


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

**Applicant/Program:** Louisville Metro Foundation - National Police Week in Washington DC  
**Applicant Requested Amount:** \$ 5,761.43  
**Appropriation Request Amount:** \$ 5,000.00

**Executive Summary of Request**  
 The Funds Requested are to assist 14 LMPD Officers with travel expenses to Police Week in Washington DC & The National Peace Officers Memorial Wall on May 12th -16th ,2019 . The 14 Officers where in the same platoon as Detective Deidre Mengedoht who lost her life in the line of duty on December 24th , 2018 . The Officers will be there to represent LMPD and support the Mengedoht family as her name gets added to the Memorial Wall

Is this program/project a fundraiser?  Yes  No  
 Is this applicant a faith based organization?  Yes  No  
 Does this application include funding for sub-grantee(s)?  Yes  No

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.

1 District #                       Primary Sponsor Signature                      \$ 5,000 Amount                      4/5/2019 Date

**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: \_\_\_\_\_

**Applicant/Program:**

Louisville Metro Police Foundation - Police Week in Washington DC May 12th -16th , 2019

**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.

None

**Council Member Signature and Amount**

District 1	_____	\$ _____
District 2	_____	\$ _____
District 3	_____	\$ _____
District 4	_____	\$ _____
District 5	_____	\$ _____
District 6	_____	\$ _____
District 7	_____	\$ _____
District 8	_____	\$ _____
District 9	_____	\$ _____
District 10	_____	\$ _____
District 11	_____	\$ _____
District 12	_____	\$ _____
District 13	_____	\$ _____
District 14	_____	\$ _____
District 15	_____	\$ _____

**Applicant/Program:**

Louisville Metro Foundation - Police Week in Washington DC May 12th -16th , 2019

**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.

None

District 16 \_\_\_\_\_ \$ \_\_\_\_\_

District 17 \_\_\_\_\_ \$ \_\_\_\_\_

District 18 \_\_\_\_\_ \$ \_\_\_\_\_

District 19 \_\_\_\_\_ \$ \_\_\_\_\_

District 20 \_\_\_\_\_ \$ \_\_\_\_\_

District 21 \_\_\_\_\_ \$ \_\_\_\_\_

District 22 \_\_\_\_\_ \$ \_\_\_\_\_

District 23 \_\_\_\_\_ \$ \_\_\_\_\_

District 24 \_\_\_\_\_ \$ \_\_\_\_\_

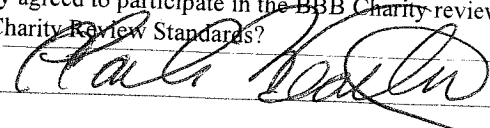
District 25 \_\_\_\_\_ \$ \_\_\_\_\_

District 26 \_\_\_\_\_ \$ \_\_\_\_\_

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**Legal Name of Applicant Organization** Louisville Metro Police Foundation

**Program Name and Request Amount** National Police Week in Washington DC \$ 5,761.43

	Yes/No/NA
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="checkbox"/> Yes
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="checkbox"/> Yes
Is the proposed public purpose of the program viable and well-documented?	<input type="checkbox"/> Yes
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="checkbox"/> No
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="checkbox"/> Yes
Has prior Metro Funds committed/granted been disclosed?	<input type="checkbox"/> Yes
Is the application properly signed and dated by authorized signatory?	<input type="checkbox"/> Yes
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="checkbox"/> Yes
If Metro funding is for a separate taxing district is the funding appropriated for a program outside the legal responsibility of that taxing district?	<input type="checkbox"/> Yes
Is the entity in good standing with: <ul style="list-style-type: none"> <li>▶ Kentucky Secretary of State?</li> <li>▶ Louisville Metro Revenue Commission?</li> <li>▶ Louisville Metro Government?</li> <li>▶ Internal Revenue Service?</li> <li>▶ Louisville Metro Human Relations Commission?</li> </ul>	<input type="checkbox"/> Yes
Is the current Fiscal Year Budget included?	<input type="checkbox"/> Yes
Is the entity's board member list (with term length/term limits) included?	<input type="checkbox"/> Yes
Is recommended funding less than 33% of total agency operating budget?	<input type="checkbox"/> Yes
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="checkbox"/> Yes
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="checkbox"/> No
Is the most recent annual audit (if required by organization) included?	<input type="checkbox"/> Yes
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="checkbox"/> N/A
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="checkbox"/> No
Are the Articles of Incorporation of the Agency included?	<input type="checkbox"/> Yes
Is the IRS Form W-9 included?	<input type="checkbox"/> Yes
Is the IRS Form 990 included?	<input type="checkbox"/> Yes
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="checkbox"/> N/A
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="checkbox"/> 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?	<input type="checkbox"/> Yes
Prepared by: 	Date: 4/5/2019

# LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

## SECTION 1 - APPLICANT INFORMATION

**Legal Name of Applicant Organization:** Louisville Metro Police Foundation  
(as listed on: <http://www.sos.ky.gov/business/records>)

**Main Office Street & Mailing Address:** 982 Eastern Pkwy #5 Louisville, KY 40217

**Website:** www.saferlouisville.com

<b>Applicant Contact:</b>	Tracie Texas Shugart	<b>Title:</b>	Executive Director
<b>Phone:</b>	(502) 409-9563	<b>Email:</b>	Texas@Saferlouisville.com
<b>Financial Contact:</b>	Justin Jokovich	<b>Title:</b>	Treasurer
<b>Phone:</b>	(502) 690-9096	<b>Email:</b>	JJokovich@kfcyumcenter.com

**Organization's Representative who attended NDF Training:** Tracie Texas Shugart

## GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED

**Program Facility Location(s):** Washington DC Police Week, May 12th - 16th

**Council District(s):** 1      **Zip Code(s):**

## SECTION 2 - PROGRAM REQUEST & FINANCIAL INFORMATION

**PROGRAM/PROJECT NAME:** Det. Deidre Mengedoht Memorial

<b>Total Request: (\$)</b>	5,761.43	<b>Total Metro Award (this program) in previous year: (\$)</b>	0
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**Purpose of Request (check all that apply):**

- Operating Funds (generally cannot exceed 33% of agency's total operating budget)
- Programming/services/events for direct benefit to community or qualified individuals
- Capital Project of the organization (equipment, furnishing, building, etc)

**The Following are Required Attachments:**

- |   |   |
|---|---|
| <ul style="list-style-type: none"> <li><input checked="" type="checkbox"/> IRS Exempt Status Determination Letter</li> <li><input checked="" type="checkbox"/> Current year projected budget</li> <li><input checked="" type="checkbox"/> Current financial statement</li> <li><input checked="" type="checkbox"/> Most recent IRS Form 990 or 1120-H</li> <li><input checked="" type="checkbox"/> Articles of Incorporation (current &amp; signed)</li> <li>Cost estimates from proposed vendor if request is for capital expense</li> </ul> | <ul style="list-style-type: none"> <li>Signed lease if rent costs are being requested</li> <li><input checked="" type="checkbox"/> IRS Form W9 <i>NEED REV. 01.1.2018 W-9</i></li> <li>Evaluation forms if used in the proposed program</li> <li><input checked="" type="checkbox"/> Annual audit (if required by organization)</li> <li>Faith Based Organization Certification Form, if applicable</li> </ul> <p style="text-align: center;"><i>✓ K-1505</i></p> |
|---|---|

**For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.**

<b>Source:</b>	NDF (Multiple)	<b>Amount: (\$)</b>	7,673.3
<b>Source:</b>	" "	<b>Amount: (\$)</b>	6,750
<b>Source:</b>		<b>Amount: (\$)</b>	

Has the applicant contacted the BBB Charity Review for participation?  Yes  No

Has the applicant met the BBB Charity Review Standards?  Yes  No

# LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

## SECTION 3 - AGENCY DETAILS

### Describe Agency's Vision, Mission and Services:

The Louisville Metro Police Foundation mission is to enhance the effectiveness of the Louisville Metro Police Department by using private donations to assist officers and their families and provide much needed equipment and programs, thereby making Louisville a safer place to live, work and visit.

The Louisville Metro Police Foundation is a private, independent and nonprofit organization. The is the only organization authorized to raise funds on behalf of LMPD.

### Vision

To assist the Louisville Metro Police Department's ability to make Louisville the safest city in the United States.

### Goals

Support the Louisville Metro Police Department with the funds necessary to complete its mission.

Acquire in-kind donations or pecuniary funds to support the mission of the Louisville Metro Police Foundation.

Find community leaders who will provide resources and support to the Louisville Metro Police Department and to the Foundation.

Engage and support the police officers, command staff and staff of the department.

Respond to the needs of the officers and families in distress and provide those in need support when possible.

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

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

Board Member	Term End Date
Jim Ellis	07/31/2021
Karen Ash	07/31/2021
Dennis Heishman	07/31/2021
Allen Hertzman	07/31/2021
Joe Kelley	07/31/2021
Steve Loftis	07/31/2021
Danny Coyle	07/31/2021
Bill Menish	07/31/2021
Charles Schnatter	07/31/2021
Larry Craig	07/31/2021
William Strench	07/31/2021
Jennifer Bryant Wilcox	07/31/2021
Lamont Breland	07/31/2021
Stefan Brown	07/31/2019
Kim Gorski	07/31/2019
Luke Hancock	07/31/2019
See additional page for remaining board members and term end date	07/31/2019

**Describe the Board term limit policy:**

New Directors shall be elected for a term of three years; provided, however, for the 2017 election, approximately one-third of the Directors shall be elected for one-year terms and one-third shall be elected for two-year terms. At the conclusion of their first term, they may be elected for a second three-year term. At the conclusion of the second term, they may be re-elected for a final three-year term. Directors may serve no more than three consecutive terms (nine years) on the Board of Directors, excluding service for the unexpired term of such Director's predecessor and excluding service on the Board of Directors prior to January 1, 2017.

**Staggered Terms.** At each Annual Meeting, a sufficient number of Directors shall be elected for full and unexpired terms so that at each succeeding Annual Meeting, the terms for approximately one third of the then incumbent Directors shall expire.

Three Highest Paid Staff Names	Annual Salary
Tracie Texas Shugart	90,000
Rebecca Grignon Reker	60,000

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

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.):**

On December 24, 2018 Detective Deidre Mengedoht was killed when she was struck by a truck while stopped on I-64. In 1962, President John F. Kennedy signed a proclamation which designated May 15 as Peace Officers Memorial Day and the week in which that date falls as Police Week. Currently, tens of thousands of law enforcement officers from around the world converge on Washington, DC to participate in a number of planned events which honor those that have paid the ultimate sacrifice. This year, Detective Mengedoht's name will be added to the Law Enforcement Memorial wall in Washington, D.C. She is only the 3rd LMPD Officer and first female officer to be added to this wall. There are 14 members of Deidre's platoon who will be travelling to Washington May 12-16, to support Deidre's family and honor her as her name gets added to the wall. In addition, Deidre's coworkers have the opportunity to attend survivor workshops to help them deal with their loss and develop healthy coping mechanisms to handle their grief. This project will cover the cost of the lodging and parking for these officers.

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

Funding will cover the cost of the hotel rooms and hotel parking.  
Lodging total: \$5061.43  
Parking total: \$700.00



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

**C: If this request is a fundraiser, please detail how the proceeds will be spent:**

This request is not a fundraiser, but rather a sponsorship of these officers who put their lives on the line daily for the safety of our community and want the opportunity to honor and support their fallen sister who paid the ultimate sacrifice. It also provides these officers the opportunity to meet with other coworker survivors to talk openly about their grieving process and learn positive coping strategies. Workshops are hosted by Concerns of Police Survivors and are free for officers to attend.

**D: 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 funds to be spent before 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.

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**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:**

The officer's attending will be representing the Louisville Metro Police Department and all of Metro Louisville. National Police Week draws in between 25,000 to 40,000 attendees. The attendees come from departments throughout the United States as well as from agencies throughout the world. This provides a unique opportunity to meet others who work in law enforcement as well as their families. There are workshops throughout the week that provide co-worker survivors the opportunity to meet with other survivors and get support to understand their grief, prepare for trial, learn new coping skills and build connections with other survivors. It truly is a healing process for family and friends.

**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.**

N/A

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**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.

Program/Project Expenses	Column 1	Column 2	Column (1+2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
<b>A: Personnel Costs Including Benefits</b>	0	0	
<b>B: Rent/Utilities</b>	0	0	
<b>C: Office Supplies</b>	0	0	
<b>D: Telephone</b>	0	0	
<b>E: In-town Travel</b>	0	0	
<b>F: Client Assistance (See Detailed List on Page 8)</b>	0	0	
<b>G: Professional Service Contracts</b>	0	0	
<b>H: Program Materials</b>	0	0	
<b>I: Community Events &amp; Festivals (See Detailed List on Page 8)</b>	0	0	
<b>J: Machinery &amp; Equipment</b>	0	0	
<b>K: Capital Project</b>	0	0	
<b>L: Other Expenses (See Detailed List on Page 8)</b>	5761.43	0	5761.43
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	5761.43		5761.43
<i>Total Program Budget</i>	100 %	0 %	<b>100%</b>

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)	
Fees Collected from Program Participants	
Other (please specify)	
<i>Total Revenue for Column 2, Non-Metro Funds</i>	0

\*Total of Column 1 MUST match "Total Request on Page 1, Section 2"

\*\*Must equal or exceed total in column 2.

LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

Detail for Client Assistance, Community Events & Festivals or Other Expenses shown on Page 7 (circle one and use multiple sheets if necessary)	Column 1	Column 2	Column (1 + 2)=3
	Proposed Metro Funds	Non-Metro Funds	Total Funds
Lodging	5,061.43		5,061.43
Parking	700		700
<b>Total</b>	5,761.43		5,761.43

Applicant's Initials *JJA*

**LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION**

**Detail of In-Kind Contributions for this PROGRAM only:** Includes Volunteers, Space, Utilities, etc. (Include anything not bought with cash revenues of the agency).

Donor <sup>*</sup> /Type of Contribution	Value of Contribution	Method of Valuation
<p align="center"><i>Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution &amp; Other In Kind)</i></p>		

**\* DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER PERSON PER WEEK**

Agency Fiscal Year Start Date: July 1

Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO  YES

If YES, please explain:

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

### 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

1. 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.
2. 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.
3. 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.
4. Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
5. 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.
6. 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.
7. 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.

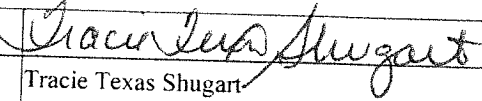
#### Standard Certifications

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, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

<b>Signature of Legal Signatory:</b>		<b>Date:</b>	03/26/2019
<b>Legal Signatory: (please print):</b>	Tracie Texas Shugart	<b>Title:</b>	Executive Director
<b>Phone:</b>	(502) 409-9563	<b>Extension:</b>	
		<b>Email:</b>	Texas@Saferlouisville.com

**LOUISVILLE METRO POLICE FOUNDATION, INC.****General Information**

<b>Organization Number</b>	0624198
<b>Name</b>	LOUISVILLE METRO POLICE FOUNDATION, INC.
<b>Profit or Non-Profit</b>	N - Non-profit
<b>Company Type</b>	KCO - Kentucky Corporation
<b>Status</b>	A - Active
<b>Standing</b>	G - Good
<b>State</b>	KY
<b>File Date</b>	10/24/2005
<b>Organization Date</b>	10/24/2005
<b>Last Annual Report</b>	1/11/2019
<b>Principal Office</b>	982 EASTERN PARKWAY LOUISVILLE, KY 40217
<b>Registered Agent</b>	WILLIAM G. STRENCH FBT LLC 400 W MARKET STREET 32ND FLOOR LOUISVILLE, KY 40202-3363

**Current Officers**

<b>Chairman</b>	<u>Jim Ellis</u>
<b>Secretary</b>	<u>LAMONT BRELAND</u>
<b>Treasurer</b>	<u>Justin Jokovich</u>
<b>Director</b>	<u>MICHAEL HOULIHAN</u>
<b>Director</b>	<u>JIM ELLIS</u>
<b>Director</b>	<u>JEREMY SCHELL</u>

**Individuals / Entities listed at time of formation**

<b>Director</b>	<u>G J HART</u>
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**Director**JOE KELLEY**Director**MATT THORNTON**Incorporator**FBT LLC**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.

<u>Annual Report</u>	1/11/2019	1 page	<u>PDF</u>	
<u>Annual Report</u>	1/3/2018	1 page	<u>PDF</u>	
<u>Annual Report</u>	1/5/2017	1 page	<u>PDF</u>	
<u>Annual Report</u>	1/4/2016	1 page	<u>PDF</u>	
<u>Annual Report</u>	1/2/2015	1 page	<u>PDF</u>	
<u>Annual Report</u>	1/22/2014	1 page	<u>PDF</u>	
<u>Annual Report</u>	1/25/2013	1 page	<u>PDF</u>	
<u>Amendment</u>	7/16/2012	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	7/11/2012	1 page	<u>PDF</u>	
<u>Principal Office Address Change</u>	7/14/2011 9:22:23 AM	1 page	<u>PDF</u>	
<u>Annual Report</u>	7/14/2011	1 page	<u>PDF</u>	
<u>Annual Report</u>	3/19/2010	1 page	<u>PDF</u>	
<u>Reinstatement</u>	11/18/2009	3 pages	<u>tiff</u>	<u>PDF</u>
<u>Registered Agent name/address change</u>	11/18/2009	1 page	<u>tiff</u>	<u>PDF</u>
<u>Administrative Dissolution</u>	11/3/2009	1 page	<u>PDF</u>	
<u>Annual Report</u>	8/27/2008	1 page	<u>tiff</u>	<u>PDF</u>
<u>Registered Agent name/address change</u>	8/27/2008	1 page	<u>tiff</u>	<u>PDF</u>
<u>Annual Report</u>	9/12/2007	1 page	<u>PDF</u>	
<u>Annual Report</u>	5/23/2006	1 page	<u>tiff</u>	<u>PDF</u>
<u>Articles of Incorporation</u>	10/24/2005	3 pages	<u>tiff</u>	<u>PDF</u>

**Assumed Names****Activity History****Filing**

Annual report

**File Date**

1/11/2019 11:43:21 AM

**Effective Date**

1/11/2019 11:43:21 AM

**Org. Referenced**



Board Member	Term End Date
Charles "Mac" McClure	07/31/2019
Troy Pitcock	07/31/2019
Pastor Bob Russell	07/31/2019
Dr. Syed Raza	07/31/2019
Mike Sheehy	07/31/2019
Gary Tyler	07/31/2019
Martin Walters	07/31/2019
Will Wolford	07/31/2019
Aaron Young	07/31/2019
Steve Bass	07/31/2020
Neville Blakemore	07/31/2020
Randy Coe	07/31/2020
Scott Colosi	07/31/2020
Domenic DiMauro	07/31/2020
Glenn Hogan	07/31/2020
Michael Houlihan	07/31/2020
Justin Jokovich	07/31/2020
Ryan Jordan	07/31/2020
Jeff Mardis	07/31/2020
Jeremey Schell	07/31/2020
Camilla Schroeder	07/31/2020
Scott Shoenberger	07/31/2020

INTERNAL REVENUE SERVICE  
P. O. BOX 2508  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

*Duplicate Copy*

Date: **Uf.C 27 2VIII**

LOUISVILLE METRO POLICE FOUNDATION  
INC  
6040 DUTCHMANS LN STE 200  
LOUISVILLE, KY 40205

Employer Identification Number:  
61-1498961  
DLN:  
17053263008016  
**Contact Person:**  
DIANE M GENTRY ID# 31361  
**Contact Telephone Number:**  
(877) 829-5500  
**Accounting Period Ending:**  
December 31  
**Public Charity Status:**  
170(b)(1)(A)(vi)  
**Form 990 Required:**  
Yes  
**Effective Date of Exemption:**  
October 24, 2005  
**Contribution Deductibility:**  
Yes  
**Advance Ruling Ending Date:**  
December 31, 2009

Dear Applicant:

We are pleased to inform you that upon review of your application for tax exempt status we have determined that you are exempt from Federal income tax under section 501(c)(3) of the Internal Revenue Code. Contributions to you are deductible under section 170 of the Code. You are also qualified to receive tax deductible bequests, devises, transfers or gifts under section 2055, 2106 or 2522 of the Code. Because this letter could help resolve any questions regarding your exempt status, you should keep it in your permanent records.

Organizations exempt under section 501(c)(3) of the Code are further classified as either public charities or private foundations. During your advance ruling period, you will be treated as a public charity. Your advance ruling period begins with the effective date of your exemption and ends with advance ruling ending date shown in the heading of the letter.

Shortly before the end of your advance ruling period, we will send you Form 8734, Support schedule for Advance Ruling Period. You will have 90 days after the end of your advance ruling period to return the completed form. We will then notify you, in writing, about your public charity status.

Please see enclosed Information for Exempt Organizations Under Section 501(c)(3) for some helpful information about your responsibilities as an exempt organization.

*Shank - (orig to SB, 1-19-07)*  
*[Handwritten signature]*  
*[Handwritten initials]*

Letter 1045 (DO/CG)

2018-2019

Organization Name: Louisville Metro Police Foundation

Fiscal Year Period: 2018-2019

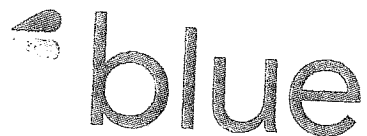
	Current Org. Budget	Actual
<b>Revenue</b>		
Contributions--Unrestricted	400,000	
Contributions--Restricted	350,000	
Memberships	10,000	
Gifts In-Kind	100,000	
Total cash revenue	\$ 760,000	
Total in-kind revenue	\$ 100,000	
<b>Total Revenue</b>	<b>\$ 860,000</b>	
<b>Expenses</b>		
Event/Program Related	285,000	
Grant disbursements	325,000	
Salary and wages	140,000	
Insurance	6,000	
Taxes	13,000	
Accounting/Bank fees	16,000	
Office Expenses	16,300	
Other	8,700	
Total cash expenses	\$ 810,000	
<b>Total Expenses</b>	<b>\$ 810,000</b>	
<b>Revenue over Expenses</b>	<b>\$ 50,000</b>	

**LOUISVILLE METRO POLICE FOUNDATION, INC.**

**FINANCIAL STATEMENTS**

**JUNE 30, 2018 AND 2017**

*CPAs / ADVISORS*



**LOUISVILLE METRO POLICE FOUNDATION, INC.**

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JUNE 30, 2018 AND 2017

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Blue & Co., LLC / 2650 Eastpoint Parkway, Suite 300 / Louisville, KY 40223  
main 502.992.3500 fax 502.992.3509 email blue@blueandco.com

## REPORT OF INDEPENDENT AUDITORS

The Board of Directors  
Louisville Metro Police Foundation, Inc.  
Louisville, Kentucky

### Report on the Financial Statements

We have audited the accompanying financial statements of Louisville Metro Police Foundation, Inc. (the "Foundation") (a nonprofit organization), which comprise the statements of financial position as of June 30, 2018 and 2017, and the related statements of activities, functional expenses and cash flows for the years then ended, and the related notes to the financial statements.

### Management's Responsibility for the Financial Statements

Management is responsible for the preparation and fair presentation of these financial statements in accordance with accounting principles generally accepted in the United States of America; this includes 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 plan and perform the audits 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 the Foundation as of June 30, 2018 and 2017, and the changes in its net assets and its cash flows for the years then ended in accordance with accounting principles generally accepted in the United States of America.

*Blue & Co., LLC*

Louisville, Kentucky

September 6, 2018

**LOUISVILLE METRO POLICE FOUNDATION, INC.**

STATEMENTS OF FINANCIAL POSITION  
JUNE 30, 2018 AND 2017

	<u>2018</u>	<u>2017</u>
<b>ASSETS</b>		
<b>Current assets</b>		
Cash	\$ 298,718	\$ 170,798
Prepaid expenses	<u>278</u>	<u>278</u>
Total current assets	298,996	171,076
<b>Investments</b>	775,966	678,284
<b>Property and equipment</b>		
Furniture and fixtures	1,630	1,630
Office equipment	<u>14,811</u>	<u>14,811</u>
	16,441	16,441
Less accumulated depreciation	<u>12,883</u>	<u>11,371</u>
	<u>3,558</u>	<u>5,070</u>
Total assets	<u>\$ 1,078,520</u>	<u>\$ 854,430</u>
<b>LIABILITIES AND NET ASSETS</b>		
<b>Current liabilities</b>		
Accounts payable	\$ 9,253	\$ 878
Accrued expenses	<u>17</u>	<u>19</u>
Total current liabilities	9,270	897
<b>Net assets</b>		
Unrestricted	894,525	696,334
Temporarily restricted	<u>174,725</u>	<u>157,199</u>
Total net assets	<u>1,069,250</u>	<u>853,533</u>
Total liabilities and net assets	<u>\$ 1,078,520</u>	<u>\$ 854,430</u>

*See accompanying notes to financial statements.*



**LOUISVILLE METRO POLICE FOUNDATION, INC.**

STATEMENTS OF ACTIVITIES  
YEARS ENDED JUNE 30, 2018 AND 2017

	2018		Total
	Unrestricted	Temporarily Restricted	
<b>Revenue and support</b>			
Contributions	\$ 176,052	\$ 464,362	\$ 640,414
Donated services	112,117	0	112,117
Donated food and supplies	107,029	0	107,029
Special events, net of the cost of direct benefits to donors of \$263,199	126,430	0	126,430
Interest income	13,927	0	13,927
Net gains on investments	29,553	0	29,553
Total revenue and support	<u>565,108</u>	<u>464,362</u>	<u>1,029,470</u>
<b>Net assets released from restriction</b>			
Restrictions satisfied by payments	<u>446,836</u>	<u>(446,836)</u>	<u>0</u>
Total revenue and support	1,011,944	17,526	1,029,470
<b>Expenses</b>			
Program services	677,561	0	677,561
Management and general	71,214	0	71,214
Fundraising	64,978	0	64,978
Total expenses	<u>813,753</u>	<u>0</u>	<u>813,753</u>
Change in net assets	198,191	17,526	215,717
<b>Net assets, beginning of year</b>	<u>696,334</u>	<u>157,199</u>	<u>853,533</u>
<b>Net assets, end of year</b>	<u>\$ 894,525</u>	<u>\$ 174,725</u>	<u>\$ 1,069,250</u>

*See accompanying notes to financial statements.*

**LOUISVILLE METRO POLICE FOUNDATION, INC.**

STATEMENTS OF ACTIVITIES  
YEARS ENDED JUNE 30, 2018 AND 2017

	2017		
	Unrestricted	Temporarily Restricted	Total
<b>Revenue and support</b>			
Contributions	\$ 197,122	\$ 404,085	\$ 601,207
Donated services	150,028	0	150,028
Donated food and supplies	323,870	0	323,870
Special events, net of the cost of direct benefits to donors of \$285,801	44,983	0	44,983
Interest income	12,030	0	12,030
Net gains on investments	45,575	0	45,575
Total revenue and support	<u>773,958</u>	<u>404,085</u>	<u>1,178,043</u>
<b>Net assets released from restriction</b>			
Restrictions satisfied by payments	<u>422,950</u>	<u>(422,950)</u>	<u>0</u>
Total revenue and support	1,196,908	(18,865)	1,178,043
<b>Expenses</b>			
Program services	877,233	0	877,233
Management and general	73,213	0	73,213
Fundraising	61,817	0	61,817
Total expenses	<u>1,012,263</u>	<u>0</u>	<u>1,012,263</u>
Change in net assets	184,645	(18,865)	165,780
<b>Net assets, beginning of year</b>	<u>511,689</u>	<u>176,064</u>	<u>687,753</u>
<b>Net assets, end of year</b>	<u>\$ 696,334</u>	<u>\$ 157,199</u>	<u>\$ 853,533</u>

*See accompanying notes to financial statements.*

LOUISVILLE METRO POLICE FOUNDATION, INC.

