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

Applicant/Program: Jefferson County Public Education Foundation/Central High School Distinguished Alumni Program

Executive Summary of Request:
District Four is allocating Funding to support the CHS Distinguished Alumni Program. This event honors Central High School Alumni for their professional accomplishments, contributions to the Louisville community and nationwide. The funding will cover the space rental, supplies for the event and the awards.
Is this program/project a fundraiser? Is this applicant a faith based organization? Does this application include funding for sub-grantee(s)? Yes No 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.
4 District # Dund Dandy KK \$3500 12/23/2015 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
Clerk's Office Only:
Request Amount: Committee Amended Appropriation:
Original Appropriation: Council Amended Appropriation:

1|Page Effective July 2015

Legal Name of Applicant Organization: Jefferson County Public Education Foundation Program Name and Request Amount: \$3500 Yes/No/NA Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding? Yes Is the funding proposed by Council Member(s) less than or equal to the request amount? Yes Is the proposed public purpose of the program viable and well-documented? Yes Will all of the funding go to programs specific to Louisville/Jefferson County? Yes Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet? Yes Has prior Metro Funds committed/granted been disclosed? N/A Is the application properly signed and dated by authorized signatory? Yes Is proof of Tax Exempt status of 501(c) 3, 4, 6, 19, 1120-H included? 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? N/A Is the entity in good standing with: Kentucky Secretary of State? Louisville Metro Revenue Commission? Louisville Metro Government? Yes Internal Revenue Service? Louisville Metro Human Relations Commission? Is the current Fiscal Year Budget included? Yes Is the entity's board member list (with term length/term limits) included? Yes Is recommended funding less than 33% of total agency operating budget? N/A Does the application budget reflect only the revenue and expenses of the project/program? Yes Is the cost estimate(s) from proposed vendor (if request is for capital expense) included? N/A Is the most recent annual audit (if required by organization) included? N/A Is a copy of Signed Lease (if rent costs are requested) included? N/A Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is faith-based) included? N/A Are the Articles of Incorporation of the Agency included? Yes Is the IRS Form W-9 included? Yes Is the IRS Form 990 included? Yes Are the evaluation forms (if program participants are given evaluation forms) included? Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if N/A required to do so)? N/A Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant met the BBB Charity Review Standards? N/A Prepared by: Date:

Jefferson County Public Education Foundation

Nominations Committee

realimations comm	iittee	TWO	Year	Terms
Slate of Officers	Term		1	
Jim Allen, Chairman	2015			
Franklin Jelsma, Vice Chair	2015			
Joe Seiler, Sec/Treasurer	2015			
Daniel I				

, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	2015
<u>Board</u>	Term
Jim Allen	2015
Robert Arnold	2016
Mike Brown	. 2014
Vik Chadha	2016
Malcolm Chancey	Emeritus
Sam Corbett	2014
Al Cornish	2015
Joe Seiler	2014
John Gant	2014
Dr. Alex Gerassimides	2016
Joe Hardesty	2016
Audwin Helton	2016
Henry Heuser Jr.	2015
Lynn Heuther	2015
Alice Houston	2014
Tom Hudson	2016
Franklin Jelsma	2015
Kevin Joynt	2016
Tanja Oquendo	- 2016
Ken Selvaggi	2016
Mark Shirkness	2014
Bill Simpson	2015
Kevin Shurn	2014
Gwen Tilton	2016
Carol Timmons	2016
Jeff Uligian	2014



