


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

**Applicant/Program:** Louisville Metro Police Foundation  
**Applicant Requested Amount:** \$ 8,748.30  
**Appropriation Request Amount:** ~~\$6,000~~

**Executive Summary of Request**  
The funds requested are to assist 16 LMPD Officers with travel expenses to Police Week in Washington DC & The National Peace Officers Memorial Wall on May 12th - 16th ,2018 . The 16 officers where in the same platoon as Officer Nick Rodman who lost his life in the line of duty on May 29th ,2017 . The 16 LMPD Officers will be attending survivor workshops and other conference events as well as representing Metro Louisville & LMPD and honoring Nick and his family as his name is added to the Peace Officers Memorial .

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      #1,000 Amount      4/6/2018 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.  
N/A

**Approved by:**  
\_\_\_\_\_  
Appropriations Committee Chairman      Date  
Final Appropriations Amount: \_\_\_\_\_

**Applicant/Program:**

Louisville Metro Police Foundation Police Week in Washington DC

**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.

N/A

**Council Member Signature and Amount**

District 1	<u>Eric G. [Signature]</u>	\$ 1,000.00
District 2		\$
District 3	<u>Marye [Signature]</u>	\$ 250.00
District 4	<u>Barbara [Signature]</u>	\$ 250 -
District 5	<u>Cheri B. Hamilton</u>	\$ 500.00
District 6	<u>[Signature]</u>	\$ 500.00
District 7	<u>[Signature]</u>	\$ 500.00
District 8		\$
District 9	<u>Bill Hollander</u>	\$ 250.00
District 10	<u>Camille [Signature]</u>	\$ 250.00
District 11		\$
District 12	<u>Rh [Signature]</u>	\$ 250
District 13	<u>Vicki Aubrey Welch</u>	\$ 250.00
District 14	<u>Cindi [Signature]</u>	\$ 500 -
District 15		\$

**Applicant/Program:**


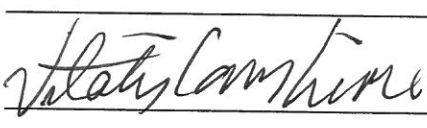
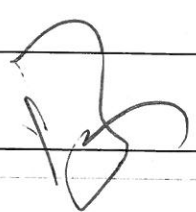
Louisville Metro Police Foundation / Police Week in Washington DC

**Additional Disclosure and Signatures**

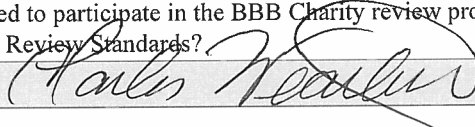
**Additional Council Office Disclosure**

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.

N/A

District 16		\$ 500
District 17		\$
District 18		\$
District 19		\$
District 20		\$
District 21		\$ 500
District 22		\$
District 23		\$
District 24		\$
District 25		\$
District 26		\$ 500

## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

<b>Legal Name of Applicant Organization</b> Louisville Metro Police Foundation	
<b>Program Name and Request Amount</b> Police Week - May 12th - 16th ,2018 in Washington DC	
	<b>Yes/No/NA</b>
Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding?	<input type="text" value="Yes"/>
Is the funding proposed by Council Member(s) less than or equal to the request amount?	<input type="text" value="Yes"/>
Is the proposed public purpose of the program viable and well-documented?	<input type="text" value="Yes"/>
Will all of the funding go to programs specific to Louisville/Jefferson County?	<input type="text" value="N/A"/>
Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet?	<input type="text" value="Yes"/>
Has prior Metro Funds committed/granted been disclosed?	<input type="text" value="No"/>
Is the application properly signed and dated by authorized signatory?	<input type="text" value="Yes"/>
Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included?	<input type="text" value="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="text" value="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="text" value="Yes"/>
Is the current Fiscal Year Budget included?	<input type="text" value="Yes"/>
Is the entity's board member list (with term length/term limits) included?	<input type="text" value="Yes"/>
Is recommended funding less than 33% of total agency operating budget?	<input type="text" value="Yes"/>
Does the application budget reflect only the revenue and expenses of the project/program?	<input type="text" value="N/A"/>
Is the cost estimate(s) from proposed vendor (if request is for capital expense) included?	<input type="text" value="No"/>
Is the most recent annual audit (if required by organization) included?	<input type="text" value="Yes"/>
Is a copy of Signed Lease (if rent costs are requested) included?	<input type="text" value="N/A"/>
Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included?	<input type="text" value="N/A"/>
Are the Articles of Incorporation of the Agency included?	<input type="text" value="Yes"/>
Is the IRS Form W-9 included?	<input type="text" value="Yes"/>
Is the IRS Form 990 included?	<input type="text" value="Yes"/>
Are the evaluation forms (if program participants are given evaluation forms) included?	<input type="text" value="N/A"/>
Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if required to do so)?	<input type="text" value="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="text" value="N/A"/>
Prepared by: 	Date: 4/6/2018



## LOUISVILLE METRO COUNCIL NEIGHBORHOOD DEVELOPMENT FUND APPLICATION

SECTION 1 – APPLICANT INFORMATION			
<b>Legal Name of Applicant Organization:</b> Louisville Metro Police Foundation <small>(as listed on: <a href="http://www.sos.ky.gov/business/records">http://www.sos.ky.gov/business/records</a>)</small>			
<b>Main Office Street &amp; Mailing Address:</b> 982 Eastern Pkwy #5 Louisville, KY 40217			
<b>Website:</b> 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
<b>Organization's Representative who attended NDF Training:</b> Tracie Texas Shugart			
GEOGRAPHICAL AREA(S) WHERE PROGRAM ACTIVITIES ARE (WILL BE) PROVIDED			
<b>Program Facility Location(s):</b>	Washington DC May 12th - 16th 2018		
<b>Council District(s):</b>	1	<b>Zip Code(s):</b>	
SECTION 2 – PROGRAM REQUEST & FINANCIAL INFORMATION			
<b>PROGRAM/PROJECT NAME:</b> Nick Rodman Memorial			
<b>Total Request: (\$)</b>	8,748.30	<b>Total Metro Award (this program) in previous year: (\$)</b>	0
<b>Purpose of Request (check all that apply):</b> <input type="checkbox"/> Operating Funds (generally cannot exceed 33% of agency's total operating budget) <input checked="" type="checkbox"/> Programming/services/events for direct benefit to community or qualified individuals <input type="checkbox"/> Capital Project of the organization (equipment, furnishing, building, etc)			
<b>The Following are Required Attachments:</b>			
<ul style="list-style-type: none"> <li>■ IRS Exempt Status Determination Letter</li> <li>■ Current year projected budget</li> <li>■ Current financial statement</li> <li>■ Most recent IRS Form 990 or 1120-H</li> <li>■ 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>■ IRS Form W9</li> <li>Evaluation forms if used in the proposed program</li> <li>■ Annual audit (if required by organization)</li> <li>Faith Based Organization Certification Form, if applicable</li> </ul>		
<b>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:	NDF (Multiple)	Amount: (\$)	21,000
Source:		Amount: (\$)	
Source:		Amount: (\$)	
Has the applicant contacted the BBB Charity Review for participation? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No			
Has the applicant met the BBB Charity Review Standards? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> 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	07/31/2018
Abbie Gilbert	07/31/2018
Dennis Heishman	07/31/2018
Allen Hertzman	07/31/2018
Joe Kelley	07/31/2018
Steve Loftis	07/31/2018
Jackson Mullins	07/31/2018
Kent Oyler	07/31/2018
Charles Schnatter	07/31/2018
Don Stearns	07/31/2018
William Strench	07/31/2018
Jennifer Bryant Wilcox	07/31/2018
Lamont Breland	07/31/2019
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	

**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	80,000
Rebecca Grignon Reker	50,000

**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 March 29, 2017 Officer Nick Rodman succumbed to injuries he received when he was struck by a fleeing domestic violence suspect. 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, Officer Rodman's name will be added to the Law Enforcement Memorial wall in Washington, D.C. He is only the 2nd LMPD Officer to be added to this wall. There are 16 members of Nick's platoon who will be travelling to Washington May 12-16, to support Nick's family and honor him as his name gets added to the wall. In addition, Nick'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 hotel rooms and hotel 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.