STATEMENTS OF FUNCTIONAL EXPENSES  
 YEAR ENDED JUNE 30, 2018  
 (WITH SUMMARIZED FINANCIAL INFORMATION FOR THE YEAR ENDED JUNE 30, 2017)

	2018			Total	2017
	Program Services	Management and General	Fundraising		Total
Salaries	\$ 67,412	\$ 20,223	\$ 47,188	\$ 134,823	\$ 117,500
Payroll taxes	6,299	1,890	4,409	12,598	11,096
Advertising	80,850	7,256	0	88,106	108,355
Grants	509,798	0	0	509,798	696,133
Office expense	0	3,418	0	3,418	3,454
Postage and shipping	0	739	0	739	924
Insurance	2,713	814	1,899	5,426	5,340
Printing	0	577	0	577	1,471
Rent	0	5,888	0	5,888	5,888
Technology expense	0	376	0	376	2,908
Billing services	0	0	5,456	5,456	6,221
Telephone and internet	1,530	459	1,071	3,060	2,898
Professional fees	0	21,096	0	21,096	21,599
Investment fees	0	2,859	0	2,859	3,688
Conferences and travel	1,882	3,496	0	5,378	2,777
Miscellaneous	6,321	1,896	4,426	12,643	19,954
Cost of special events	0	0	263,199	263,199	285,801
Depreciation	756	227	529	1,512	2,057
Total expenses	677,561	71,214	328,177	1,076,952	1,298,064
Less expenses included with revenues on the statement of activities	0	0	(263,199)	(263,199)	(285,801)
Total expenses included in the expense section of the statement of activities	\$ 677,561	\$ 71,214	\$ 64,978	\$ 813,753	\$ 1,012,263

See accompanying notes to financial statements.

**LOUISVILLE METRO POLICE FOUNDATION, INC.**

STATEMENTS OF CASH FLOWS  
YEARS ENDED JUNE 30, 2018 AND 2017

	<u>2018</u>	<u>2017</u>
<b>Operating activities</b>		
Change in net assets	\$ 215,717	\$ 165,780
Adjustments to reconcile change in net assets to net cash flows from operating activities:		
Depreciation	1,512	2,057
Net gains on investments	(29,553)	(45,575)
Changes in operating assets and liabilities:		
Prepaid expenses	0	138
Accounts payable and accrued expenses	<u>8,373</u>	<u>(4,472)</u>
Net cash flows from operating activities	196,049	117,928
<b>Investing activities</b>		
Purchase of investments	(423,226)	(256,869)
Proceeds from sale of investments	<u>355,097</u>	<u>210,495</u>
Net cash flows from investing activities	<u>(68,129)</u>	<u>(46,374)</u>
Net change in cash	127,920	71,554
Cash, beginning of year	<u>170,798</u>	<u>99,244</u>
Cash, end of year	<u>\$ 298,718</u>	<u>\$ 170,798</u>

*See accompanying notes to financial statements.*

# LOUISVILLE METRO POLICE FOUNDATION, INC.

NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2018 AND 2017

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## 1. NATURE OF OPERATIONS AND SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

### Nature of Business and Operations

This summary of significant accounting policies of Louisville Metro Police Foundation, Inc. (the "Foundation") is presented to assist in understanding the Foundation's financial statements. The financial statements and notes are representations of the Foundation's management who is responsible for their integrity and objectivity. These policies conform to accounting principles generally accepted in the United States of America and have been consistently applied in the preparation of the financial statements.

The purpose of the Foundation is to help ensure that Louisville is one of America's safest cities by using private donations to provide the Louisville Metro Police Department and its officers with essential equipment and programs not covered by taxpayers.

### Management's Estimates

The preparation of financial statements in conformity with accounting principles generally accepted in the United States of America requires management to make estimates and assumptions that affect the reported amounts of assets and liabilities and disclosure of contingent assets and liabilities at the date of the financial statements and the reported amounts of revenues and expenses during the reporting period. Actual results could differ from those estimates.

### Basis of Financial Statement Presentation

The accompanying financial statements are presented on the accrual basis of accounting in accordance with accounting principles generally accepted in the United States of America and have been prepared to focus on the Foundation as a whole and to present balances and transactions according to the existence or absence of donor imposed restrictions.

*Unrestricted net assets* represent those net assets that the Foundation may use at its discretion.

*Temporarily restricted net assets* result from contributions, and other inflows of assets, whose use by the Foundation is limited by donor-imposed stipulations that either expire by passage of time or can be fulfilled and removed by actions of the Foundation pursuant to those stipulations.

### Investment Valuation

Investments are reported at fair value, as determined by quoted market prices, in the accompanying statement of financial position. Unrealized and realized gains and losses are included in the change in net assets in the accompanying statement of activities.

# LOUISVILLE METRO POLICE FOUNDATION, INC.

## NOTES TO FINANCIAL STATEMENTS JUNE 30, 2018 AND 2017

---

The investments are in certificates of deposit, mutual funds and exchange-traded and closed-end funds. These investments are subject to the risks common to financial markets, including interest rate risk, credit risk, and overall market risk. Due to the level of risk associated with certain investments, it is at least reasonably possible that changes could materially affect the amounts reported in the statement of financial position.

### Property and Equipment

Property and equipment is stated at cost less accumulated depreciation computed on the straight-line method over the estimated useful lives of the assets ranging from five to ten years.

### Contributions and Grants

Contributions and grants received are recorded as unrestricted, temporarily restricted, or permanently restricted support, depending on the existence and/or nature of any donor restrictions.

Support that is restricted by the donor is reported as an increase in unrestricted net assets if the restriction expires in the reporting period in which the support is recognized. All other donor-restricted support is reported as an increase in temporarily or permanently restricted net assets depending on the nature of the restriction. When a restriction expires (that is, when a stipulated time restriction ends or purpose restriction is accomplished), temporarily restricted net assets are reclassified to unrestricted net assets and reported in the statement of activities as net assets released from restrictions.

### Donated Goods and Services

The fair value of donated goods and services has been recorded as income and expense in the statements of activities.

### Advertising

Advertising costs are expensed as incurred. Advertising expense for the years ended June 30, 2018 and 2017 was \$88,106 and \$108,355, respectively.

### Allocation of Expenses

The costs of providing various program services and program activities have been summarized on a functional basis in the statement of activities. In accordance with accounting principles generally accepted in the United States of America, certain costs have been allocated among the various functions. While the methods of allocation are considered appropriate, other methods could produce different results.

# LOUISVILLE METRO POLICE FOUNDATION, INC.

## NOTES TO FINANCIAL STATEMENTS JUNE 30, 2018 AND 2017

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### Going Concern Evaluation

Management evaluates whether there are conditions or events that raise substantial doubt about the entity's ability to continue as a going concern for a period of one year from the date the financial statements are available to be issued.

### Subsequent Events

The Foundation has evaluated all subsequent events through September 6, 2018, the date the financial statements were available to be issued.

## **2. NEW ACCOUNTING STANDARD**

On August 18, 2016, FASB issued ASU No. 2016-14 *Presentation of Financial Statements of Not-for-Profit Entities (Topic 958)* that amends how a not-for-profit organization classifies its net assets, as well as the information it presents in financial statements and notes about its liquidity, financial performance, and cash flows. This new standard, which the Organization is not required to adopt until its year ending June 30, 2019, requires improved presentation and disclosures to help not-for-profits provide more relevant information about their resources (and the changes in those resources) to donor, grantor, creditors, and other users. This ASU completes the first phase of a two-phase project to amend non-for-profit financial reporting requirements.

The Foundation is presently evaluating the effects that this ASU will have on its future financial statements, including related disclosures.

## **3. INCOME TAXES**

Louisville Metro Police Foundation, Inc. is a charitable, nonprofit organization and is exempt from income taxes under Section 501(c)(3) of the Internal Revenue Code.

Accounting principles generally accepted in the United States of America require management to evaluate tax positions taken by the Foundation and recognize a tax liability if the Foundation has taken an uncertain position that more likely than not would not be sustained upon examination by various federal and state taxing authorities. Management has analyzed the tax positions taken by the Foundation, and has concluded that as of June 30, 2018 and 2017, there are no uncertain positions taken or expected to be taken that would require recognition of a liability or disclosure in the accompanying financial statements. The Foundation is subject to routine audits by taxing jurisdictions; however, there are currently no audits for any tax periods in progress.

As such, the Foundation is generally exempt from income taxes. However, the Foundation is required to file Federal Form 990 – Return of Organization Exempt from Income Tax which is an informational return only.

**LOUISVILLE METRO POLICE FOUNDATION, INC.**

NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2018 AND 2017

**4. INVESTMENTS**

Total investments consisted of the following:

	2018		2017	
	Cost	Fair Value	Cost	Fair Value
Certificates of deposit	\$ 305,038	\$ 304,590	\$ 64,114	\$ 64,114
Mutual funds	0	0	50,221	50,419
Exchange-traded and closed end funds	400,520	471,376	512,144	563,751
	\$ 705,558	\$ 775,966	\$ 626,479	\$ 678,284

**5. FAIR VALUE MEASUREMENTS**

The framework for measuring fair value provides a fair value hierarchy that prioritizes the inputs to valuation techniques used to measure fair value. The hierarchy gives the highest priority to unadjusted quoted prices in active markets for identical assets or liabilities (level 1) and the lowest priority to unobservable inputs (level 3). The three levels of the fair value hierarchy are described as follows:

- Level 1: Inputs to the valuation methodology are unadjusted quoted prices for identical assets or liabilities in active markets that the Foundation has the ability to access.
- Level 2: Inputs to the valuation methodology include quoted prices for similar assets or liabilities in active markets; quoted prices for identical or similar assets or liabilities in inactive markets; inputs other than quoted prices that are observable for the asset or liability; inputs that are derived principally from or corroborated by observable market data by correlation or other means. If the asset or liability has a specified (contractual) term, the level 2 input must be observable for substantially the full term of the asset or liability.
- Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement.

The asset or liability's fair value measurement level within the fair value hierarchy is based on the lowest level of any input that is significant to the fair value measurement. Valuation techniques maximize the use of relevant observable inputs and minimize the use of unobservable inputs.

Following is a description of the valuation methodologies used for assets measured at fair value. There have been no changes in the methodologies used at June 30, 2018 and 2017.



# LOUISVILLE METRO POLICE FOUNDATION, INC.

## NOTES TO FINANCIAL STATEMENTS JUNE 30, 2018 AND 2017

- *Exchange Traded and Closed End Funds:* Valued at the daily closing price as reported by the fund. Exchange traded and closed end funds held by the Foundation are funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The exchange traded and closed end funds held by the Foundation are deemed to be actively traded.
- *Mutual Funds.* Valued at the daily closing price as reported by the fund. Mutual funds held by the Foundation are open-end mutual funds that are registered with the Securities and Exchange Commission. These funds are required to publish their daily net asset value (NAV) and to transact at that price. The mutual funds held by the Foundation are deemed to be actively traded.

The Foundation's policy is to recognize transfers between levels as of the end of the reporting period. There were no transfers between levels for the years ended June 30, 2018 and 2017.