West West Market	Section Section		ii iDOKMU	OD DE	VELOPM	ENT FUND APPLICAT	FION
		SECTION 1	APPLICAN	TINFOR	MATION		Transport
Legal Name o	of Applicant O	reanization•					
Main Office S	o://www.sos.ky.q	ov/business/records)	rerson Co	unty P	ublic Edu	ucation Foundation	• .
Website:	rreet & Mailin	ng Address: Van Hoo	se Educat	ion Ce	nter, 33	32 Newburg Rd., Lou	W 40219
Applicant Con	tact: Kui					Tang Na., Loc	u., Ny. 402:18
Phone:		istin Wingfeld		Title:		Coordinator, School	ol Business Partnerships
Financial Cont		2)485-3995		Email:		kristin.wingfeld@ie	efferson.kyschools.us
Phone:		nise Dewitt		Title:		Coordinator, Grants	's and Assess
		2)485-3734		Email:		denise.dewitt@jeff	o and Awards
Olganization's	Representativ	e who attended NDF	Training:				erson.kyschools.us
Program Spatite	GEOGRAPHIC	CAL AREA(S) WHERE P	ROGRAM A	CTIVITIE	S ARE (WI	III REI PROVIDER	
Program Facility		- Inditaliana All C	enter - 144	N. 6th	St Loui	sville KV	
Council District(IMI. David Landy	1 7	in Cada			
PROGRAM/one	ŞEÇI	ION 2 - PROGRAM RE	20,7337,212,000,000,000	entre entre	Part 1978 1978 1		Villatini essa
Total Request: (5		Chiral Flight School Di	stinguished	Alumni	Induction	Program	
		יים או והוטו	o Award (th	nis prog	am) in pre	evious year: (\$) \$3500.	00
Purpose of Requi	est (check all i	mer apply :					.00
Program	ng runds (gen	erally cannot exceed 3	33% of agen	cy's tota	il operatin	g budget)	.
	0,	A CACHO IOL ULBUL PP	70fit to			d individuals	
		a. Paringarions (SCINIDIDE	ent, furnishi	ng, build	ling, etc)		
The Following are	Required Att	achments:					
VIRS Exempt Status Current Year Proj	Determination	Letter	國 Signe	d lease if	rent costs	are being requested	
List of Board of D	irectors (include	term & term to	NRS Fo	rm W9			,
Gurrent financial:	statement	- term & term limits	Evalua	ation for	ns if used in	the proposed program	•
Most recent IRS F	om 990 or 112	0-н		ıl audit (i	required b	y organization)	
Articles of Incorpo	ration		Faith B	lased Org	anization C	ertification Form, if requires	d :
Cost estimates fro capital expense	m proposed ver	ndor if request is for	Staff in	ncluding	the 3 highe:	st paid staff	
	d voes es t						
Government for this	or any other i	June 30, list all funds : program or expense, i	appropriate	d and/o	r received	from Louisville Metro	
from any department	t or Metro Co	uncil Appropriation (N	ncluding fun Jeighhorhoo	ids recei	ved throug	from Louisville Metro gh Metro Federal Grants, Inds). Attach additional	
sheet if necessary. Source:			- Bunoution	n Devel	opment Fu	ınds). Attach additional	
			Amount: (\$	\$)			
Source:		<u> </u>	Amount: (\$		-		
Source:			A	.			\dashv
Has the applicant con	tacted the BBI	Charity Review for			s 🔟 No		
Has the applicant met	the BBB Char	ity Review Standards?	Yes 🖪] No	- [22] 170		
Page 1						•	7
Effective April 2014						(.	7
whill 2014						Applicant's Initials	



SECTION 3 - AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

VISION - To inspire students to go after their dreams of success by offering effective role models for students. The education, service, professional aptitude, accomplishments, and awards of distinguished alumni demonstrate the reality of what Central High School strives to produce in mass with their current students.

MISSION - Every other year, the CHS Distinguished Alumni Committee honors deserving CHS alumni for their professional accomplishments, contributions in the community, and contributions nationwide. The recipients will have made notable achievements in his or her field and will be distinguished persons in public life, business, and/or service to others.

SERVICES - To publicly recognize CHS alumni for distinguished personal and career accomplishments and for exemplary contributions to society. The CHS Distinguished Alumni Committee serves as a permanent testimony that the Central High School experience prepares graduates to face life's challenges, to problem - solve, and to make decisions that will positively influence and /or contribute to the well - being of our society.