Hotel total: \$7,785.97

Parking total: \$962.33

## 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 brother 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.**

## 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>	8748.30	0	8,748 30
<b>*TOTAL PROGRAM/PROJECT FUNDS</b>	8748 30		8,748 30
% of Program Budget	100 %	0 %	100%

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses <sup>12.2</sup>	

\*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
Hotel	7,785.97		7,785.97
Hotel parking	962.33		962.33
<b>Total</b>	8,748.30		8,748.30

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

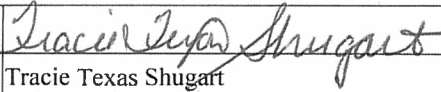
#### Standard Certifications

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>	03/23/2018
<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		



INTERNAL REVENUE SERVICE  
P. O. BOX 2466  
CINCINNATI, OH 45201

DEPARTMENT OF THE TREASURY

Date: DEC 27 2006

Employer Identification Number:

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

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

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 8724, 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.

*Shale... (44) 1234, 1234*  
*Grass 8/10*  
*John 10*

Letter 1045 (DO/CO)

2017-2018

Organization Name: Louisville Metro Police Foundation

Fiscal Year Period: 2017-2018

	Current Org. Budget	Previous FY Actual
<b>Revenue</b>		
Contributions--Unrestricted	395,000	361,119
Contributions--Restricted	190,000	180,146
Memberships	14,500	13,855
Gifts In-Kind	180,000	171,898
Interest Income	241	241
Other		
Total cash revenue	\$ 599,741	\$ 555,361
Total in-kind revenue	\$ 180,000	\$ 171,898
<b>Total Revenue</b>	<b>\$ 779,741</b>	<b>\$ 727,259</b>
<b>Expenses</b>		
Event/Program Related	380,000	358,751
Grant disbursements	115,000	108,588
Salary and wages	135,000	125,000
Insurance	4,500	4,226
Payroll taxes	10,500	10,029
Taxes	5,500	5,003
Professional fees/Memberships	6,000	5,696
Accounting/Bank fees	14,000	13,353
Printing & copying	6,500	6,172
IT/telephone	5,000	4,684
Postage & delivery	6,500	6,310
Travel/Meals	3,000	3,851
Other	9,000	8,578
Total cash expenses	\$ 585,500	\$ 560,678
Total in-kind expenses	\$ 115,000	\$ 99,563
<b>Total Expenses</b>	<b>\$ 700,500</b>	<b>\$ 660,241</b>
<b>Revenue over Expenses</b>	<b>\$ 79,241</b>	<b>\$ 67,018</b>



**Louisville Metro Police Foundation  
Financial Statements  
For the Eight Months Ended  
As of February 28, 2018 and 2017**

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, 2018

Revenue and support	Current Month		YTD	
	Fiscal 18	Fiscal 17	Fiscal 18	Fiscal 17
<b>Memberships</b>				
COA membership dues	\$ 880	\$ 880	\$ 7,350	\$ 7,604
Total memberships	880	880	7,350	7,604
<b>Contribution - unrestricted</b>				
General	2,126	2,962	89,033	85,650
Nightstick sales	482	313	4,787	3,476
BB & B	0	1,500	337,176	282,129
Barrel head sales	0	0	1,594	233
Blue lights and breakfast	0	0	37,525	55,990
Awards celebration	12,001	23,828	15,469	30,026
Other sales	0	120	195	4,795
Other - unrestricted	0	0	0	650
Total contribution - unrestricted	14,608	28,723	485,779	462,949
<b>Contribution - restricted</b>				
Shop with a cop	0	0	45,164	40,670
Kentucky CIT	0	10	7,197	459
COA	0	0	0	25
Explorer academy	0	225	0	6,622
Officer in distress	11,181	1,000	211,159	22,285
K9	15,020	0	47,967	0
Mounted patrol	0	0	10,200	98
Other	1,900	84,697	47,825	212,549
Total contribution - restricted	28,101	85,932	369,512	282,708
Gifts in kind - goods/services	6,895	110,358	90,152	455,447
Total contribution	49,604	225,013	945,443	1,201,104
<b>Earned revenues</b>				
Other investment income	421	0	8,316	0
Total earned revenues	421	0	8,316	0
<b>Total revenue and support</b>	<b>50,905</b>	<b>225,893</b>	<b>961,109</b>	<b>1,208,708</b>
<b>Event / program related expenses</b>				
Advertising expenses	0	112,880	11,289	128,780
Auction items	350	908	57,680	46,829
Awards & prizes	563	0	5,040	3,415
Books, subscriptions, reference	0	0	0	45
Catering	0	29,593	28,729	90,145
Conference and registrations	0	144	0	18,502
Decorations	0	0	7,197	2,663
Entertainment	0	950	22,201	17,760
Event staffing and management	5,578	450	71,694	2,950
First responders	0	0	0	56,250
First responders appreciation	0	0	0	174,750
Grant disbursements	24,665	33,931	317,488	110,428
Insurance	303	308	4,211	4,086
Nightstick expense	0	0	4,262	6,587
Printing	1,300	0	5,787	7,099
Rentals	0	0	25,038	11,307
SWAT	0	0	8,417	0
Travel expenses for attendees	0	0	3,025	2,116
Other	81	0	2,705	73,383
Credit card rewards	0	0	0	(350)
Total event / program expenses	32,640	179,164	574,763	756,745
<b>Support expenses</b>				
Accounting fees	950	975	7,600	6,719
Bank charges	317	791	4,243	4,943
Depreciation	73	168	1,248	1,386
Membership dues	0	0	1,425	960
General	0	0	7,456	206
Interest expense	0	0	10	4
Investment fees	37	0	2,107	0
Office expense	280	255	2,486	2,417
Other expenses	11	0	996	11,495
Phone & internet services	331	177	2,136	1,785
Postage, shipping, delivery	13	0	527	717
Printing & copying	0	0	436	1,471
Professional fees - other	2,400	0	10,852	7,900
Taxes	0	0	0	0
Technology expense	0	0	784	2,875
Travel	28	143	1,255	822
Meals	131	0	2,766	934
Wages	10,833	10,000	91,490	70,000
Payroll expenses	999	927	8,576	6,787
Total support expenses	16,404	13,435	146,392	121,420
<b>Total expenses</b>	<b>49,244</b>	<b>192,599</b>	<b>721,156</b>	<b>878,165</b>
<b>Changes in net assets from activities</b>	<b>1,661</b>	<b>33,294</b>	<b>239,953</b>	<b>330,543</b>
<b>Other income &amp; expense</b>				
Interest income - certificate of deposit	0	0	0	0
Gain (loss) on sale of investments	3,171	0	6,924	0
Unrealized gain(loss) - investments	(23,083)	0	28,631	0
<b>Changes in net assets</b>	<b>\$ (18,251)</b>	<b>\$ 33,294</b>	<b>\$ 275,508</b>	<b>\$ 330,543</b>

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



2110 High Wickham Place | Louisville, KY 40245  
502.753.0609  
502.426.0247  
866.568.9719  
www.argi.net



#### Accountants Disclaimer

The accompanying financial statements of *Louisville Metro Police Foundation* as of and for the *period ended February 28, 2018* 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  
Louisville, Kentucky  
*March 14, 2018*

#### FINDING FINANCIAL CLARITY

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.



Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2016, or fiscal year beginning JUL 1, 2016, and ending JUN 30, 2017

# 2016

Department of the Treasury  
Internal Revenue Service

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

▶ Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo)

Name of exempt organization

Employer identification number

LOUISVILLE METRO POLICE FOUNDATION, INC

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	1,128,393.
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 2016 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 \_\_\_\_\_ to enter my PIN  Enter five numbers, but do not enter all zeros

ERO firm name

as my signature on the organization's tax year 2016 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 2016 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 ▶ 3/23/18

### 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.

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2016 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 ▶ 03/23/18

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

Form **8879-EO**

# IRS e-file Signature Authorization for an Exempt Organization

OMB No. 1545-1878

For calendar year 2015, or fiscal year beginning JUL 1, 2015, and ending JUN 30, 2016

# 2015

Department of the Treasury  
Internal Revenue Service

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

▶ Information about Form 8879-EO and its instructions is at [www.irs.gov/form8879eo](http://www.irs.gov/form8879eo).

Name of exempt organization

Employer identification number

**LOUISVILLE METRO POLICE FOUNDATION, INC**

Name and title of officer

**DENNIS HEISHMAN**

**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>550,387.</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, Part I, line 3c or Part II, line 8c)	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 2015 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 \_\_\_\_\_ to enter my PIN  Enter five numbers, but do not enter all zeros

as my signature on the organization's tax year 2015 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 2015 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 ▶ Dennis P. Heishman Date ▶ 2/27/17

### 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.

do not enter all zeros

I certify that the above numeric entry is my PIN, which is my signature on the 2015 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 ▶ 02/24/17

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

EXTENDED TO MAY 15, 2018

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

Form 990

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

2016 Open to Public Inspection

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public. Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017

Form header section containing organization name (LOUISVILLE METRO POLICE FOUNDATION, INC), address (982 EASTERN PKWY, LOUISVILLE, KY 40217), telephone number (502-409-9563), and tax-exempt status (501(c)(3)).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, and financial data for Prior Year and Current Year.

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.

Signature block section with fields for officer signature (JUSTIN JOKOVICH, TREASURER), preparer name (GREG JACKSON, CPA), and firm information (BLUE & CO., LLC).

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

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? [ ] Yes [X] No If "Yes," describe these new services on Schedule O.

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

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 \$ 368,648. including grants of \$ 368,648. ) (Revenue \$ 348,773. ) 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 \$ 36,666. including grants of \$ ) (Revenue \$ 41,277. ) 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 \$ 471,919. including grants of \$ 327,484. ) (Revenue \$ )

4e Total program service expenses 877,233.

**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.		
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> .....	X	
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <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
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
14a Did the organization maintain an office, employees, or agents outside of the United States? .....		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
15 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
16 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
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
19 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



**Part IV Checklist of Required Schedules** (continued)

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

**Note.** All Form 990 filers are required to complete Schedule O

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

Table with columns for line numbers (1a-14b), descriptions, and Yes/No checkboxes. Includes entries for Form 1096, Form W-2G, Form W-3, and various IRS forms like 8886-T, 8899, 1098-C, 4966, 501(c)(7), 501(c)(12), 4947(a)(1), and 501(c)(29).

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

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

Section A. Governing Body and Management

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 1a through 9.

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

Table with columns for line number, description, and Yes/No checkboxes. Includes lines 10a through 16b.

Section C. Disclosure

- List of disclosure items including state filing requirements (line 17), public inspection availability (line 18), and website information (line 19).

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

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

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

**1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below 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					0.	0.	0.	
(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) JOE KELLEY DIRECTOR	1.00	X					0.	0.	0.	
(11) STEVE BASS DIRECTOR	1.00	X					0.	0.	0.	
(12) NEVILLE BLAKEMORE DIRECTOR	1.00	X					0.	0.	0.	
(13) STEFAN BROWN DIRECTOR	1.00	X					0.	0.	0.	
(14) RANDY COE DIRECTOR	1.00	X					0.	0.	0.	
(15) SCOTT COLOSI DIRECTOR	1.00	X					0.	0.	0.	
(16) DOMENIC DIMAURO DIRECTOR	1.00	X					0.	0.	0.	
(17) ABBIE GILBERT 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) KIM GORSKI DIRECTOR	1.00	X					0.	0.	0.	
(19) ALLEN HERTZMAN DIRECTOR	1.00	X					0.	0.	0.	
(20) SHAWNA JONES DIRECTOR	1.00	X					0.	0.	0.	
(21) RYAN JORDAN DIRECTOR	1.00	X					0.	0.	0.	
(22) MATT LATHROP DIRECTOR	1.00	X					0.	0.	0.	
(23) STEVE LOFTIS DIRECTOR	1.00	X					0.	0.	0.	
(24) JEFF MARDIS DIRECTOR	1.00	X					0.	0.	0.	
(25) JACKSON MULLINS DIRECTOR	1.00	X					0.	0.	0.	
(26) KENT OYLER 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
<b>3</b> 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 .....		X
<b>4</b> 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 .....		X
<b>5</b> 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 .....		X

**Section B. Independent Contractors**

**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



**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	730,388.			
	g Noncash contributions included in lines 1a-1f: \$		473,898.			
	<b>h Total. Add lines 1a-1f</b>		<b>730,388.</b>			
<b>Program Service Revenue</b>	<b>2 a OFFICER IN DISTRESS</b>		<b>Business Code</b> 900099	348,773.	348,773.	
	<b>b AWARDS CELEBRATION</b>		900099	41,277.	41,277.	
	c					
	d					
	e					
	f All other program service revenue					
	<b>g Total. Add lines 2a-2f</b>			<b>390,050.</b>		
<b>Other Revenue</b>	3 Investment income (including dividends, interest, and other similar amounts)			12,030.		12,030.
	4 Income from investment of tax-exempt bond proceeds					
	5 Royalties					
	6 a Gross rents		(i) Real (ii) Personal			
	b Less: rental expenses					
	c Rental income or (loss)					
	d Net rental income or (loss)					
	7 a Gross amount from sales of assets other than inventory		(i) Securities (ii) Other			
	b Less: cost or other basis and sales expenses					
	c Gain or (loss)					
	d Net gain or (loss)			-4,075.		-4,075.
	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>		<b>Business Code</b>				
11 a						
b						
c						
d All other revenue						
e Total. Add lines 11a-11d						
<b>12 Total revenue. See instructions.</b>			<b>1,128,393.</b>	<b>390,050.</b>	<b>0.</b>	<b>7,955.</b>

**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 VII.	(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	327,484.	327,484.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22	368,649.	368,649.		
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	117,500.	58,750.	17,625.	41,125.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	11,096.	5,548.	1,664.	3,884.
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (non-employees):				
a Management				
b Legal				
c Accounting	21,599.		21,599.	
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	108,355.	100,405.	7,950.	
13 Office expenses	3,454.		3,454.	
14 Information technology	2,908.		2,908.	
15 Royalties				
16 Occupancy	5,888.		5,888.	
17 Travel	2,777.	1,273.	1,504.	
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	2,057.	1,028.	309.	720.
23 Insurance	5,340.	2,670.	801.	1,869.
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>	19,954.	9,977.	2,993.	6,984.
b <b>BILLING SERVICES</b>	6,221.			6,221.
c <b>INVESTMENT FEES</b>	3,688.		3,688.	
d <b>TELEPHONE AND INTERNET</b>	2,898.	1,449.	435.	1,014.
e All other expenses	2,395.		2,395.	
<b>25 Total functional expenses.</b> Add lines 1 through 24e	<b>1,012,263.</b>	<b>877,233.</b>	<b>73,213.</b>	<b>61,817.</b>
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	59,238.	1	143,824.
	2	Savings and temporary cash investments	104,120.	2	91,088.
	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	16,441.		
	b	Less: accumulated depreciation	11,371.	10c	5,070.
	11	Investments - publicly traded securities	522,221.	11	614,170.
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11	416.	15	278.
16	<b>Total assets.</b> Add lines 1 through 15 (must equal line 34)	693,122.	16	854,430.	
Liabilities	17	Accounts payable and accrued expenses	5,369.	17	897.
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22	Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D		25	
	26	<b>Total liabilities.</b> Add lines 17 through 25	5,369.	26	897.
Net Assets or Fund Balances	<b>Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.</b>				
	27	Unrestricted net assets	511,689.	27	696,334.
	28	Temporarily restricted net assets	176,064.	28	157,199.
	29	Permanently restricted net assets		29	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.</b>				
	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>	687,753.	33	853,533.	
34	<b>Total liabilities and net assets/fund balances</b>	693,122.	34	854,430.	