The following table sets forth by level, within the hierarchy, the Foundation's assets measured at fair value on a recurring basis as of June 30, 2018:

	Assets at Fair Value as of June 30, 2018			
	Level 1	Level 2	Level 3	Total
Exchange traded and closed end funds				
Governmental	\$ 83	\$ 0	\$ 0	\$ 83
Emerging markets	48,354	0	0	48,354
Intermediate bond	106	0	0	106
Foreign large blend	184,273	0	0	184,273
Large growth	75,351	0	0	75,351
Large value	72,342	0	0	72,342
Mid-cap	14,581	0	0	14,581
Small growth	15,873	0	0	15,873
Small value	30,728	0	0	30,728
Inflation protected bond	29,685	0	0	29,685
Total exchange traded and closed end funds at fair value	<u>\$ 471,376</u>	<u>\$ 0</u>	<u>\$ 0</u>	471,376
Certificates of deposit				304,590
Total investments				<u>\$ 775,966</u>

**LOUISVILLE METRO POLICE FOUNDATION, INC.**

NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2018 AND 2017

The following table sets forth by level, within the hierarchy, the Foundation's assets measured at fair value on a recurring basis as of June 30, 2017:

	Assets at Fair Value as of June 30, 2017			
	Level 1	Level 2	Level 3	Total
Exchange traded and closed end funds				
Governmental	\$ 91,587	\$ 0	\$ 0	\$ 91,587
Emerging markets	46,702	0	0	46,702
Intermediate bond	81,038	0	0	81,038
Foreign large blend	12,822	0	0	12,822
Large growth	67,127	0	0	67,127
Large value	76,145	0	0	76,145
Mid-cap	25,819	0	0	25,819
Small growth	6,394	0	0	6,394
Small value	131,843	0	0	131,843
Inflation protected bond	24,274	0	0	24,274
Total exchange traded and closed end funds at fair value	563,751	0	0	563,751
Mutual funds	50,419	0	0	50,419
Total	<u>\$ 614,170</u>	<u>\$ 0</u>	<u>\$ 0</u>	614,170
Certificates of deposit				64,114
Total investments				<u>\$ 678,284</u>

**LOUISVILLE METRO POLICE FOUNDATION, INC.**

NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2018 AND 2017

**6. TEMPORARILY RESTRICTED NET ASSETS**

Temporarily restricted net assets consist of the following as of June 30, 2018:

	Balance 06/30/17	Contributions and grants	Released	Balance 06/30/18
Officer in Distress	\$ 86,583	\$ 261,961	\$ (309,510)	\$ 39,034
Shop with a Cop	20,243	47,674	(30,267)	37,650
Commanding Officers Association	0	11,360	(11,360)	0
Marriage Enrichment	2,500	0	0	2,500
K-9	0	61,980	(28,227)	33,753
Real Estate Safety	1,500	0	0	1,500
Bringing Peace Home	12,225	0	0	12,225
Mounted Patrol	0	14,200	(13,500)	700
Gentleman's Academy	9,386	0	0	9,386
Explorer Academy	2,978	20,000	(11,421)	11,557
Car Seats	3,424	0	0	3,424
CIT Conference	18,360	7,197	(2,561)	22,996
SWAT	0	39,990	(39,990)	0
	<u>\$ 157,199</u>	<u>\$ 464,362</u>	<u>\$ (446,836)</u>	<u>\$ 174,725</u>

Temporarily restricted net assets consist of the following as of June 30, 2017:

	Balance 06/30/16	Contributions and grants	Released	Balance 06/30/17
Officer in Distress	\$ 106,458	\$ 348,773	\$ (368,648)	\$ 86,583
Shop with a Cop	0	40,670	(20,427)	20,243
Commanding Officers Association	5,899	0	(5,899)	0
Marriage Enrichment	2,500	0	0	2,500
Real Estate Safety	1,500	0	0	1,500
Bringing Peace Home	12,225	0	0	12,225
Gentleman's Academy	9,386	0	0	9,386
Explorer Academy	24,332	6,622	(27,976)	2,978
Car Seats	3,424	0	0	3,424
CIT Conference	10,340	8,020	0	18,360
	<u>\$ 176,064</u>	<u>\$ 404,085</u>	<u>\$ (422,950)</u>	<u>\$ 157,199</u>

# LOUISVILLE METRO POLICE FOUNDATION, INC.

## NOTES TO FINANCIAL STATEMENTS JUNE 30, 2018 AND 2017

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### 7. OPERATING LEASES

The Foundation entered into a five-year lease with Kosair Charities Committee, Inc. (the "Committee") effective May 1, 2011, to lease commercial office space. The rent of \$334 per month was waived by the Committee and accepted as a charitable contribution by the Foundation. Beginning December 2012, the Foundation signed an amendment to the lease permitting them to occupy additional space. The value of the lease is now \$491 per month. This rent has been waived by the Committee. The value of the lease waiver for the office space totaled \$5,888 for the years ended June 30, 2018 and 2017. On May 1, 2016, the lease was automatically renewed with the Committee for an additional 5 years.

### 8. CONCENTRATION OF CREDIT RISK

The Foundation maintains its cash balances in one financial institution located in Louisville, Kentucky. The balances at the financial institution are insured by the Federal Deposit Insurance Corporation (FDIC) up to \$250,000. At various times, there were balances in the bank that exceeded the FDIC limit.

Investments are maintained with an investment firm. Such balances exceed the Securities Investor Protection Corporation insured limits up to \$500,000.

### 9. DONATED GOODS AND SERVICES

The Foundation records various types of in-kind support and related expense, including donated goods and services and other tangible assets. The amounts recorded for 2018 and 2017 are as follows:

	<u>2018</u>	<u>2017</u>
Donated advertising	\$ 103,654	\$ 121,225
Donated professional services	8,463	28,803
Donated food and supplies	<u>107,029</u>	<u>323,870</u>
Total donated goods and services	<u>\$ 219,146</u>	<u>\$ 473,898</u>



Blue & Co., LLC / 2650 Eastpoint Parkway, Suite 300 / Louisville, KY 40223  
main 502.992.3500 fax 502.992.3509 email blue@blueandco.com

March 25, 2019

Louisville Metro Police Foundation, Inc  
982 Eastern Pkwy.  
Louisville, KY 40217  
Attention: Ms. Tracie Texas

Dear Tracie:

Enclosed are the original and one copy of the 2017 Exempt Organization return, as follows...

2017 Form 990

Instructions for filing the above forms are furnished for easy reference.

Copies of your returns were emailed to you via Sharefile. As a security measure, the link will expire in 30 days. Please download and save the returns for your records. We suggest that you retain these copies in your files indefinitely.

We sincerely appreciate the opportunity to serve you. If you have any questions regarding the returns, please do not hesitate to call.

Enclosed is an extra copy of the return for the Attorney General of Kentucky. Please mail in the attached envelope.

Each original should be dated, signed and filed in accordance with the filing instructions. The copy should be retained for your files.

Sincerely,

Greg Jackson, CPA  
Principal

# TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

June 30, 2018

**Prepared For:**

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Louisville Metro Police Foundation, Inc  
982 Eastern Pkwy.  
Louisville, KY 40217

**Prepared By:**

---

Blue & Co., LLC  
2650 Eastpoint Pkwy, Suite 300  
Louisville, KY 40223

**Amount Due or Refund:**

---

Not applicable

**Make Check Payable To:**

---

Not applicable

**Mail Tax Return and Check (if applicable) To:**

---

Not applicable

**Return Must be Mailed On or Before:**

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Not applicable

**Special Instructions:**

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This return has qualified for electronic filing. After you have reviewed the return for completeness and accuracy, please sign, date and return Form 8879-EO to our office. We will transmit the return electronically to the IRS and no further action is required. Return Form 8879-EO to us by May 15, 2019

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2017, or fiscal year beginning JUL 1, 2017, and ending JUN 30, 2018

# 2017

Department of the Treasury  
Internal Revenue Service

▶ Do not send to the IRS. Keep for your records.

▶ Go to [www.irs.gov/Form8879EO](http://www.irs.gov/Form8879EO) for the latest information.

Name of exempt organization

Employer identification number

LOUISVILLE METRO POLICE FOUNDATION, INC

61-1498961

Name and title of officer  
JUSTIN JOKOVICH  
TREASURER

### Part I Type of Return and Return Information (Whole Dollars Only)

Check the box for the return for which you are using this Form 8879-EO and enter the applicable amount, if any, from the return. If you check the box on line 1a, 2a, 3a, 4a, or 5a, below, and the amount on that line for the return being filed with this form was blank, then leave line 1b, 2b, 3b, 4b, or 5b, whichever is applicable, blank (do not enter -0). But, if you entered -0- on the return, then enter -0- on the applicable line below. Do not complete more than 1 line in Part I.

1a Form 990 check here	▶ <input checked="" type="checkbox"/>	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	<u>1,010,867.</u>
2a Form 990-EZ check here	▶ <input type="checkbox"/>	b Total revenue, if any (Form 990-EZ, line 9)	2b	
3a Form 1120-POL check here	▶ <input type="checkbox"/>	b Total tax (Form 1120-POL, line 22)	3b	
4a Form 990-PF check here	▶ <input type="checkbox"/>	b Tax based on investment income (Form 990-PF, Part VI, line 5)	4b	
5a Form 8868 check here	▶ <input type="checkbox"/>	b Balance Due (Form 8868, line 3c)	5b	

### Part II Declaration and Signature Authorization of Officer

Under penalties of perjury, I declare that I am an officer of the above organization and that I have examined a copy of the organization's 2017 electronic return and accompanying schedules and statements and to the best of my knowledge and belief, they are true, correct, and complete. I further declare that the amount in Part I above is the amount shown on the copy of the organization's electronic return. I consent to allow my intermediate service provider, transmitter, or electronic return originator (ERO) to send the organization's return to the IRS and to receive from the IRS (a) an acknowledgement of receipt or reason for rejection of the transmission, (b) the reason for any delay in processing the return or refund, and (c) the date of any refund. If applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electronic funds withdrawal (direct debit) entry to the financial institution account indicated in the tax preparation software for payment of the organization's federal taxes owed on this return, and the financial institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Treasury Financial Agent at 1-888-353-4537 no later than 2 business days prior to the payment (settlement) date. I also authorize the financial institutions involved in the processing of the electronic payment of taxes to receive confidential information necessary to answer inquiries and resolve issues related to the payment. I have selected a personal identification number (PIN) as my signature for the organization's electronic return and, if applicable, the organization's consent to electronic funds withdrawal.

Officer's PIN: check one box only

I authorize \_\_\_\_\_ ERO firm name \_\_\_\_\_ to enter my PIN  Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I also authorize the aforementioned ERO to enter my PIN on the return's disclosure consent screen.

As an officer of the organization, I will enter my PIN as my signature on the organization's tax year 2017 electronically filed return. If I have indicated within this return that a copy of the return is being filed with a state agency(ies) regulating charities as part of the IRS Fed/State program, I will enter my PIN on the return's disclosure consent screen.

Officer's signature ▶ Justin Jokovich Date ▶ 3/26/19

### Part III Certification and Authentication

ERO's EFIN/PIN. Enter your six-digit electronic filing identification number (EFIN) followed by your five-digit self-selected PIN.

35628814913

Do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2017 electronically filed return for the organization indicated above. I confirm that I am submitting this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF) Information for Authorized IRS e-file Providers for Business Returns.

ERO's signature ▶ BLUE & CO., LLC Date ▶ 03/25/19

**ERO Must Retain This Form - See Instructions**  
**Do Not Submit This Form to the IRS Unless Requested To Do So**

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2017)

Form **990**

Department of the Treasury  
Internal Revenue Service

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

Do not enter social security numbers on this form as it may be made public.  
Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**  
Open to Public Inspection

**A** For the 2017 calendar year, or tax year beginning **JUL 1, 2017** and ending **JUN 30, 2018**

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

**C** Name of organization  
**LOUISVILLE METRO POLICE FOUNDATION, INC**

Doing business as

Number and street (or P.O. box if mail is not delivered to street address) Room/suite  
**982 EASTERN PKWY.**

City or town, state or province, country, and ZIP or foreign postal code  
**LOUISVILLE, KY 40217**

**F** Name and address of principal officer: **JUSTIN JOKOVICH**  
**SAME AS C ABOVE**

**D** Employer identification number  
\*\*-\*\*\*\*\*

**E** Telephone number  
**502-409-9563**

**G** Gross receipts \$ **1,355,014.**

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

**J** Website: **WWW.SAFERLOUISVILLE.COM**

**H(a)** Is this a group return for subordinates?  Yes  No

**H(b)** Are all subordinates included?  Yes  No  
If "No," attach a list. (see instructions)

**H(c)** Group exemption number ▶

**K** Form of organization:  Corporation  Trust  Association  Other ▶

**L** Year of formation: **2006** **M** State of legal domicile: **KY**

**Part I Summary**

**1** Briefly describe the organization's mission or most significant activities: **TO BE A NON-PARTISAN LINK BETWEEN THE LOUISVILLE METRO POLICE DEPARTMENT AND THE COMMUNITY**

**2** Check this box  if the organization discontinued its operations or disposed of more than 25% of its net assets.

**3** Number of voting members of the governing body (Part VI, line 1a) **3**

**4** Number of independent voting members of the governing body (Part VI, line 1b) **33**

**5** Total number of individuals employed in calendar year 2017 (Part V, line 2a) **33**

**6** Total number of volunteers (estimate if necessary) **3**

**7 a** Total unrelated business revenue from Part VIII, column (C), line 12 **2**

**b** Net unrelated business taxable income from Form 990-T, line 34 **0.**

	Revenue	
	Prior Year	Current Year
<b>8</b> Contributions and grants (Part VIII, line 1h)	730,388.	692,118.
<b>9</b> Program service revenue (Part VIII, line 2g)	390,050.	293,872.
<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	7,955.	24,877.
<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	0.	0.
<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1,128,393.	1,010,867.
<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	696,133.	509,798.
<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	128,596.	147,421.
<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ <b>64,978.</b>	0.	0.
<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	187,534.	156,534.
<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	1,012,263.	813,753.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	116,130.	197,114.
<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
<b>21</b> Total liabilities (Part X, line 26)	854,430.	1,078,520.
<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	897.	9,270.
	853,533.	1,069,250.