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SECTION 4 – PROGRAM/PROJECT NARRATIVE

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

The Central High School Distinguished Alumni Hall of Fame Induction Program
February 28, 2016
7 PM

Program Agenda:

Invocation

Welcome

Remarks

Purpose

Musical Selections

Induction Ceremony

Presentation Of Golden Diplomas

School Song

Benediction

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

FACILITIES RENTAL = \$1600 FOOD FOR RECEPTION = \$3000 AWARDS = \$925 OFFICE SUPPLIES = 975 PROGRAM MATERIALS = 1100

TOTAL = \$9600 J

Page 3 Effective April 2014



NA	est is a fundraiser, please detail how the proceeds will be spent:
, .	
	4 ₩.
•	
For Fyrm - 12	
ror expenditu ends on June	re Reimbursement Only — The grant award period begins with the Metro Council approval day
ids to be spent	30 of Metro fiscal year in which the grant is approved. If any part of this funding request is to before the grant award period, identify the applicable circumstances:
• •	grant award period, identify the applicable circumstances:
Effective Octo	ober 24, 2013, reimhurcements about a constant and
the primary cou	ober 24, 2013, reimbursements should not be made unless an emergency can be demonstrate uncil sponsor. The funding request is a reimbursement of the following expenditures (attach of payment):
pices or proof a	of payment):
✓ Attach a co identified in	ppy of invoices and/or receipts to provide proof of purchase of activities associated with the work plan n this application.
✓ Attach a co	py of cancelled checks to provide proof of payment of the invoices or receipts associated with the work plant in this application.
identified in	this application.
'he funding	
he funding requation date. but	uest is a reimbursement of the following expenditures that will probably be incurred after the
he funding requation date, but	uest is a reimbursement of the following expenditures that will probably be incurred after the prior to the execution of the grant agreement:
If selecting the application.	his option, the invoice, receipt and payment documentation should not be available as of the date of this
If selecting the application.	his option, the invoice, receipt and payment documentation should not be available as of the date of this
If selecting the application.	uest is a reimbursement of the following expenditures that will probably be incurred after the trior to the execution of the grant agreement: his option, the invoice, receipt and payment documentation should not be available as of the date of this quired to submit financial reporting in accordance with the reporting schedule provided in the grant
If selecting the application.	his option, the invoice, receipt and payment documentation should not be available as of the date of this
If selecting the application.	his option, the invoice, receipt and payment documentation should not be available as of the date of this
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If selecting the application.	his option, the invoice, receipt and payment documentation should not be available as of the date of this

Page 4 Effective April 2014



TO STATE WE'RO 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 recognition program serves to demonstrate the breath and depth of distinguished professional accomplishments, outstanding character, community service, and commitment to excellence of Central High School Alumni. A larger implication is that it serves as a role model to Central students. CHS students are being inspired to make successful transitions to postsecondary education and employment. Statistics on the number of CHS students being accepted to college: since 2011, 100% of the graduating seniors have been accepted into a college or university.

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

The following Central High School Students will be participating

in this event:

- Members of the National Honor Society will serve as Hosts ı. and Hostesses.
- Band and Chorus members will provide entertainment. II.
- Students and their families will attend.

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SECTION 5 - PROGRAM/PROJECT BUDGET SUMMARY

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

	Column 1	Column 2	Column (1+2)=3	
Program/Project Expenses	Proposed Metro Funds	Non- Metro Funds	Total Funds	
A: Personnel Costs Including Benefits	1,500			
B: Rent/Utilities	\$1600		\$1600	
C: Office Supplies	\$975	†		
D: Telephone	70.0		\$975	
E: In-town Travel				
F: Client Assistance (Attach Detailed List)				
G: Professional Service Contracts		\$2000		
i: Program Materials	\$925	\$3000	\$3,000	
: Community Events & Festivals (Attach Detail List)	3923	,\$175	\$1100	
: Small Equipment				
: Capital Equipment	+			
Other Expenses (Attach Detail List) (THE AWARDS)		\$2925	\$2925	
*TOTAL PROGRAM/PROJECT FUNDS	\$3500		·	
		\$6100	\$9600	
eof Program Budget	36 %	64 %	100%	

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

Total Revenue for Column 2 Expenses	\$6100
Other (please specify)	-
Fees Collected from Program Participants	-
Private Contributions (do not include individual donor names)	\$6100
United Way	-
Other State, Federal or Local Government	

^{*}Total of Column 1 MUST match "Total Request on Page 1, Section 2"

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^{**}Must equal or exceed total in column 2.