**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	1,128,393.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,012,263.
3	Revenue less expenses. Subtract line 2 from line 1	3	116,130.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	687,753.
5	Net unrealized gains (losses) on investments	5	49,650.
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	853,533.

**Part XII Financial Statements and Reporting**

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> 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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
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: <input checked="" type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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.		X
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?		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits		

**SCHEDULE A**  
**(Form 990 or 990-EZ)**

Department of the Treasury  
Internal Revenue Service

**Public Charity Status and Public Support**

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

▶ Attach to Form 990 or Form 990-EZ.

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Name of the organization <b>LOUISVILLE METRO POLICE FOUNDATION, INC</b>	Employer identification number <b>**_*****</b>
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**Part I Reason for Public Charity Status** (All organizations must complete this part.) See instructions.

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

- 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) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	626,296.	668,656.	1067371.	658,531.	471,854.	3492708.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>4 Total.</b> Add lines 1 through 3 .....	626,296.	668,656.	1067371.	658,531.	471,854.	3492708.
<b>5</b> 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) .....						540,051.
<b>6 Public support.</b> Subtract line 5 from line 4.						2952657.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	626,296.	668,656.	1067371.	658,531.	471,854.	3492708.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....	1,123.	660.	11,365.	10,846.	15,118.	39,112.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on .....						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10 .....						3531820.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 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 type="checkbox"/>

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

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	83.60	%
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	98.32	%
<b>16a 33 1/3% support test - 2016.</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 checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2015.</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 type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2016.</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 - 2015.</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"/>
<b>18 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"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> 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 .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</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 .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

**14 First five years.** If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

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

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>		%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>		%

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

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>		%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>		%

**19a 33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

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

**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**

	Yes	No
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 <b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c <b>Substitutions only.</b> 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.)		

**Part IV Supporting Organizations** (continued)

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> 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>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

	Yes	No
<b>1</b> 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? <i>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.</i>		
<b>2</b> 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? <i>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.</i>		

**Section C. Type II Supporting Organizations**

	Yes	No
<b>1</b> 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)? <i>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).</i>		

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

	Yes	No
<b>1</b> 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?		
<b>2</b> 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? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> 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? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

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

<b>1</b> Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		
<b>a</b> <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.		
<b>b</b> <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.		
<b>c</b> <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).		
<b>2</b> Activities Test. Answer (a) and (b) below.		
<b>a</b> 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? <i>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.</i>		
<b>b</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? <i>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.</i>		
<b>3</b> Parent of Supported Organizations. Answer (a) and (b) below.		
<b>a</b> 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? <i>Provide details in Part VI.</i>		
<b>b</b> Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? <i>If "Yes," describe in Part VI the role played by the organization in this regard.</i>		

**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	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	
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	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions)	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
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 2016 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-2016	(iii) Distributable Amount for 2016
1 Distributable amount for 2016 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
3 Excess distributions carryover, if any, to 2016:			
a			
b			
c From 2013			
d From 2014			
e From 2015			
f <b>Total of lines 3a through e</b>			
g Applied to underdistributions of prior years			
h Applied to 2016 distributable amount			
i Carryover from 2011 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2016 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2016 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4			
5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
6 Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
7 <b>Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
8 Breakdown of line 7:			
a			
b Excess from 2013			
c Excess from 2014			
d Excess from 2015			
e Excess from 2016			



**Schedule B**  
(Form 990, 990-EZ,  
or 990-PF)

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.  
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and  
its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990) .

OMB No. 1545-0047

**2016**

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) (2016)

Name of organization <b>LOUISVILLE METRO POLICE FOUNDATION, INC</b>	Employer identification number <b>**_*****</b>
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**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	\$ 143,500.	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	\$ 50,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	TEXAS ROADHOUSE 6040 DUTCHMANS LANE LOUISVILLE, KY 40205	\$ 19,300.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	PRICE WEBER 10701 SHELBYVILLE ROAD LOUISVILLE, KY 40243	\$ 109,450.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	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	CATERING _____ _____ _____	\$ 19,300.	12/20/16
5	ADVERTISING _____ _____ _____	\$ 109,450.	02/07/17
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

Name of organization  <b>LOUISVILLE METRO POLICE FOUNDATION, INC</b>	Employer identification number  ** - * * * * *
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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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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
<b>(e) Transfer of gift</b>			
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.

▶ Information about Schedule D (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**  
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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> 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? .....	<input type="checkbox"/> Yes <input type="checkbox"/> No	

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

- Purpose(s) of conservation easements held by the organization (check all that apply).
 

<input type="checkbox"/> Preservation of land for public use (e.g., recreation or education)	<input type="checkbox"/> Preservation of a historically important land area
<input type="checkbox"/> Protection of natural habitat	<input type="checkbox"/> Preservation of a certified historic structure
<input type="checkbox"/> Preservation of open space	
- 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
2a Total number of conservation easements .....	
2b Total acreage restricted by conservation easements .....	
2c Number of conservation easements on a certified historic structure included in (a) .....	
2d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register .....	
- Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ \_\_\_\_\_
- Number of states where property subject to conservation easement is located ▶ \_\_\_\_\_
- Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? .....
- Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \_\_\_\_\_
- Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ \_\_\_\_\_
- 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)? .....
- 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.

- 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.
- 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 .....	▶ \$ _____
- 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 .....	▶ \$ _____

**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:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

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

**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:

- (i) unrelated organizations
- (ii) related organizations

	Yes	No
3a(i)		
3a(ii)		
3b		

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.	11,371.	5,070.
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.) 5,070.



**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)		

Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶

**Part VIII Investments - Program Related.**

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

Total. (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)	

Total. (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.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 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 1,178,043, adjusted to 1,128,393.

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 1,012,263, adjusted to 1,012,263.

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.

Multiple horizontal lines provided for entering supplemental information.





**SCHEDULE M  
(Form 990)**

**Noncash Contributions**

OMB No. 1545-0047

**2016**

**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.**
- ▶ **Information about Schedule M (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).**

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	109,450.	FMV
26 Other ▶ ( <u>CATERING</u> )	X	1	19,300.	FMV
27 Other ▶ ( <u>EVENT TICKETS</u> )	X	1	10,875.	FMV
28 Other ▶ ( <u>IRRIGATION SY</u> )	X	1	8,500.	FMV

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) (2016)

**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:**

**LASER ENGAGEMENT SYSTEMS**

(A) CHECK IF APPLICABLE = X

(B) NUMBER OF CONTRIBUTIONS = 1

(C) REVENUE REPORTED ON FORM 990, PART VIII \$ 6200.