**Part II Signature Block**

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

**Sign Here** Signature of officer: **JUSTIN JOKOVICH, TREASURER** Date: \_\_\_\_\_

**Paid Preparer Use Only**

Print/Type preparer's name: **GREG JACKSON, CPA** Preparer's signature: **GREG JACKSON, CPA** Date: **03/25/19** Check if self-employed  PTIN: **P00077314**

Firm's name: **BLUE & CO., LLC** Firm's EIN: **\*\* - \*\*\*\*\***

Firm's address: **2650 EASTPOINT PKWY, SUITE 300 LOUISVILLE, KY 40223** Phone no. **502-992-3500**

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

732001 11-28-17 LHA For Paperwork Reduction Act Notice, see the separate instructions. **SEE SCHEDULE O FOR ORGANIZATION MISSION STATEMENT CONTINUATION** Form **990** (2017)



Part 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:
OUR MISSION IS TO HELP ENSURE THAT LOUISVILLE IS ONE OF AMERICA'S SAFEST CITIES BY USING PRIVATE DONATIONS TO PROVIDE THE LOUISVILLE METRO POLICE DEPARTMENT AND ITS OFFICERS WITH ESSENTIAL EQUIPMENT AND PROGRAMS NOT COVERED BY OUR TAX DOLLARS.

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

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services?
If "Yes," describe these changes on Schedule O.
Yes No

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

4a (Code: ) (Expenses \$ 309,510. including grants of \$ 309,510. ) (Revenue \$ 261,961. )
OFFICERS IN DISTRESS FUND WAS ESTABLISHED TO PROVIDE CRITICAL FINANCIAL SUPPORT DIRECTLY TO LOUISVILLE METRO POLICE DEPARTMENT OFFICERS AND STAFF MEMBERS WHO SUFFER EXTRAORDINARY TRAGEDIES IN THE LINE OF DUTY OR OUTSIDE THE LINE OF DUTY.

4b (Code: ) (Expenses \$ 36,456. including grants of \$ ) (Revenue \$ 31,911. )
AWARDS CELEBRATION: PROVIDING GOODWILL IN OUR COMMUNITY FOR THE MEN AND WOMEN OF THE LOUISVILLE METRO POLICE DEPARTMENT. THE ENTIRE COMMUNITY OF LOUISVILLE BENEFITS FROM THIS EVENT.

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

4d Other program services (Describe in Schedule O.)
(Expenses \$ 331,595. including grants of \$ 200,288. ) (Revenue \$ )

4e Total program service expenses 677,561.

**Part IV Checklist of Required Schedules**

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 <b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		X
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	X	
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>		X
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>		X
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
12b Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
13 Did the organization maintain an office, employees, or agents outside of the United States?		X
14a Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
14b Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
16 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
17 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
18 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
19		X

**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
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		X
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II		
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	X	
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		X
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I		
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? If "Yes," complete Schedule L, Part I		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV		
28c Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M		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 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I		X
31 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete 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 301.7701-3? If "Yes," complete Schedule R, Part I		X
34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1		X
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2		X
36 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		
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		X
Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Form 990-Part V grid with 14 main sections (1a-14b) and sub-questions. Includes fields for employee counts, foreign accounts, prohibited transactions, and charitable contributions. Includes 'Yes' and 'No' columns for compliance questions.

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

X

Table with 4 columns: Question, 1a, 1b, Yes, No. Rows 1a-9. Includes questions about voting members, family relationships, and governance decisions.

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

Table with 4 columns: Question, Yes, No. Rows 10a-16b. Includes questions about local chapters, conflict of interest policy, whistleblower policy, and compensation review.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed KY
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection.
19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, address, and telephone number of the person who possesses the organization's books and records: TRACIE TEXAS - 502-409-9563 982 EASTERN PARKWAY, LOUISVILLE, KY 40217

**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. Enter -0- in columns (D), (E), and (F) if no compensation was paid.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation.
  - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
  - List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
  - List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
  - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.
- List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MICHAEL HOULIHAN PAST CHAIRMAN	1.00	X								
(2) JIM ELLIS CHAIRMAN OF BOARD	8.00	X		X			0.	0.	0.	
(3) JEREMY SCHELL 1ST VICE CHAIRMAN	8.00	X		X			0.	0.	0.	
(4) JUSTIN JOKOVICH TREASURER	8.00	X		X			0.	0.	0.	
(5) LAMONT BRELAND SECRETARY	8.00	X		X			0.	0.	0.	
(6) WILL WOLFORD SERGEANT-AT-ARMS	8.00	X					0.	0.	0.	
(7) GLENN HOGAN DIRECTOR	1.00	X					0.	0.	0.	
(8) TROY PITCOCK DIRECTOR	1.00	X					0.	0.	0.	
(9) CAMILLA SCHROEDER DIRECTOR	1.00	X					0.	0.	0.	
(10) STEVE BASS DIRECTOR	1.00	X					0.	0.	0.	
(11) NEVILLE BLAKEMORE DIRECTOR	1.00	X					0.	0.	0.	
(12) STEFAN BROWN DIRECTOR	1.00	X					0.	0.	0.	
(13) RANDY COE DIRECTOR	1.00	X					0.	0.	0.	
(14) SCOTT COLOSI DIRECTOR	1.00	X					0.	0.	0.	
(15) DOMENIC DIMAURO DIRECTOR	1.00	X					0.	0.	0.	
(16) ABBIE GILBERT DIRECTOR	1.00	X					0.	0.	0.	
(17) KIM GORSKI DIRECTOR	1.00	X					0.	0.	0.	

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) KENT OYLER DIRECTOR	1.00	X						0.	0.	0.
(19) REV. BOB RUSSELL DIRECTOR	1.00	X						0.	0.	0.
(20) DR. SYED RAZA DIRECTOR	1.00	X						0.	0.	0.
(21) WILLIAM STRENCH DIRECTOR	1.00	X						0.	0.	0.
(22) MATTHEW THORNTON DIRECTOR	1.00	X						0.	0.	0.
(23) MARTY TICHENOR DIRECTOR	1.00	X						0.	0.	0.
(24) AARON YOUNG DIRECTOR	1.00	X						0.	0.	0.
(25) G.J. HART CHAIRMAN EMERITUS	1.00	X						0.	0.	0.
(26) MIKE SHEEHY DIRECTOR	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b>								0.	0.	0.

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	3	X
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person	4	X
<b>Section B. Independent Contractors</b>	5	X

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

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

SEE PART VII, SECTION A CONTINUATION SHEETS

LOUISVILLE METRO POLICE FOUNDATION, INC

\*\* - \* \* \* \* \*

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (check all that apply)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(27) GARY TYLER DIRECTOR	1.00	X						0.	0.	0.
(28) MARTIN WALTERS DIRECTOR	1.00	X						0.	0.	0.
(29) LUKE HANCOCK DIRECTOR	1.00	X						0.	0.	0.
(30) CHUCK SCHNATTER DIRECTOR	1.00	X						0.	0.	0.
(31) SCOTT SHOENBERGER DIRECTOR	1.00	X						0.	0.	0.
(32) DON STEARNS DIRECTOR	1.00	X						0.	0.	0.
(33) JENNIFER BRYANT WILCOX DIRECTOR	1.00	X						0.	0.	0.
								0.	0.	0.
Total to Part VII, Section A, line 1c										



**Part VIII** Statement of Revenue

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

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	1 a	Federated campaigns	1a					
	b	Membership dues	1b					
	c	Fundraising events	1c					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f	692,118.				
	g	Noncash contributions included in lines 1a-1f: \$		219,146.				
	h	<b>Total.</b> Add lines 1a-1f		692,118.				
<b>Program Service Revenue</b>	2 a	OFFICER IN DISTRESS	Business Code					
			900099	261,961.	261,961.			
	b	AWARDS CELEBRATION	900099	31,911.	31,911.			
	c							
	d							
	e							
	f	All other program service revenue						
g	<b>Total.</b> Add lines 2a-2f		293,872.					
<b>Other Revenue</b>	3	Investment income (including dividends, interest, and other similar amounts)		13,927.			13,927.	
	4	Income from investment of tax-exempt bond proceeds						
	5	Royalties						
	6 a	Gross rents	(i) Real	(ii) Personal				
		Less: rental expenses						
		Rental income or (loss)						
		Net rental income or (loss)						
	7 a	Gross amount from sales of assets other than inventory	(i) Securities	(ii) Other				
		Less: cost or other basis and sales expenses						
		Gain or (loss)						
		Net gain or (loss)			10,950.			10,950.
	8 a	Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a					
	b	Less: direct expenses	b					
	c	Net income or (loss) from fundraising events						
	9 a	Gross income from gaming activities. See Part IV, line 19	a					
b	Less: direct expenses	b						
c	Net income or (loss) from gaming activities							
10 a	Gross sales of inventory, less returns and allowances	a						
b	Less: cost of goods sold	b						
c	Net income or (loss) from sales of inventory							
<b>Miscellaneous Revenue</b>								
11 a		Business Code						
b								
c								
d	All other revenue							
e	<b>Total.</b> Add lines 11a-11d							
12	<b>Total revenue.</b> See instructions.			1,010,867.	293,872.	0.	24,877.	

**Part IX Statement of Functional Expenses**

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).  
 Check if Schedule O contains a response or note to any line in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.

	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	200,288.	200,288.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	309,510.	309,510.		
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
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	134,823.	67,412.	20,223.	47,188.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes	12,598.	6,299.	1,890.	4,409.
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	21,096.		21,096.	
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees				
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion	88,106.	80,850.	7,256.	
13 Office expenses	3,418.		3,418.	
14 Information technology	376.		376.	
15 Royalties				
16 Occupancy	5,888.		5,888.	
17 Travel	5,378.	1,882.	3,496.	
18 Payments of travel or entertainment expenses for any federal, state, or local public officials				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization	1,512.	756.	227.	529.
23 Insurance	5,426.	2,713.	814.	1,899.
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a <b>MISCELLANEOUS</b>	12,643.	6,321.	1,896.	4,426.
b <b>BILLING SERVICES</b>	5,456.			5,456.
c <b>TELEPHONE AND INTERNET</b>	3,060.	1,530.	459.	1,071.
d <b>INVESTMENT FEES</b>	2,859.		2,859.	
e All other expenses	1,316.		1,316.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	813,753.	677,561.	71,214.	64,978.
26 <b>Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year	
Assets	1	Cash - non-interest-bearing	143,824.	1	278,805.
	2	Savings and temporary cash investments	91,088.	2	84,027.
	3	Pledges and grants receivable, net		3	
	4	Accounts receivable, net		4	
	5	Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6	Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7	Notes and loans receivable, net		7	
	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 16,441.		
	b	Less: accumulated depreciation	10b 12,883.		
	11	Investments - publicly traded securities	5,070.	10c	3,558.
	12	Investments - other securities. See Part IV, line 11	614,170.	11	711,852.
	13	Investments - program-related. See Part IV, line 11		12	
	14	Intangible assets		13	
	15	Other assets. See Part IV, line 11		14	
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	278.	15	278.	
Liabilities	17	Accounts payable and accrued expenses	854,430.	16	1,078,520.
	18	Grants payable	897.	17	9,270.
	19	Deferred revenue		18	
	20	Tax-exempt bond liabilities		19	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		20	
	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		21	
	23	Secured mortgages and notes payable to unrelated third parties		22	
	24	Unsecured notes and loans payable to unrelated third parties		23	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		24	
	26	<b>Total liabilities.</b> Add lines 17 through 25	897.	25	
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			26	9,270.
	27	Unrestricted net assets			
	28	Temporarily restricted net assets	696,334.	27	894,525.
	29	Permanently restricted net assets	157,199.	28	174,725.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			29	
	30	Capital stock or trust principal, or current funds		30	
	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
	32	Retained earnings, endowment, accumulated income, or other funds		32	
33	<b>Total net assets or fund balances</b>	853,533.	33	1,069,250.	
34	<b>Total liabilities and net assets/fund balances</b>	854,430.	34	1,078,520.	

**Part XI Reconciliation of Net Assets**

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	1,010,867.
2	Total expenses (must equal Part IX, column (A), line 25)	2	813,753.
3	Revenue less expenses. Subtract line 2 from line 1	3	197,114.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	853,533.
5	Net unrealized gains (losses) on investments	5	18,603.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	1,069,250.