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
į			
Ī			
	Total Value of In-Kind		
	(to match Program Budget Line Item.		
L	Volunteer Contribution &Other In Kind)	ļ	
R	ONOR INFORMATION REFERS TO WHO MADE THE INDIVIDUALLY, BUT GROUPED TOGETHER OF SON PER WEEK TOOK Fiscal Year Start Date:	HE IN KIND CONTRIBUTION. VON ONE LINE AS A TOTAL NOTIN	DLUNTEERS NEED NOT BE G HOW MANY HOURS PER
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L: Other Expenses (Detailed List)

Golden Diplomas = \$925

Plaques For The Recipients = \$1000

Plaques For The CHS Wall Of Fame = \$1000

TOTAL = \$2925



SECTION 6 = CERTIFICATIONS & ASSURANCES

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

Standard Assurances

- Applicant understands this application and its attachments as well as any resulting grant agreement, reports and proof of 1. expenditure is subject to Kentucky's open records law.
- 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
- Applicant and any sub grantee will give Louisville Metro Government access to and the right to examine all paper or electronic records related to the awarded grant for up to five years of the grant agreement date.
- Applicant assures compliance with the grant requirements and will monitor the performance of any third party (sub-grantee).
- The Agency is in good standing with the Kentucky Secretary of State, Louisville Metro Government, the Jefferson County Revenue Commission, the Internal Revenue Service, and the Louisville Metro Human Relations Commission.
- Applicant understands failure to provide the services, programs, or projects included in the agreement will result in funds being withheld or requested to be returned if previously disbursed.
- Applicant understands they must return to Louisville Metro any unexpended funds by July 31 following the Metro Louisville's fiscal
- 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.
- 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.
- 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.
- 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.

Standard Certifications

- The Agency certifies it will not use Louisville Metro Government funds for any religious, political or fraternal Activities.
- The Agency has a written Affirmative Action/Equal Opportunity Policy. 2.
- 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.
- 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.
- 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.

COLORS SERVICE SERVICES SERVICES	s stair or any consume			NA	·	,,		
	SECTION 7≐ CE	RTIFICATIONS	& ASSURAN	ICES		12/2007		
I certify under the penalty of law the in accurate to the best of my knowledge.	formation in this appli		34 344 244 24 B	SCHOOL SUPERIOR	ions and Assurance	oc") ie		
falsification. If falsification is shown aft	or funding has been a	sariou will little DE	eligible for fun	ding if investiga	ition at any time sl	hows		
repaid. I further certify that I am legally application.	y authorized to sign thi	Sapplication for	He applying or	received and ex Sanization and I	opended are subject pave initialed each	t to be page of the		
Signature of Legal Signatory:	+Zm	(st /	11/2	Date:	11/2/	1	•	
Legal Signatory: (please print):	150	Cashet	7	Title:	11/30/	15		
Phone: 502 485-20	1. Scm	Lorbel	 	1	CX Dir	-ector		
100 39	(5) Extension:		Email:	tawnya	. May Q.	Jefferso	n. Kyschoo	Sius
				· 1	70=	7	1	
Page 8								
Effective April 2014					Applicant's Init	ials		

CENTRAL HIGH SCHOOL DISTINGUISHED ALUMNI HALL OF FAME PLANNING COMMITTEE

CHARLES R. SNOW — CHAIRMAN DR. DANIEL WITHERS — TREASURER KATHY BRITT — SECRETARY

MEMBERS

KENNETH CLAY

DR. ROBERT DOUGLAS

REV. GEOFFREY S. ELLIS

DR. AIMEE M. GREEN

CARRYE B. JONES

CHARLES PARHAM

JOANNA SMITH

EMMA TALBOTT

DAVID WHEAT

WILLIAM WILSON

RAYMOND GREEN



EXHIBIT 1

Muhammad Ali Center One Muhammad Ali Plaza 144 North Sixth Street Louisville, KY 40202

Telephone Number: (502) 992-5326

Fax Number: (502) 589-4905

Contact: Mr. Charles Snow Mailing Address: CRS and Associates

7803 Kendrick Crossing Lane Louisville, KY 40291

E-mail: crsnow9@bellsouth.net

EVENT ORDER: MAC3803

Event Date: Sunday, February 28, 2016 Event Name: CENTRAL HIGH SCHOOL DISTINGUISHED ALUMNI PROGRAM

Site: Muhammad Ali Center Salesperson: Elizabeth Vissing

Daytime Phone: (502) 762-0213 Fax Number: (502) 762-0213 On-Site Contact: Charles R. Snow