(D) METHOD OF DETERMINING REVENUE: FMV

Multiple horizontal lines for supplemental information.

**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.

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

OMB No. 1545-0047

**2016**

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.

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

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 | 1

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. ▶ XXXXXXXXXX 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, 2018**, 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, 2016**, and ending **JUN 30, 2017**.


**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

<b>3a</b> 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.	<b>3a</b>	\$ <b>0.</b>
<b>b</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.	<b>3b</b>	\$ <b>0.</b>
<b>c 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.	<b>3c</b>	\$ <b>0.</b>

**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.



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Trey Grayson  
Secretary of State  
Received and Filed  
10/24/2005 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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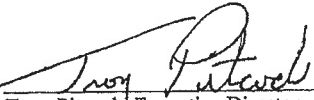
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**ARTICLES OF AMENDMENT TO THE  
ARTICLES OF INCORPORATION OF  
LOUISVILLE METRO POLICE FOUNDATION, INC.**

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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# BYLAWS

## OF

### **LOUISVILLE METRO POLICE FOUNDATION, INC.** (Adopted on October 24, 2005, amended on June 2, 2011, June 11, 2012, and August 17, 2016)

#### ARTICLE I

##### Organization; Purpose

**1.1 Organization.** The Corporation shall be a not-for-profit corporation as authorized by the Kentucky Nonprofit Corporation Acts, KRS 273.161 to 273.390 (the "Act"). It shall have no capital stock or certificate of ownership and shall be a not-for-profit organization, organized and operated exclusively for not-for-profit purposes, and no part of the net income or profit of the Corporation shall inure to the benefit of any Director or officer thereof. The Bylaws of the Corporation shall contain the basic rules and laws for the governing and operating of the Corporation.

**1.2 Purpose.** To 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. 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, but not for the pecuniary profit or financial gain of the Corporation's individual Directors or officers.

#### ARTICLE II

##### Offices

**2.1 Principal Office.** The principal office of the Corporation in the Commonwealth of Kentucky shall be located in Louisville, Kentucky. The Corporation may have such other offices, either within or outside the Commonwealth of Kentucky, as the business of the Corporation may require from time to time.

Committee may provide by resolution the date, time and place within Metro Louisville, for the holding of additional regular meetings of the Board.

**4.6 Special Meetings.** Special meetings of the Board of Directors may be called by or at the request of the Chairman of the Board or the Executive Director or a majority of Directors. The person or persons authorized to call special meetings of the Board may fix any place within Metro Louisville, as the place for holding any special meeting of the Board called by them.

**4.7 Notice.** Notice of any meeting of the Board of Directors shall be given at least ten (10) days previously thereto. Notice shall be given in writing, delivered personally or by electronic mail or any other form of wire or wireless communication, or by mail or private carrier, by or at the direction of the Chairman of the Board, the Executive Director or the Secretary. If notice is given by mail, such notice shall be deemed to be delivered when deposited in the United States mail correctly addressed to the Director at his or her address as it appears on the records of the Corporation, postage prepaid. If notice is given by private carrier, such notice shall be deemed to be delivered upon delivery of such notice to a private carrier, in any envelope required by such private carrier for delivery without charge to the Director, correctly addressed to the Director at his or her address as it appears on the records of the Corporation. If notice is given by any form of wire or wireless communication, such notice shall be deemed to be delivered when receipt of such written communication is confirmed. Any Director may waive notice of any meeting. The attendance of a Director at any meeting shall constitute a waiver of notice of such meeting, except where a Director attends the meeting for the express purpose of objecting to the transaction of any business because the meeting is not lawfully called or convened. Neither the business to be transacted at, nor the purpose of, any regular or special meeting of the Board of Directors need be specified in notice or waiver of notice of such meeting, unless specifically required by law or by these Bylaws.

**4.8 Quorum.** One third of the members of the Board of Directors shall constitute a quorum for the transaction of business at any meeting of the Board; but if less than one third of the Directors are present at said meeting, a majority of the Directors present may adjourn the meeting from time to time without further notice.

**4.9 Manner of Acting.** The act of a majority of the Directors present at a meeting at which a quorum is present shall be the act of the Board of Directors, unless the act of a greater number is required by law or by these Bylaws.

**4.10 Vacancies.** Any vacancy occurring in the Board of Directors and any Directorship to be filled by reason of an increase in the number of Directors may be filled by the affirmative vote of a majority of the remaining Directors, though less than a quorum of the Board of Directors. A Director elected to fill a vacancy shall be elected for the unexpired term of his or her predecessor in office. The Director may thereafter be elected to serve his or her own successive terms.

**4.11 Compensation.** Directors shall not be compensated for their services, but by resolution of the Board of Directors, each Director may be paid his or her expenses incurred by

**5.7 Vice President.** The Vice President (or in the event there are more than one Vice Presidents, the Vice Presidents in the order of their election), shall perform all the duties and exercise all the powers of the Executive Director during his or her absence or disability. The Vice President shall also perform such duties as may be delegated to him or her from time to time by the Executive Director.

**5.8 Secretary.** The Secretary shall keep regular minutes of the meetings of the Board of Directors and shall be responsible for authenticating records of the Corporation, or delegate the responsibility of keeping all necessary records and shall perform such other duties as may be delegated to him or her from time to time by the Board of Directors.

**5.9 Chief Financial Officer.** The Chief Financial Officer shall supervise and conduct the routine financial business of the Corporation and shall have care and custody of its funds subject to the supervision of the Executive Director. The Chief Financial Officer shall keep permanent records of the funds of the Corporation and shall have authority to receive all monies and to pay out and disburse such monies under the direction and control of the Board of Directors. The Chief Financial Officer shall deposit all monies received promptly in such bank or banks or other depositories as the Board of Directors may from time to time direct. The Chief Financial Officer shall perform such other duties as may be delegated to him or her from time to time by the Board of Directors.

**5.10 Other Officers; Assistant Officers.** If the Board of Directors elects or appoints (i) other officers or (ii) assistants to any other officers, such officers and assistant officers shall exercise such powers and perform such duties as pertain to their respective officers, or as may be conferred upon, or assigned to, them by the Board of Directors, the Executive Director and, in the case of assistant Officers, the respective officer to whom they are assistants.

**5.11 Compensation.** The officers, other than the Executive Director and the Director of Community Development, shall serve without compensation.

## **ARTICLE VI**

### **Indemnification of Directors and Officers**

The Corporation shall, to the fullest extent permitted by, and in accordance with the provisions of, the Kentucky Nonprofit Corporation Act, indemnify each director and officer of the Corporation against expenses (including attorneys' fees), judgments, taxes, fines, and amounts paid in settlement, actually and reasonably incurred by him or her in connection with, and shall advance expenses (including attorneys' fees) actually and reasonably incurred by him or her in defending any threatened, pending or completed action, suit or proceeding (whether civil, criminal, administrative or investigative) to which he or she is, or is threatened to be made, a party by reason of the fact that he or she is or was a director or officer of the Corporation. Advancement of expenses shall be made upon receipt of an undertaking, with such security, if any, as the Board of Directors may reasonably require, by or on behalf of the person seeking

**8.2 Other Committees.** The Board of Directors may appoint from among its members or other individuals who are not Directors such additional committees as may be in its judgment be desirable to carry on the functions of the Corporation or as may be requested by the Chairman.

**8.3 Quorum.** At least one-half (1/2) of the members of each committee appointed by the Board of Directors shall be present in person to constitute a quorum for the transaction of business at any regular or special meeting of the committee.

## **ARTICLE IX**

### **Miscellaneous**

**9.1 Books and Records.** The Corporation shall keep correct and complete books and records of account and shall also keep minutes of the proceedings of its Board of Directors and committees having and exercising any of the authority of the Board of Directors. All books and records of the Corporation may be inspected by any Director, or his or her agent or attorney, for any proper purpose at any reasonable time.