**Part XII Financial Statements and Reporting**

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

- 1 Accounting method used to prepare the Form 990:  Cash  Accrual  Other \_\_\_\_\_  
 If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a Were the organization's financial statements compiled or reviewed by an independent accountant?  
 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?  
 If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:  
 Separate basis  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, review, or compilation of its financial statements and selection of an independent accountant?  
 If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c		X
3a		X
3b		

Form 990 (2017)

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**

Open to Public Inspection

Name of the organization

Employer identification number

\*\*-\*\*\*\*\*

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

**LOUISVILLE METRO POLICE FOUNDATION, INC**

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1  A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i).**
- 2  A school described in **section 170(b)(1)(A)(ii).** (Attach Schedule E (Form 990 or 990-EZ).)
- 3  A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii).**
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii).** Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv).** (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v).**
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi).** (Complete Part II.)
- 9  An 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 gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2).** (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4).**
- 12  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.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.

f Enter the number of supported organizations \_\_\_\_\_

g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	668,656.	1,067,371.	658,531.	471,854.	730,388.	3,596,800.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 <b>Total.</b> Add lines 1 through 3	668,656.	1,067,371.	658,531.	471,854.	730,388.	3,596,800.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						
6 <b>Public support.</b> Subtract line 5 from line 4.						533,394.
<b>Section B. Total Support</b>						3,063,406.

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
7 Amounts from line 4	668,656.	1,067,371.	658,531.	471,854.	730,388.	3,596,800.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	660.	11,365.	10,846.	15,118.	7,955.	45,944.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 <b>Total support.</b> Add lines 7 through 10						3,642,744.
12 Gross receipts from related activities, etc. (see instructions)						
13 <b>First five years.</b> 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 <b>stop here</b>					<input checked="" type="checkbox"/>	

**Section C. Computation of Public Support Percentage**

14 Public support percentage for 2017 (line 6, column (f) divided by line 11, column (f))	14	84.10	%
15 Public support percentage from 2016 Schedule A, Part II, line 14	15	83.60	%
16a <b>33 1/3% support test - 2017.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b <b>33 1/3% support test - 2016.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization			<input checked="" type="checkbox"/>
17a <b>10% -facts-and-circumstances test - 2017.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
b <b>10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization			<input type="checkbox"/>
18 <b>Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions			<input type="checkbox"/>

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(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) 2013	(b) 2014	(c) 2015	(d) 2016	(e) 2017	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here <input type="checkbox"/>						

**Section C. Computation of Public Support Percentage**

15 Public support percentage for 2017 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2016 Schedule A, Part III, line 15	16	%

**Section D. Computation of Investment Income Percentage**

17 Investment income percentage for 2017 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2016 Schedule A, Part III, line 17	18	%

19a **33 1/3% support tests - 2017.** 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 - 2016.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? *If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.*
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? *If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).*
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? *If "Yes," answer (b) and (c) below.*
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? *If "Yes," describe in Part VI when and how the organization made the determination.*
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? *If "Yes," explain in Part VI what controls the organization put in place to ensure such use.*
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? *If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.*
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? *If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.*
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? *If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.*
- 5a Did the organization add, substitute, or remove any supported organizations during the tax year? *If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).*
- b **Type I or Type II only.** Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c **Substitutions only.** Was the substitution the result of an event beyond the organization's control?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? *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.)*

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



**Part IV Supporting Organizations** (continued)

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

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

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

**Section E. Type III Functionally Integrated Supporting Organizations**

- 1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).
  - a  The organization satisfied the Activities Test. Complete line 2 below.
  - b  The organization is the parent of each of its supported organizations. Complete line 3 below.
  - c  The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).

**2 Activities Test. Answer (a) and (b) below.**

- a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.
- b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.

**3 Parent of Supported Organizations. Answer (a) and (b) below.**

- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI.
- b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

		Yes	No
2a			
2b			
3a			
3b			

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

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

**Section A - Adjusted Net Income**

		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain		
2	Recoveries of prior-year distributions		
3	Other gross income (see instructions)		
4	Add lines 1 through 3		
5	Depreciation and depletion		
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)		
7	Other expenses (see instructions)		
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)		

**Section B - Minimum Asset Amount**

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

**Section C - Distributable Amount**

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

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

**Section D - Distributions**

	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 <b>Total annual distributions.</b> Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2017 from Section C, line 6	
10 Line 8 amount divided by line 9 amount	

**Section E - Distribution Allocations (see instructions)**

	(i) Excess Distributions	(ii) Underdistributions Pre-2017	(iii) Distributable Amount for 2017
1 Distributable amount for 2017 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2017 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2017			
a			
b From 2013			
c From 2014			
d From 2015			
e From 2016			
f <b>Total</b> of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2017 distributable amount			
i Carryover from 2012 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2017 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2017 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2017, 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 2017. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.			
7 <b>Excess distributions carryover to 2018.</b> Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2013			
b Excess from 2014			
c Excess from 2015			
d Excess from 2016			
e Excess from 2017			

**Part VI**

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

Lined area for supplemental information input.

**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.  
▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

Name of the organization

LOUISVILLE METRO POLICE FOUNDATION, INC

Employer identification number

\*\*-\*\*\*\*\*

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-EZ), 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., 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 ▶ \$ \_\_\_\_\_

**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, or 990-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).

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) (2017)

Name of organization

Employer identification number

LOUISVILLE METRO POLICE FOUNDATION, INC

\*\*-\*\*\*\*\*

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	KOSAIR CHARITIES 982 EASTERN PARKWAY LOUISVILLE, KY 40217	\$ 92,754.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	BROWN FORMAN 626 W. MAIN ST LOUISVILLE, KY 40202	\$ 15,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	TEXAS ROADHOUSE 6040 DUTCHMANS LANE LOUISVILLE, KY 40205	\$ 25,061.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	PRICE WEBER 10701 SHELBYVILLE ROAD LOUISVILLE, KY 40243	\$ 103,654.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	PNC FOUNDATION 620 LIBERTY AVENUE PITTSBURGH, PA 15222	\$ 20,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	UPTOP AWARDS & APPAREL 982 EASTERN PARKWAY LOUISVILLE, KY 40217	\$ 23,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

LOUISVILLE METRO POLICE FOUNDATION, INC

\*\*-\*\*\*\*\*

**Part I Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	NATIONAL CHRISTIAN FOUNDATION - IN 70 E 91ST ST INDIANAPOLIS, IN 46240	\$ 27,700.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	FIREHOUSE SUBS PUBLIC SAFETY FOUNDATION 982 EASTERN PARKWAY LOUISVILLE, KY 40217	\$ 26,290.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization

Employer identification number

LOUISVILLE METRO POLICE FOUNDATION, INC

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**Part II Noncash Property** (see instructions). Use duplicate copies of Part II 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
4	ADVERTISING	\$ 103,654.	02/10/18
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	
		\$	



Name of organization

Employer identification number

**LOUISVILLE METRO POLICE FOUNDATION, INC**

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**Part III**

Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	_____	_____	_____
	_____	_____	_____
	_____	_____	_____
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
_____		_____	
_____		_____	
_____		_____	

**SCHEDULE D**  
(Form 990)

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for instructions and the latest information.

OMB No. 1545-0047

**2017**  
Open to Public Inspection

Name of the organization

**LOUISVILLE METRO POLICE FOUNDATION, INC**

Employer identification number  
\*\*-\*\*\*\*\*

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

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		

5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?  Yes  No

6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?  Yes  No

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

- 1 Purpose(s) of conservation easements held by the organization (check all that apply).
- Preservation of land for public use (e.g., recreation or education)  Preservation of a historically important land area
- Protection of natural habitat  Preservation of a certified historic structure
- Preservation of open space
- 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.
- |  | Held at the End of the Tax Year |
|--|---------------------------------|
| a Total number of conservation easements   |                                 |
| b Total acreage restricted by conservation easements   |                                 |
| c Number of conservation easements on a certified historic structure included in (a)   |                                 |
| d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register |                                 |
| 2d   |                                 |
- 3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶
- 4 Number of states where property subject to conservation easement is located ▶
- 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?  Yes  No
- 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶
- 7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$
- 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?  Yes  No
- 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

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

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
- (i) Revenue included on Form 990, Part VIII, line 1 ▶ \$
- (ii) Assets included in Form 990, Part X ▶ \$
- 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 ▶ \$
- b Assets included in Form 990, Part X ▶ \$

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

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

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

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

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

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

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

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

b If "Yes," explain the arrangement in Part XIII and complete the following table:  Yes  No

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

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

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII  Yes  No

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

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

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

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

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

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

	Yes	No
(i) unrelated organizations		
(ii) related organizations		
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?		

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment		16,441.	12,883.	3,558.
e Other				
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				3,558.

**Part VII Investments - Other Securities.**

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

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
<b>Total.</b> (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 13.

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

(a) Description of liability	(b) Book value
1. (1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.)	

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total revenue reported as 1,010,867.

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

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

Table with 5 main rows and sub-rows (a-e) for adjustments. Total expenses reported as 813,753.

Part XIII Supplemental Information.

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

**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

**LOUISVILLE METRO POLICE FOUNDATION, INC**

Employer identification number  
\*\*-\*\*\*\*\*

**Part I General Information on Grants and Assistance**

1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? .....

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

Yes  No

**Part II**

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
LOUISVILLE METRO POLICE DEPARTMENT 633 W. JEFFERSON STREET LOUISVILLE, KY 40202			200,288.	0.			TO PROVIDE THE LOUISVILLE METRO POLICE DEPT WITH EQUIPMENT & PROGRAMS

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

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

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

**Part III**

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

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
OFFICER IN DISTRESS - TO COVER MEDICAL BILLS AND LIVING EXPENSES	25	309,510.	0.		

**Part IV**

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

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**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2017**

**Open To Public  
Inspection**

Department of the Treasury  
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

Name of the organization

**LOUISVILLE METRO POLICE FOUNDATION, INC**

Employer identification number  
\*\*-\*\*\*\*\*

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded				
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ ( <u>ADVERTISING</u> )	X	1	103,654. FMV	
26 Other ▶ ( <u>VACATION PACK</u> )	X	2	16,000. FMV	
27 Other ▶ ( <u>IRRIGATION SY</u> )	X	1	8,500. FMV	
28 Other ▶ ( <u>STEEL DOORS</u> )	X	1	7,164.	

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement

29

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?  
b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?  
b If "Yes," describe in Part II.
- 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31		X
32a		X

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

Schedule M (Form 990) 2017



**Part II**

**Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

PART I, OTHER TYPES OF PROPERTY:

ENTERTAINMENT

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 6463.

(D) METHOD OF DETERMINING REVENUE: FMV

HAWKEN RIFLE

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 6000.

(D) METHOD OF DETERMINING REVENUE: FMV

LIQUOR

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 5500.

(D) METHOD OF DETERMINING REVENUE:

**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.

▶ Go to [www.irs.gov/Form990](http://www.irs.gov/Form990) for the latest information.

OMB No. 1545-0047

**2017**

**Open to Public  
Inspection**

Name of the organization

LOUISVILLE METRO POLICE FOUNDATION, INC

Employer identification number  
\*\*-\*\*\*\*\*

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

WHILE PROVIDING FUNDS FOR ESSENTIAL EQUIPMENT AND PROGRAMS NOT INCLUDED  
IN THE CITY BUDGET.

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

REVIEWED BY OFFICERS.

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

AVAILABLE ON UPDATED WEBSITE.

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

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](http://www.irs.gov/form8868).

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

Type or print   <small>File by the due date for filing your return. See instructions.</small>	Name of exempt organization or other filer, see instructions.	Enter filer's identifying number
	LOUISVILLE METRO POLICE FOUNDATION, INC	Employer identification number (EIN) or  * * - * * * * * *
	Number, street, and room or suite no. If a P.O. box, see instructions. 982 EASTERN PKWY.	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40217	

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

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

**TRACIE TEXAS**

• The books are in the care of ▶ **982 EASTERN PARKWAY - LOUISVILLE, KY 40217**  
Telephone No. ▶ **502-409-9563** Fax No. ▶ \_\_\_\_\_

• If the organization does not have an office or place of business in the United States, check this box    
 • If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) \_\_\_\_\_. If this is for the whole group, check this box . If it is for part of the group, check this box  and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 6-month extension of time until **MAY 15, 2019**, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

▶  calendar year \_\_\_\_\_ or  
 ▶  tax year beginning **JUL 1, 2017**, and ending **JUN 30, 2018**

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

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

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

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

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0624198.09 Dornish  
NAOI  
Trey Grayson  
Secretary of State  
Received and Filed  
10/24/2006 1:43:32 PM  
Fee Receipt: \$8.00

ARTICLES OF INCORPORATION  
OF  
LOUISVILLE METRO POLICE FOUNDATION, INC.

For the purposes of forming a nonprofit corporation in Kentucky pursuant to KRS Chapter 273, the undersigned incorporator hereby submits the following Articles of Incorporation to the Secretary of State for filing:

Article I

The name of the corporation is Louisville Metro Police Foundation, Inc.