Sun, 2/28/16	Start/End Time 6:00PM-7:00PM	Exhibit Floors	Function Self Guided Tour	#Guests 300	Fee \$0.00
Sun, 2/28/16	6:00PM-10:00PM	View Pointe Hall	Awards Program	300	\$2,000.00

Charges: \$2,000.00 20% Discount: - \$400.00 Balance Due: \$1,600.00

Scheduled Payments:

\$400.00 5/27/2015 \$1,200.00 2/12/2016

Lessee's Initials				
Lessee's initials			MAC's Initials	
	Facility I Ica Annov	Dago 1		

Approved by State Board of Accounts for use in CENTRAL HIGH SCHOOL

Detailed Fund Account Ledger

3123 DISTINGUISHED ALUMNI Fund July 01, 2012 => June 30, 2013

_	July 0	$J, 2012 \Longrightarrow J$	une 30, 20	13	
Date	Description	Receipt Check #	Receipts Credit	Disbursements Debit	Palama
1/24/2013	GEOFFREY ELLIS Source: DR. WITHERS	11173	\$25.00	Balance Forward	Balance \$641.53 \$666.53
4/25/2013	ROBERT DOUGLAS Source: DR WITHERS	11788	\$100.00	•	\$766 . 53
5/22/2013	GEOFFREY ELLIS Source: DR. WITHERS	11871	\$25.00		\$791.53
5/22/2013	FACILITIES RENTAL DEPOSIT Paid To: MUHAMMAD ALI CENTER	12751		\$400.00	\$391.53
•	Beginning Balanc 3 Receipts Totaling 1 Disbursements Tot Ending Balance	T .	\$641.53 \$150.00 \$400.00 \$391.53		

CENTRAL HIGH SCHOOL

Fund Account Ledger (Form SA-6)

3123 DISTINGUISHED ALUMNI Fund July 01, 2013 => June 30, 2014

Date Description	Receip Check	t Receipts # Credit	Disbursements Debit	Balance
7/31/2013 CHARLES SNOW			Balance Forward	\$391.53
8/15/2013 DANIEL WITHERS	12010	\$100.00		\$491.53
8/15/2013 KENNETH KENNEDY	12056	\$200.00		\$691.53
9/11/2013 JOANNA SMITH	12056	\$200.00		\$891.53
9/11/2013 DAVID WHEAT	12260	\$200.00		\$1,091.53
9/11/2013 CHARLES SNOW	12260	\$200.00		\$1,291.53
9/11/2013 WILLIAM WILSON	12260	\$100.00		\$1,391.53
9/11/2013 CARRYE JONES	12260	\$200.00	•	•
9/11/2013 ROBERT DOUGLAS	12260	\$100.00		\$1,591.53
10/3/2013 THOMAS DANIELS	12260	\$100.00		\$1,691.53
	12438	\$100.00	•	\$1,791.53
10/11/2013 MAILING COST - FED EX 10/16/2013 ROBERT G CARTER	TSF18		\$21.30	\$1,891.53
0/23/2013 CECEPTER	12531	\$125.00	7-2	\$1,870.23
.0/23/2013 GEOFFREY ELLIS	12590	\$25.00		\$1,995.23
.0/25/2013 KATHY BRITT	12607	\$200.00		\$2,020.23
1/13/2013 AIMEE GREEN 2/5/2013 CARRY JONES	12716	\$100.00		\$2,220.23
·	12829	\$100.00		\$2,320.23
	12931	\$100.00		\$2,420.23
	12931	\$200.00		\$2,520.23
/10/2014 CHARLES PARHAM	12931	\$200.00		\$2,720.23
/24/2014 GEOFFREY ELLIS	12977	\$50.00		\$2,920.23
29/2014 DONATION D B SANDERS	12996	\$50.00		\$2,970.23
31/2014 DEPOSIT ON CATERING	13721	450.00	** ***	\$3,020.23
17/2014 AIMEE GREEN	13063	\$7.00	\$1,296.25	\$1,723.98
19/2014 KEY BOARD RENTAL	13820	\$100.00		\$1,823.98
24/2014 BAL. CATERING SERVICES	13843		\$47.00	\$1,776.98
7/2014 OVERPYNT ON FACILITIES PENTAL	13168	***	\$1,546.25	\$230.73
1/2014 FLOWERS FOR M C		\$400.00		\$630.73
30/2014 ALUMNI BANQUET EXPENSES	14097 TSF85		\$51.95	\$578.78
	19109		\$500.00	\$78.78
Beginning Balanc	1 0	40		
22 Receipts Totalin		\$391.53		
6 Disbursements To		\$3,150.00	•	
Ending Balance	caling	\$3,462.75		
anding barance		\$78.78		
Encumbered Amount	ţ	\$0.00		
Funds Available		\$78.78	•	