**9.2 Amendments.** These Bylaws may be altered, amended or repealed and new Bylaws may be adopted by a majority of the Directors present at any regular meeting or at any special meeting at which a quorum is present, if at least ten (10) days' written notice is given to the Directors of the intention to alter, amend or repeal or to adopt new Bylaws at such meeting.

**9.3 Fiscal Year.** The fiscal year of the corporation shall end on June 30 of each calendar year or such other date determined by the Board of Directors.

**9.4 Corporate Seal.** The Board of Directors may adopt a corporate seal, which shall be in the form of a circle and shall have inscribed thereon the name of the Corporation and the word "Seal."

**9.5 Waiver of Notice.** Whenever any notice is required to be given under the provisions of the Kentucky Nonprofit Corporation Act or under the provisions of the Articles of Incorporation of the Corporation or these Bylaws, a waiver thereof in writing signed by the person or persons entitled to such notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice.

**9.6 Construction.** Unless the context specifically requires otherwise, any reference in these Bylaws to any gender shall include all other genders; any reference to the singular shall include the plural; and any reference to the plural shall include the singular.





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, 2017 and 2016, 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.

**LOUISVILLE METRO POLICE FOUNDATION, INC.**

STATEMENTS OF FINANCIAL POSITION  
JUNE 30, 2017 AND 2016

	<u>2017</u>	<u>2016</u>
<b>ASSETS</b>		
<b>Current assets</b>		
Cash	\$ 170,798	\$ 99,244
Prepaid expenses	<u>278</u>	<u>416</u>
Total current assets	171,076	99,660
<b>Investments</b>	678,284	586,335
<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>11,371</u>	<u>9,314</u>
	<u>5,070</u>	<u>7,127</u>
Total assets	<u>\$ 854,430</u>	<u>\$ 693,122</u>
<b>LIABILITIES AND NET ASSETS</b>		
<b>Current liabilities</b>		
Accounts payable	\$ 878	\$ 5,181
Accrued expenses	<u>19</u>	<u>188</u>
Total current liabilities	897	5,369
<b>Net assets</b>		
Unrestricted	696,334	511,689
Temporarily restricted	<u>157,199</u>	<u>176,064</u>
Total net assets	<u>853,533</u>	<u>687,753</u>
Total liabilities and net assets	<u>\$ 854,430</u>	<u>\$ 693,122</u>

*See accompanying notes to financial statements.*

**LOUISVILLE METRO POLICE FOUNDATION, INC.**

STATEMENTS OF ACTIVITIES  
YEARS ENDED JUNE 30, 2017 AND 2016

	2016		
	Unrestricted	Temporarily Restricted	Total
<b>Revenue and support</b>			
Contributions	\$ 176,742	\$ 155,334	\$ 332,076
Donated services	80,209	0	80,209
Donated food and supplies	91,689	0	91,689
Special events, net of the cost of direct benefits to donors of \$193,199	26,197	0	26,197
Interest income	15,118	0	15,118
Net losses on investments	<u>(18,293)</u>	<u>0</u>	<u>(18,293)</u>
Total revenue and support	371,662	155,334	526,996
<b>Net assets released from restriction</b>			
Restrictions satisfied by payments	<u>128,957</u>	<u>(128,957)</u>	<u>0</u>
Total revenue and support	500,619	26,377	526,996
<b>Expenses</b>			
Program services	355,053	0	355,053
Management and general	58,994	0	58,994
Fundraising	<u>56,556</u>	<u>0</u>	<u>56,556</u>
Total expenses	<u>470,603</u>	<u>0</u>	<u>470,603</u>
Change in net assets	30,016	26,377	56,393
<b>Net assets, beginning of year</b>	<u>481,673</u>	<u>149,687</u>	<u>631,360</u>
<b>Net assets, end of year</b>	<u>\$ 511,689</u>	<u>\$ 176,064</u>	<u>\$ 687,753</u>

*See accompanying notes to financial statements.*

# LOUISVILLE METRO POLICE FOUNDATION, INC.

## STATEMENTS OF CASH FLOWS YEARS ENDED JUNE 30, 2017 AND 2016

	<u>2017</u>	<u>2016</u>
<b>Operating activities</b>		
Change in net assets	\$ 165,780	\$ 56,393
Adjustments to reconcile change in net assets to net cash flows from operating activities:		
Depreciation	2,057	2,515
Net losses (gains) on investments	(45,575)	18,293
Changes in operating assets and liabilities:		
Prepaid expenses	138	(69)
Accounts payable and accrued expenses	<u>(4,472)</u>	<u>2,772</u>
Net cash flows from operating activities	117,928	79,904
<b>Investing activities</b>		
Purchase of property and equipment	0	(1,300)
Purchase of investments	(256,869)	(211,824)
Proceeds from sale of investments	<u>210,495</u>	<u>192,686</u>
Net cash flows from investing activities	<u>(46,374)</u>	<u>(20,438)</u>
Net change in cash	71,554	59,466
<b>Cash, beginning of year</b>	<u>99,244</u>	<u>39,778</u>
<b>Cash, end of year</b>	<u>\$ 170,798</u>	<u>\$ 99,244</u>

See accompanying notes to financial statements.

# LOUISVILLE METRO POLICE FOUNDATION, INC.

## NOTES TO FINANCIAL STATEMENTS JUNE 30, 2017 AND 2016

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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, 2017 and 2016 was \$108,355 and \$41,504, 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, 2017 AND 2016

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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 February 21, 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 their 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, 2017 and 2016, 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, 2017 AND 2016

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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, 2017 and 2016.

- *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, 2017 and 2016.

**LOUISVILLE METRO POLICE FOUNDATION, INC.**

NOTES TO FINANCIAL STATEMENTS  
JUNE 30, 2017 AND 2016

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, 2016:

	Assets at Fair Value as of June 30, 2016			
	Level 1	Level 2	Level 3	Total
Exchange traded and closed end funds				
Governmental	\$ 67,232	\$ 0	\$ 0	\$ 67,232
Emerging markets	28,323	0	0	28,323
Intermediate bond	73,312	0	0	73,312
Foreign large blend	133,930	0	0	133,930
High yield bond	44,976	0	0	44,976
Large growth	56,202	0	0	56,202
Large value	67,616	0	0	67,616
Mid-cap	16,739	0	0	16,739
Small growth	5,650	0	0	5,650
Small value	5,608	0	0	5,608
Inflation protected bond	<u>22,633</u>	<u>0</u>	<u>0</u>	<u>22,633</u>
Total exchange traded and closed end funds at fair value	<u>\$ 522,221</u>	<u>\$ 0</u>	<u>\$ 0</u>	522,221
Certificates of deposit				<u>64,114</u>
Total investments				<u>\$ 586,335</u>



# LOUISVILLE METRO POLICE FOUNDATION, INC.

## NOTES TO FINANCIAL STATEMENTS JUNE 30, 2017 AND 2016

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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, 2017 and 2016. 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 2017 and 2016 are as follows:

	<u>2017</u>	<u>2016</u>
Donated advertising	\$ 121,225	\$ 80,209
Donated professional services	28,803	0
Donated food and supplies	<u>323,870</u>	<u>91,689</u>
Total donated goods and services	<u>\$ 473,898</u>	<u>\$ 171,898</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 23, 2018

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 2016 Exempt Organization return, as follows...