Article II

The corporation is organized for religious, civic and educational purposes under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended and under Chapter 273 of the Kentucky Revised Statutes. The corporation shall receive gifts, contributions and grants of money or property from individuals, private organizations, public sources and any agency of Louisville Metro or the Commonwealth of Kentucky or of the United States of America, and to apply, pay over or disburse those gifts, contributions and grants or their proceeds for the benefit of the people residing, working or visiting in Louisville Metro, with this objective to be furthered by funding, assisting or undertaking programs and activities designed to strengthen the services, organization, performance, competence, integrity and professionalism of the Louisville Metro Police Department and its officers and members; and to pursue independent research, studies, projects and programs, to assist and improve the Louisville Metro Police Department and its facilities, operations, effectiveness, membership and the public understanding thereof, whether initiated or conducted by the corporation, or the Louisville Metro Police Department, or its membership or otherwise.

The corporation may exercise any and all powers possessed by nonstock, nonprofit corporations formed under Chapter 273 of the Kentucky Revised Statutes, but the corporation shall not engage in activities which are impermissible for a corporation exempt from federal income tax under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended. To amplify but not to limit the foregoing, no substantial part of the activities of the corporation shall consist of engaging in propaganda, or otherwise attempting to influence legislation, and the corporation shall not participate or intervene in any political campaign on behalf of any candidate for public office. No part of the net earnings of the corporation shall inure to the benefit of, or be distributable to, any director, officer or employee of the corporation or any other individual, except that reasonable compensation may be paid for services rendered to or for the corporation in connection with one or more of its purposes.

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Article III

The street address of the corporation's initial registered office in Kentucky is 400 West Market Street, 32<sup>nd</sup> Floor, Louisville, Kentucky 40202 and the name of the registered agent at that office is FBT LLC.

Article IV

The mailing address of the corporation's principal office is: 400 West Market Street, 32<sup>nd</sup> Floor, Louisville, Kentucky 40202.

Article V

The number of directors constituting the initial board of directors is three. The names and mailing addresses of the persons who are to serve as the initial board of directors are as follows:

<u>Name</u>	<u>Address</u>
G.J. Hart	6040 Dutchmans Lane, Suite 400 Louisville, Kentucky 40205
Joe Kelley	3560 Bashford Avenue Louisville, Kentucky 40218
Matt Thornton	10101 Linn Station Road Louisville, Kentucky 40223

The duly elected directors of the corporation shall conduct the affairs of the corporation, and the corporation shall have no members. No current or former director, officer, employee or agent (an "Indemnified Party") of the corporation shall be liable, and the corporation shall indemnify an Indemnified Party against expenses actually and reasonably incurred by such Indemnified Party, including attorney's fees, in connection with the defense of any action, suit or proceeding, civil or criminal, in which the Indemnified Party is made a party by reason of being or having been such director, officer, agent or employee, except in relation to such matters as to which the Indemnified Party shall be adjudged liable in such action, suit or proceeding for gross negligence or willful misconduct in the performance of duties to the corporation. Any repeal of this Article V shall not adversely affect any right of a current or former director, officer, employee or agent hereunder in respect of any act or omission occurring prior to the time of such repeal or modification.

The Board of Directors may adopt Bylaws not inconsistent with the provisions of these Articles of Incorporation or with the laws of the Commonwealth of Kentucky. Adoption of Bylaws and subsequent amendments thereof or hereof shall be effective upon the affirmative vote of a majority of the members of the Board of Directors of the corporation at a meeting duly called for that purpose.

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A director may be removed from office by unanimous vote of the remaining directors.

Article VI

A director of the Corporation shall not be personally liable to the Corporation for monetary damages for any act or omission constituting a breach of his or her duty as a director, unless such act or omission (i) relates to a transaction in which the director has a personal financial interest which is in conflict with the financial interests of the Corporation: (ii) is not in good faith or involves intentional misconduct or is known to the director to be in violation of law; or (iii) relates to a transaction from which the director derives an improper personal benefit.

If KRS Chapter 273 is amended to authorize corporate action further eliminating or limiting the personal liability of directors, then the liability of a director of the Corporation shall be eliminated or limited to the fullest extent permitted by KRS Chapter 273, as so amended, and without the necessity for further shareholder action in respect hereof.

Any repeal or modification of this Article VI shall not adversely affect any right or protection of a director of the Corporation hereunder in respect of any act or omission occurring prior to the time of such repeal or modification.

Article VII

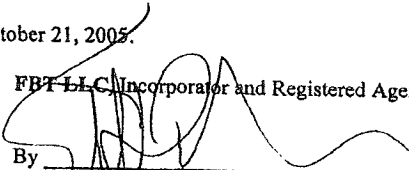
The name and mailing address of the incorporator is: FBT LLC, 400 West Market Street, 32<sup>nd</sup> Floor, Louisville, Kentucky 40202.

Article VIII

Upon the dissolution of the corporation, any remaining net assets of the corporation shall be conveyed to such organization(s) as shall be selected by the Board of Directors; provided, however, that any such recipient organization shall qualify as an exempt organization under Section 501(c)(3) of the Internal Revenue Code of 1986, as amended.

Executed by the incorporator on October 21, 2005.

FBT LLC, Incorporator and Registered Agent

By   
Scott W. Dolson, Manager

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0624198.09 mstratton  
AMD  
Alison Lundergan Grimes  
Kentucky Secretary of State  
Received and Filed:  
7/16/2012 2:00 PM  
Fee Receipt: \$8.00

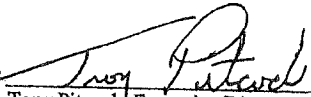
ARTICLES OF AMENDMENT TO THE  
ARTICLES OF INCORPORATION OF

LOUISVILLE METRO POLICE FOUNDATION, INC.

1. The name of the corporation is Louisville Metro Police Foundation, Inc. (the "Corporation").
2. A new paragraph is added to Article V (the "Amendment") of the Articles of Incorporation of the Corporation to read in its entirety as follows:  

Any member of the Board of Directors may be removed by the Board of Directors in its sole discretion by the majority vote of the members of the Board of Directors at a meeting at which a quorum is present.
3. The Corporation has no members. The Amendment set forth above was approved by a majority of the Board of Directors of the Corporation at its regular meeting held on June 11, 2012.

LOUISVILLE METRO POLICE FOUNDATION, INC.

By   
Tony Pitcock, Executive Director

Date: June 11, 2012

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# LOUISVILLE METRO POLICE FOUNDATION, INC.

## General Information

Organization Number	0624198
Name	LOUISVILLE METRO POLICE FOUNDATION, INC.
Profit or Non-Profit	N - Non-profit
Company Type	KCO - Kentucky Corporation
Status	A - Active
Standing	G - Good
State	KY
File Date	10/24/2005
Organization Date	10/24/2005
Last Annual Report	1/11/2019
Principal Office	982 EASTERN PARKWAY LOUISVILLE, KY 40217
Registered Agent	WILLIAM G. STRENCH FBT LLC 400 W MARKET STREET 32ND FLOOR LOUISVILLE, KY 40202-3363

## Current Officers

Chairman	<u>Jim Ellis</u>
Secretary	<u>LAMONT BRELAND</u>
Treasurer	<u>Justin Jokovich</u>
Director	<u>MICHAEL HOULIHAN</u>
Director	<u>JIM ELLIS</u>
Director	<u>JEREMY SCHELL</u>

## Individuals / Entities listed at time of formation

Director	<u>G J HART</u>
----------	-----------------



# Request for Taxpayer Identification Number and Certification

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

Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  
**Louisville Metro Police Foundation**

2 Business name/disregarded entity name, if different from above

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

Individual/sole proprietor or single-member LLC     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

Other (see instructions) ▶ **Nonprofit 501(c)(3)**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):  
 Exempt payee code (if any) \_\_\_\_\_  
 Exemption from FATCA reporting code (if any) \_\_\_\_\_  
(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.  
**982 Eastern Parkway Box 5**

6 City, state, and ZIP code  
**Louisville, KY 40217**

7 List account number(s) here (optional)

Requester's name and address (optional)

Print or type. See Specific Instructions on page 3.

## Part I Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avoid backup withholding. For individuals, this is generally your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the instructions for Part I, later. For other entities, it is your employer identification number (EIN). If you do not have a number, see *How to get a TIN*, later.

**Note:** If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

Social security number									
			-						
or									
Employer identification number									
6	1	-	1	4	9	8	9	6	1

## Part II Certification

Under penalties of perjury, I certify that:

- The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and
- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 you have failed to report all interest and dividends on your tax return. For real estate transactions, 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 Here    Signature of U.S. person ▶ *Jason Jay Shugart*    Date ▶ *04-08-2019*

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

### Purpose of Form

An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)
- Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)
- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding, later.

# Request for Taxpayer Identification Number and Certification

001 1

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

▶ Go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9) for instructions and the latest information.

1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.

**Louisville Metro Police Foundation**

2 Business name/disregarded entity name, if different from above

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

Individual/sole proprietor or single-member LLC     C Corporation     S Corporation     Partnership     Trust/estate

Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ \_\_\_\_\_

Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check another LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner should check the appropriate box for the tax classification of its owner.

Other (see instructions) ▶

**Nonprofit 501(c)(3)**

4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):

Exempt payee code (if any) \_\_\_\_\_

Exemption from FATCA reporting code (if any) \_\_\_\_\_

(Applies to accounts maintained outside the U.S.)

5 Address (number, street, and apt. or suite no.) See instructions.

**982 Eastern Parkway Box 5**

Requester's name and address (optional)

6 City, state, and ZIP code

**Louisville, KY 40217**

7 List account number(s) here (optional)

Print or type. See Specific Instructions on page 3.

## Part I Taxpayer Identification Number (TIN)

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Social security number								
			-					

or

Employer identification number									
6	1	-	1	4	9	8	9	6	1

Note: If the account is in more than one name, see the instructions for line 1. Also see *What Name and Number To Give the Requester* for guidelines on whose number to enter.

## Part II Certification

Under penalties of perjury, I certify that:

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- I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and
- I am a U.S. citizen or other U.S. person (defined below); and
- 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 you have failed to report all interest and dividends on your tax return. For real estate transactions, 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 Here    Signature of U.S. person ▶ *Gracie Lynn Shugart*

Date ▶ 03-28-2018

## General Instructions

Section references are to the Internal Revenue Code unless otherwise noted.

**Future developments.** For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted after they were published, go to [www.irs.gov/FormW9](http://www.irs.gov/FormW9).

## Purpose of Form

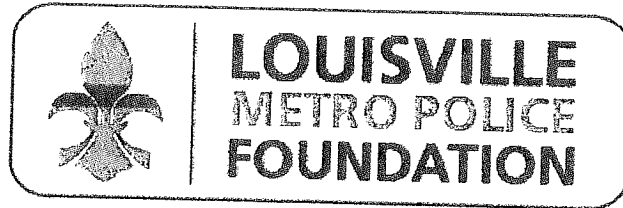
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer identification number (TIN) which may be your social security number (SSN), individual taxpayer identification number (ITIN), adoption taxpayer identification number (ATIN), or employer identification number (EIN), to report on an information return the amount paid to you, or other amount reportable on an information return. Examples of information returns include, but are not limited to, the following.

- Form 1099-INT (interest earned or paid)

- Form 1099-DIV (dividends, including those from stocks or mutual funds)
- Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)
- Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)
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- Form 1099-C (canceled debt)
- Form 1099-A (acquisition or abandonment of secured property)

Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.

If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See *What is backup withholding*, later.



Louisville Metro Police Foundation  
Financial Statements  
For the Eight Months Ended  
As of February 28, 2019 and 2018

draft

No assurance is provided on these financial statements. Please see attached disclosure.



Respective services provided by ARG Investment Services, LLC, a Registered Investment Adviser, ARG CPAs & Advisors PLLC, ARG Business Services, LLC, and Advisor Insurance Solutions. All are affiliates of ARG Financial Group.

**Louisville Metro Police Foundation****STATEMENT OF FINANCIAL POSITION  
As of February 28, 2019 and 2018**

	Fiscal 19	Fiscal 18
<b>Assets</b>		
<b>Current assets</b>		
Cash	\$ 490,464	\$ 307,922
Cash - Raffle Account	28,651	20,614
Certificate of deposit - 93285241	64,114	64,114
Prepaid expenses	1,256	833
Accounts receivable	0	0
Total current assets	<u>584,486</u>	<u>393,482</u>
<b>Investments</b>	835,059	732,908
<b>Property and equipment</b>		
Office equipment	14,811	14,811
Furniture & fixtures	1,630	1,630
Accumulated depreciation	(13,351)	(12,619)
Total property and equipment - net	<u>3,089</u>	<u>3,822</u>
<b>Total assets</b>	<u><u>\$ 1,422,634</u></u>	<u><u>\$ 1,130,212</u></u>
<b>Liabilities and net assets</b>		
<b>Liabilities</b>		
Accounts payable	\$ 445	\$ 917
Accrued payroll	0	0
Sales tax payable	(14)	28
Total current liabilities	<u>430</u>	<u>945</u>
<b>Total liabilities</b>	<u>430</u>	<u>945</u>
<b>Net assets</b>		
Fund balance/unrestricted	928,454	703,846
Fund balance/temporarily restricted	149,687	149,687
Changes in net assets - current year	344,062	275,733
Total net assets	<u>1,422,203</u>	<u>1,129,266</u>
<b>Total liabilities &amp; net assets</b>	<u><u>\$ 1,422,634</u></u>	<u><u>\$ 1,130,212</u></u>

No assurance is provided on these financial statements. Please see attached disclosure.



