jefferson.kyschools.us>

Sent:

Wednesday, January 23, 2019 3:21 PM

To:

Smith, Chanelle Emily

Subject:

RE: Zip Codes we service at Eastern High School

### OrvStudentsBvZipCode-Totals

QryStudentsByZipCode-Totals			
Zip	Count		
	0.		
40023	65		
40059	3		
40118	2		
40202	14		
40203	56		
40204	3		
40205	5		
40206	5		
40207	19		
40208	1		
40210	5		
40211	34		
40212	70		
40213	1		
40214	3		
40215	2		
40216	1		
40217	1		
40218	10		
40219	12		
40220	41		
40222	50		
40223	346		
40228	10		
40229	12		
40241	172		
40242	21		
40243	306		
40245	596		
40258	1		
40272	4		
40291	70		
40299	208		