2016 Form 990

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

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, 2017

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**Prepared For:**

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

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**Prepared By:**

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

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**Amount Due or Refund:**

Not applicable

---

**Make Check Payable To:**

Not applicable

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

Not applicable

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

Not applicable

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**Special Instructions:**

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, 2018



AARP's Benefits include

- Travel Discounts
- Access to Insurance

• FREE Retirement Tools



President officially authorized a 1.4% pay raise for 2018. View 2018 GS Pay Scale and localities now!

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- General Schedule**
- GS Pay Scale
- GS Jobs
- GS Localities
- GS Raise History
- GS Pay Calculator
- Federal Wage System**
- FWS Pay Scale
- FWS Jobs**
- FWS Pay Calculator
- Law Enforcement Payscale**
- LEO Pay Scale
- LEO Agencies
- LEO Pay Calculator
- Senior Executive Service**
- SES Pay Scale
- SES Pay Calculator
- Military Payscales**
- Military Basic Pay
- Military BAH, BAS
- Military Raise History
- Military Bases
- Military Pay Calculator
- Miscellaneous**
- Federal Employee Lookup
- Government Job Search
- Articles and News
- Per Diem Rates
- Federal Holidays
- Federal Departments
- Contact FederalPay
- Data Source:**
- U.S. Office of Personnel Management | OPM.GOV

### District of Columbia Per Diem Rates for 2017

There are one areas in District of Columbia for which location-specific per diem rates are specified by the federal government. For travel to areas within District of Columbia that do not have specified per diem rates, the general per diem rates are used.

**General District of Columbia Per Diems:**

<b>\$91.00</b>	<b>\$51.00</b>
per night lodging	per day meals

The per diem rates shown here are effective October 2016. For a full schedule of per diem rates by month and year for these areas, click on any of the District of Columbia destination names below.

Destination	County	Meal Rate	Lodging Rate
District of Columbia	Washington DC (also the cities of Alexandria, Falls Church and Fairfax, and the counties of Arlington and Fairfax, in Virginia; and the counties of Montgomery and Prince George's in Maryland) County	\$69.00	\$231.00

**Per-diems for other cities in District of Columbia:**

If you are travelling to a city in District of Columbia that does not have a specific per diem rate (including and Washington), the standard per-diem rates of **\$91.00 per night** for lodging and **\$51.00 per day** for meals and incidentals apply.



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Civil Employee's Resource

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Source: [www.federalpay.org/perdiem/2017/districtofcolumbia](http://www.federalpay.org/perdiem/2017/districtofcolumbia)

# National Police Week

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## JUMP TO:

[Hotels for 2018](#)[Schedule](#)[Roll Call of Heroes](#)[For Participating Officers](#)[For Survivors](#)[Donations](#)[Related Links](#)[Honor Guard Competition](#)[For Vendors](#)[Vendor List](#)[Location of FOP "Tent City"](#)[National C.O.P.S.](#)[N.L.E.O.M.](#)[Media Inquiries](#)

## Schedule for 2018

**Note:** When events are confirmed for 2018 they will appear on the schedule.

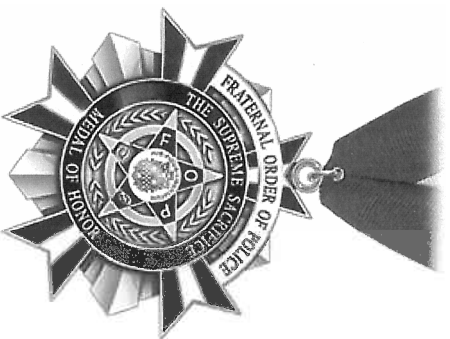
### Tuesday, May 1, 2018

#### Annual Blue Mass

The Blue Mass will be held at 12:10 p.m. at St. Patrick's Catholic Church (10th & G Streets, NW, Washington, DC). For additional information please call 202-347-2713 or visit [www.saintpatrickdc.org](http://www.saintpatrickdc.org). At the Annual Blue Mass, first responders gather to remember the contributions of those who have served in law enforcement and public safety agencies and to ask for continued protection for them in the future. Representatives of Federal and local law enforcement and public safety agencies from the Washington, D.C. Metropolitan Area and around the country attend.

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### Monday, May 7, 2018



### **Washington Area Law Enforcement Memorial Service**

The DC FOP Lodge #1, FOP Auxiliary, DC MPD and DC-COPS are co-hosting the 39th Annual Washington Area Law Enforcement Officers Memorial Service, which starts at 11:30 a.m. at DC MPD Headquarters, 300 Indiana Avenue, NW, Washington, DC.

The Auxiliary will be hosting a luncheon at the nearby DC FOP Lodge after the service.

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### **Saturday, May 12, 2018**

#### **Police Unity Tour Arrival Ceremony**

Arrival Ceremony will begin at 2:00 p.m. at the National Law Enforcement Officers Memorial. To learn more about the Police Unity Tour, visit [www.policeunitytour.com](http://www.policeunitytour.com), call 973-443-0030, or E-mail [info@unitytour.com](mailto:info@unitytour.com) for more information.

#### **National Police Week 5K**

The National Police Week 5K, hosted by the [Officer Down Memorial Page](#), is held at the beginning of National Police Week each year in Washington D.C. Thousands of runners and walkers, young and old, come together in our Nation's Capitol - and are joined by Virtual Runners around the world - to honor the memory of fallen law enforcement officers who have given their lives in the line of duty. Join us as we Run to Remember the Fallen. Race begins at 9 a.m. Visit [www.nationalpoliceweek5k.com](http://www.nationalpoliceweek5k.com) for more information and registration.

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### **Sunday, May 13, 2018**

#### **30th Annual Candlelight Vigil**

The Candlelight Vigil will be held at 8:00 p.m. Because of construction for the National Law Enforcement Museum, the vigil will be held at the National Mall between 4th and 7th streets. The event is sponsored by the National Law

Enforcement Officers Memorial. No tickets are required and everyone is welcome. For additional information please call 202-737-3400.

### **FOP DC Lodge #1 Events**

The FOP DC Lodge will be hosting the local daily events on Lot 8 at RFK Stadium, 2400 East Capital Street S.E. Washington D.C. 20003. The event starts at 11:00 a.m. and goes until 2 a.m. Vendors will be set up during this time and will be there for all three days. Our bar and food service will also be open along with music and entertainment. Pipe bands will be required to check in with security before starting to play. No pipe bands will be allowed to play on May 15 at the site.

[Area Map](#) | [Vendor Info](#) | [Vendor List](#)

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## **Monday, May 14, 2018**

### **National Police Survivors Conference and C.O.P.S. Kids/Teens**

Sponsored by Concerns of Police Survivors (C.O.P.S.) at the Hilton Alexandria Mark Center Hotel. Family and co-worker survivors have opportunities to receive support to understand grief, prepare for trial, learn new coping skills, and build connections with others. School aged children of fallen officers spend the day at Quantico taking part in activities specially tailored for their age. Visit [www.nationalcops.org](http://www.nationalcops.org) or call 573-346-4911 for more information.

### **FOP DC Lodge #1 Events**

The FOP DC Lodge will be hosting the local daily events on Lot 8 at RFK Stadium, 2400 East Capital Street S.E. Washington D.C. 20003. The event starts at 11:00 a.m. and goes until 2 a.m. Vendors will be set up during this time and will be there for all three days. Our bar and food service will also be open along with music and entertainment. Pipe bands will be required to check in with security before starting to play. No pipe bands will be allowed to play on May 15 at the site.

[Area Map](#) | [Vendor Info](#) | [Vendor List](#)

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## Tuesday, May 15, 2018

### 37th Annual National Peace Officers' Memorial Service

Sponsored by the Grand Lodge Fraternal Order of Police and the Grand Lodge Fraternal Order of Police Auxiliary. The Memorial Service will be held on the West Front of the United States Capitol in Washington, D.C.