Respective services provided by ARGI Investment Services, LLC, a Registered Investment Adviser, ARGI CPAs & Advisors, PLLC, ARGI Business Services, LLC, and Advisor Insurance Solutions. All are affiliates of ARGI Financial Group.

STATEMENT OF ACTIVITIES

For the Eight Months Ended February 28, 2019

Revenue and support	Current Month		YTD	
	Fiscal 19	Fiscal 18	Fiscal 19	Fiscal 18
<b>Memberships</b>				
COA membership dues	\$ 1,000	\$ 880	\$ 8,110	\$ 7,350
Total memberships	1,000	880	8,110	7,350
<b>Contribution - unrestricted</b>				
General	13,982	2,126	103,511	89,033
Nightstick sales	170	482	4,502	4,787
BB & B	0	0	321,710	337,176
Barrel head sales	132	0	1,373	1,594
Blue lights and breakfast	0	0	22,369	37,525
Awards celebration	10,300	12,001	16,000	15,469
Other sales	0	0	0	195
Other - unrestricted	0	0	1,216	0
Total contribution - unrestricted	24,585	14,608	470,681	485,779
<b>Contribution - restricted</b>				
Dusty the Law Dog	0	0	1,818	1,200
Shop with a cop	0	0	69,013	45,164
Kentucky CIT	0	0	7,571	7,197
COA	0	0	0	0
Explorer academy	0	0	0	0
Officer in distress	59,592	11,181	295,843	211,159
K9	0	15,020	9,540	47,967
Mounted patrol	0	0	540	10,200
SWAT	0	0	1,000	13,500
Other	600	1,900	556,906	33,125
Total contribution - restricted	60,192	28,101	942,231	369,512
Gifts in kind - goods/services	10,963	6,895	99,822	90,152
Total contribution	95,739	49,604	1,512,734	945,443
<b>Earned revenues</b>				
Other investment income	29	421	8,282	8,316
Total earned revenues	29	421	8,282	8,316
<b>Total revenue and support</b>	<b>96,768</b>	<b>50,905</b>	<b>1,529,126</b>	<b>874,169</b>
<b>Event / program related expenses</b>				
Advertising expenses	0	0	19,084	11,288
Auction items	0	350	61,753	57,680
Awards & prizes	11,258	3,083	16,952	7,560
Books, subscriptions, reference	0	0	0	0
Catering	0	0	45,070	28,729
Conference and registrations	0	0	2,143	0
Decorations	0	0	4,282	7,197
Entertainment	0	0	2,267	23,201
Event staffing and management	0	3,058	49,383	69,174
First responders	0	0	0	0
First responders appreciation	0	0	0	0
Grant disbursements	13,413	24,835	742,745	317,488
Insurance	263	903	4,668	4,211
Nightstick expense	371	0	4,883	4,262
Printing	0	1,300	100	5,787
Rentals	0	0	25,038	25,038
SWAT	0	0	1,540	8,417
Travel expenses for attendees	0	0	1,564	3,025
Other	952	81	51,206	2,480
Credit card rewards	0	0	0	0
Total event / program expenses	26,257	32,840	1,033,233	574,538
<b>Support expenses</b>				
Accounting fees	974	950	15,624	7,600
Bank charges	401	317	5,522	4,243
Depreciation	59	73	469	1,248
Membership dues	0	0	1,275	1,425
General	0	0	589	7,456
Interest expense	0	0	0	10
Investment fees	(0)	37	2,191	2,107
Office expense	0	280	632	2,486
Other expenses	10,113	11	10,217	996
Phone & internet services	188	331	1,725	2,136
Postage, shipping, delivery	57	13	723	527
Printing & copying	0	0	0	436
Professional fees - other	8	2,400	258	10,852
Taxes	0	0	0	0
Technology expense	29	0	1,602	784
Travel	144	28	873	1,255
Meals	130	131	2,975	2,766
Wages	12,500	10,833	95,417	91,490
Payroll expenses	1,175	999	8,943	8,576
Total support expenses	25,780	16,404	149,034	146,392
<b>Total expenses</b>	<b>52,037</b>	<b>49,244</b>	<b>1,182,267</b>	<b>720,931</b>
<b>Changes in net assets from activities</b>	<b>44,731</b>	<b>1,661</b>	<b>346,859</b>	<b>240,178</b>
<b>Other income &amp; expense</b>				
Interest income - certificate of deposit	0	0	0	0
Gain (loss) on sale of investments	17,863	3,171	16,409	6,924
Unrealized gain(loss) - investments	(5,290)	(23,083)	(19,206)	28,631
<b>Changes in net assets</b>	<b>\$ 57,304</b>	<b>\$ (18,251)</b>	<b>\$ 344,062</b>	<b>\$ 275,733</b>

**Louisville Metro Police Foundation**

**STATEMENT OF ACTIVITIES**

For the Eight Months Ended February 28, 2019

Revenue and support	July	August	September	October	November	December	January	February	YTD
<b>Memberships</b>									
COA membership dues	\$ 940	\$ 1,425	\$ 925	\$ 920	\$ 930	\$ 975	\$ 995	\$ 1,000	\$ 8,110
Total memberships	940	1,425	925	920	930	975	995	1,000	8,110
<b>Contribution - unrestricted</b>									
General	4,695	29,173	5,155	4,606	15,795	27,458	2,648	13,982	103,511
Nightstick sales	283	1,360	467	1,482	438	170	132	170	4,502
BB & B	55,750	61,475	191,950	5,035	2,500	5,000	0	0	321,710
Barrel head sales	0	619	0	0	280	203	139	132	1,373
Blue lights and breakfast	0	0	0	1,000	15,094	6,275	0	0	22,369
Awards celebration	0	0	0	5,000	0	0	700	10,300	16,000
Other sales	0	0	0	0	0	0	0	0	0
Other - unrestricted	0	0	550	0	0	0	666	0	1,216
Total contribution - unrestricted	60,728	92,626	198,122	17,123	34,106	39,106	4,285	24,585	470,681
<b>Contribution - restricted</b>									
Dusty the Law Dog	53	0	265	0	0	0	1,500	0	1,818
Shop with a cop	10,000	0	8,750	9,741	18,030	15,667	6,825	0	69,013
Kentucky CIT	1,000	1,500	0	4,911	0	100	60	0	7,571
COA	0	0	0	0	0	0	0	0	0
Explorer academy	0	0	0	0	0	0	0	0	0
Officer in distress	9,585	581	220	7,687	3,856	66,862	147,460	59,592	295,843
K9	1,700	500	970	6,360	10	0	0	0	9,540
Mounted patrol	0	0	0	520	20	0	0	0	540
SWAT	0	1,000	0	0	0	0	0	0	1,000
Other	12,098	495	500,425	7,017	100	19,201	16,969	600	556,906
Total contribution - restricted	34,436	4,076	510,630	36,235	22,016	101,831	172,814	60,192	942,231
<b>Gifts in kind - goods/services</b>	15,316	51,361	1,550	1,204	12,679	2,139	4,610	10,963	99,822
Total contribution	110,481	148,064	710,302	54,562	68,801	143,076	181,709	95,739	1,512,734
<b>Earned revenues</b>									
Other investment income	874	154	132	3,742	32	3,304	14	29	8,282
Total earned revenues	874	154	132	3,742	32	3,304	14	29	8,282
<b>Total revenue and support</b>	<b>112,294</b>	<b>149,643</b>	<b>711,360</b>	<b>59,224</b>	<b>69,763</b>	<b>147,356</b>	<b>182,718</b>	<b>96,768</b>	<b>1,529,126</b>
<b>Event / program related expenses</b>									
Advertising expenses	456	4,455	7,700	1,572	413	4,458	0	0	19,084
Auction items	13,349	48,405	0	0	0	0	0	0	61,753
Awards & prizes	105	0	0	0	0	0	0	0	16,952
Catering	3,172	588	0	25,861	3,610	5,270	319	11,258	45,070
Conference and registrations	2,143	0	0	0	0	9,344	2,495	0	2,143
Decorations	0	1,782	2,500	0	0	0	0	0	4,282
Entertainment	0	2,267	0	0	0	0	0	0	2,267
Event staffing and management	4,254	10,585	0	0	0	0	0	0	49,939
First responders	0	0	0	0	27,330	0	7,770	0	0
First responders appreciation	0	0	0	0	0	0	0	0	0
Grant disbursements	19,535	30,632	438,246	122,492	20,076	42,170	56,179	13,413	742,745
Insurance	305	2,857	360	260	260	263	263	263	4,668
Nightstick expense	472	289	1,114	679	249	1,289	414	371	4,883
Printing	0	0	0	100	0	0	0	0	100
Rentals	236	23,728	0	0	1,080	0	0	0	25,038
SWAT	0	470	0	0	1,070	0	0	0	1,540
Travel expenses for attendees	0	0	0	1,564	0	0	0	0	1,564
Other	550	881	1,723	4,086	37,545	1,267	4,202	952	51,206
Credit card rewards	0	0	0	0	0	0	0	0	0
Total event / program expenses	44,576	126,777	451,643	156,613	91,663	64,062	71,642	26,257	1,033,233
<b>Support expenses</b>									
Accounting fees	950	4,950	3,950	1,950	950	950	950	974	15,624
Bank charges	1,210	924	418	349	453	951	816	401	5,522
Depreciation	59	59	59	59	59	59	59	59	469
Membership dues	425	0	0	425	0	0	425	0	1,275
General	60	238	183	8	100	0	0	0	589
Interest expense	0	0	0	0	0	0	0	0	0
Investment fees	1,141	(1)	(1)	(1)	(0)	(1)	1,056	(0)	2,191
Office expense	9	564	58	0	0	0	0	0	632
Other expenses	0	0	0	0	25	0	79	10,113	10,217
Phone & internet services	189	189	314	189	189	278	188	188	1,725
Postage, shipping, delivery	157	0	0	50	159	0	300	57	723
Printing & copying	0	0	0	0	0	0	0	0	0
Professional fees - other	0	0	150	100	0	0	0	8	258
Taxes	0	0	0	0	0	0	0	0	0
Technology expense	0	0	0	144	1,227	0	202	29	1,602
Travel	104	186	0	145	140	70	84	144	873
Meals	110	734	861	0	0	1,140	0	130	2,975
Wages	10,833	11,250	11,667	11,667	12,500	12,500	12,500	12,500	95,417
Payroll expenses	1,017	1,038	1,070	1,081	1,134	1,134	1,295	1,175	8,943
Total support expenses	16,263	20,130	18,728	16,164	16,935	17,080	17,953	25,780	149,034
<b>Total expenses</b>	<b>60,839</b>	<b>146,907</b>	<b>470,371</b>	<b>172,778</b>	<b>108,597</b>	<b>81,142</b>	<b>89,595</b>	<b>52,037</b>	<b>1,182,267</b>
<b>Changes in net assets from activities</b>	<b>51,455</b>	<b>2,735</b>	<b>240,988</b>	<b>(113,553)</b>	<b>(38,834)</b>	<b>66,213</b>	<b>93,123</b>	<b>44,731</b>	<b>346,859</b>
<b>Other income &amp; expense</b>									
Interest income - CD	0	0	0	0	0	0	0	0	0
Gain (loss) on sale of investments	0	0	0	(826)	0	0	(628)	17,863	16,409
Unrealized gain(loss) - investments	12,153	4,740	(260)	(39,634)	7,136	(32,911)	34,860	(5,290)	(19,206)
<b>Changes in net assets</b>	<b>\$ 63,608</b>	<b>\$ 7,475</b>	<b>\$ 240,728</b>	<b>\$ (154,013)</b>	<b>\$ (31,698)</b>	<b>\$ 33,303</b>	<b>\$ 127,356</b>	<b>\$ 57,304</b>	<b>\$ 344,062</b>



No audit is provided in these financial statements. Please see attached audit report.  
 Argi services provided by AP's Investment Services, L.P. a Reg. Investment Advisor, APG (FPA) & Advisory, LLC APG (FPA) & Advisory, L.L.C. and AP's  
 financial solutions are an offering of AP's Regulated Service.



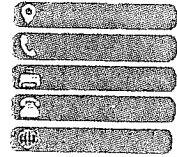
2110 High Wickham Place | Louisville, KY 40245

502.753.0609

502.426.0247

866.568.9719

[www.argi.net](http://www.argi.net)



#### Accountants Disclaimer

The accompanying financial statements of *Louisville Metro Police Foundation* as of and for the *period ended February 28, 2019* were not subject to an audit, review, or compilation engagement by us and accordingly, we do not express an opinion, a conclusion, nor provide any assurance on them.

ARGI CPAs & Advisors, PLLC

*March 13, 2019*

#### FINDING FINANCIAL CLARITY

Respective services provided by ARG I Investment Services, LLC, a Registered Investment Adviser, ARG I CPAs & Advisors, PLLC, ARG I Business Services, LLC, and Advisor Insurance Solutions. All are affiliates of ARG I Financial Group.