The Service begins at 11:00 a.m. and is expected to run approximately 2 hours. Contact: Lou Cannon ([lcannon@dc-fop.org](mailto:lcannon@dc-fop.org)) or Linda Hennie ([lsennie@aol.com](mailto:lsennie@aol.com)). The Wreath Laying Ceremony will be held immediately following the Memorial Service. Media inquiries: [media.policememorialservice@gmail.com](mailto:media.policememorialservice@gmail.com).

*Please note: Service begins promptly at 11 a.m.*

### Washington Nationals Law Enforcement Appreciation Night

Join the Washington Nationals baseball team in welcoming police officers from around the country during National Police Week. will be hosting a law enforcement appreciation night against the New York Yankees and are scheduled for 7:00pm. More details on the discounted special offer coming soon!

### FOP DC Lodge #1 Events

The FOP DC Lodge will be hosting the local daily events on Lot 8 at RFK Stadium, 2400 East Capital Street S.E. Washington D.C. 20003. The event starts at 11:00 a.m. and goes until 2 a.m. Vendors will be set up during this time and will be there for all three days. Our bar and food service will also be open along with music and entertainment. Pipe bands will be required to check in with security before starting to play. No pipe bands will be allowed to play on May 15 at the site.

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## Wednesday, May 16, 2018



**National Police Survivors Conference and C.O.P.S. Kids/Teens**

Day two of conference will allow surviving family and co-workers more opportunities to learn about coping, grief, and build connections. Kids and Teens of fallen officers spend the day with activities. In the evening, family and co-worker survivors can relax and enjoy the "Picnic on the Patio" at the Hilton Alexandria Mark Center Hotel. Visit [www.nationalcops.org](http://www.nationalcops.org) or call 573-346-4911 for more information.

**Washington Nationals Law Enforcement Appreciation Night**

Join the Washington Nationals baseball team in welcoming police officers from around the country during National Police Week. will be hosting a law enforcement appreciation night against the New York Yankees and are scheduled for 7:00pm. More details on the discounted special offer coming soon!

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## NATIONAL POLICE WEEK

[Home](#) | [Contact Us](#) | [DC-FOP Lodge #1](#) | [Chairman](#) | [Media Inquiries](#)

**Filing Fee:**

Section 1: \$10.00  
Section 2: \$10.00  
Section 1 & 2: \$20.00

**Commonwealth of Kentucky**  
**Alison Lundergan Grimes, Secretary of State**



Alison Lundergan Grimes  
Secretary of State  
P. O. Box 718  
Frankfort, KY 40602-0718  
(502) 564-3490  
<http://www.sos.ky.gov>

**Statement of Change of  
Principal Office Address  
Registered Agent and/or  
Registered Office Address**

**RAC  
POC**

Pursuant to the provisions of KRS 14A and KRS 271B, 273, 274, 275,362, or 386, the undersigned hereby applies to change one or all of the following: principal office address, registered agent, registered office address on behalf of

**LOUISVILLE METRO POLICE FOUNDATION, INC.**

which is organized in the state of Kentucky, and for that purpose submits the following:

**1. Principal office address currently on file**

982 EASTERN PARKWAY  
LOUISVILLE, KY 40217

**Principal office is hereby changed to:**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**2. Registered agent currently on file**

**WILLIAM G. STRENCH**

**Registered agent is hereby changed to:**

\_\_\_\_\_  
Name  
I consent to serve as the registered agent on behalf of  
the business entity.  
\_\_\_\_\_  
Signature

**Registered office address currently on file**

FBT LLC  
400 W MARKET STREET  
32ND FLOOR  
LOUISVILLE, KY 40202-3363

**Registered office is hereby changed to (must be a  
Kentucky street address):**

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**The fees for changing one or all of the following: Section 1 is \$10. Section 2 is \$10. Section 1 and 2 is \$20**

I declare under penalty of perjury under the laws of the state of Kentucky that the foregoing is true and correct.

**X**

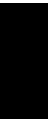
Signature of Authorized Agent

Printed Name

Date



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

Organization Number	
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	1/3/2018
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>
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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.

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

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

Filing	File Date	Effective Date	Org. Referenced
Annual report	1/3/2018 10:02:15 AM	1/3/2018 10:02:15 AM	
Annual report	1/5/2017 10:06:13	1/5/2017 10:06:13	

Annual report	AM	1/4/2016 3:34:04 PM	AM	1/4/2016 3:34:04 PM
Annual report	AM	1/2/2015 11:14:47	AM	1/2/2015 11:14:47
Annual report	PM	1/22/2014 12:18:56	PM	1/22/2014 12:18:56
Annual report	AM	1/25/2013 11:50:30	AM	1/25/2013 11:50:30
Amendment - Miscellaneous amendments	PM	7/16/2012 2:00:44		7/16/2012
Annual report	AM	7/11/2012 11:08:47	AM	7/11/2012 11:08:47
Principal office change	AM	7/14/2011 9:22:23	AM	7/14/2011 9:22:23
Annual report	AM	7/14/2011 9:19:43	AM	7/14/2011 9:19:43
Annual report	AM	3/19/2010 9:46:39	AM	3/19/2010 9:46:39
Registered agent address change	AM	11/18/2009 11:11:00		11/18/2009
Reinstatement	AM	11/18/2009 11:09:38		11/18/2009
Admin Dis. A. report not in		11/3/2009		11/3/2009
Registered agent address change	PM	8/27/2008 3:24:32		8/27/2008
Annual report	PM	8/27/2008 3:22:57		8/27/2008
Annual report	AM	9/12/2007 8:31:53	AM	9/12/2007 8:31:53
Annual report	PM	5/23/2006 1:17:13		5/23/2006
Add	PM	10/24/2005 1:43:32		10/24/2005

## Microfilmed Images

## 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.

Print or type. See Specific instructions on page 3.	<p><b>1</b> Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  <b>Louisville Metro Police Foundation</b></p> <p><b>2</b> Business name/disregarded entity name, if different from above</p> <p><b>3</b> Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only <b>one</b> of the following seven boxes.</p> <p> <input type="checkbox"/> Individual/sole proprietor or single-member LLC             <input type="checkbox"/> C Corporation             <input type="checkbox"/> S Corporation             <input type="checkbox"/> Partnership             <input type="checkbox"/> Trust/estate  <input type="checkbox"/> Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership) ▶ _____  <small>Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check 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 <b>not</b> 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.</small> </p> <p><input checked="" type="checkbox"/> Other (see instructions) ▶ <b>Nonprofit 501(c)(3)</b></p>	<p><b>4</b> Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):</p> <p>Exempt payee code (if any) _____</p> <p>Exemption from FATCA reporting code (if any) _____</p> <p><small>(Applies to accounts maintained outside the U.S.)</small></p>
	<p><b>5</b> Address (number, street, and apt. or suite no.) See instructions.  <b>982 Eastern Parkway Box 5</b></p> <p><b>6</b> City, state, and ZIP code  <b>Louisville, KY 40217</b></p> <p><b>7</b> List account number(s) here (optional)</p>	<p>Requester's name and address (optional)</p>

### 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.

<b>Social security number</b>													
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					-	<table border="1" style="width: 20px; height: 20px;"> <tr> <td style="width: 100%;"></td> </tr> </table>		-	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				

or

<b>Employer identification number</b>										
<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>					-	<table border="1" style="width: 100%; height: 20px;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table>				

**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:

1. 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
2. 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
3. I am a U.S. citizen or other U.S. person (defined below); and
4. The FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting is correct.

**Certification instructions.** You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because 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.

<b>Sign Here</b>	Signature of U.S. person ▶ <i>Maia Lynn Swartz</i>	Date ▶ <i>03-05-2018</i>
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### 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.*