NOMINATIONS COMMITTEE

Two Year Terms

Class of Officers	_
Slate of Officers	Term
Jim Allen, Chairman	2015
Franklin Jelsma, Vice Chair	2015
Joe Seiler, Sec/Treasurer	2015
Board	
lim Allen	Term
	2015
Robert Arnold	2016
Mike Brown	2014
Vik Chadha	2016
Malcolm Chancey	Emeritus
Sam Corbett	2014
Al Cornish	2015
Joe Seiler	2014
John Gant	2014
Dr. Alex Gerassimides	2016
Joe Hardesty	2016
Audwin Helton	2016
Henry Heuser Jr.	2015
Lynn Heuther	2015
Alice Houston	2014
Tom Hudson	2016
Franklin Jelsma	2015
Kevin Joynt	2016
Tanja Oquendo	- 2016
Ken Selvaggi	2016
Mark Shirkness	2014
Bill Simpson	2015
Kevin Shurn	2014
Gwen Tilton	2016
Carol Timmons	2016
Jeff Uligian	2014

Jefferson County Public Education Foundation Nominations Committee

Slate of Officers	<u>Term</u>
Jim Allen, Chairman	2015
Franklin Jelsma, Vice Chair	2015
Joe Seiler, Sec/Treasurer	2015
D	
Board	<u>Term</u>
Jim Allen	2015
Robert Arnold	2016
Mike Brown	2014
Vik Chadha	2016
Malcolm Chancey	Emeritus
Sam Corbett	2014
Al Cornish	2015
Joe Seiler	2014
John Gant	2014
Dr. Alex Gerassimides	2016
Joe Hardesty	2016
Audwin Helton	2016
Henry Heuser Jr.	2015
Lynn Heuther	2015
Alice Houston	2014
Tom Hudson	2016
Franklin Jelsma	2015
Kevin Joynt	2016
Tanja Oquendo	2016
Ken Selvaggi	2016
Mark Shirkness	2014
Bill Simpson	2015
Kevin Shurn	2014
Gwen Tilton	2016
Carol Timmons	2016
Jeff Uligian	2014

JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC.

FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2014 AND 2013

JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC.

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AND CHANGES IN NET ASSETS – CASH BASISNOTES TO FINANCIAL STATEMENTS	5-6 7-9



KNOWLEDGE FOR TODAY . . . VISION FOR TOMORROW
1200 FOREST BRIDGE ROAD, SUITE 200 LOUISVILLE, KY 40223 * PHONE: 502.423.0311 * FAX: 502.339.7103

Independent Auditor's Report

Board of Directors

Jefferson County Public Education Foundation, Inc.
Louisville, Kentucky

We have audited the accompanying financial statements of **Jefferson County Public Education Foundation**, **Inc.**, which comprise the statements of assets and net assets – cash basis as of June 30, 2014 and 2013, and the related statements of revenues and support, expenses, and changes in net assets – cash basis for the years then ended, and the related notes to the 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 the cash basis of accounting as described in Note 1; this includes determining that the cash basis of accounting is an acceptable basis for the preparation of the financial statements in the circumstances. Management is also responsible for the design, implementation, and maintenance of internal control relevant to the preparation and fair presentation of financial statements that are free from material misstatement, whether due to fraud or error.

Auditor's Responsibility

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

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

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

Opinion

In our opinion, the financial statements referred to above present fairly, in all material respects, the financial position of **Jefferson County Public Education Foundation, Inc.** as of June 30, 2014 and 2013, and the changes in its net assets for the years then ended in accordance with the cash basis of accounting as described in Note 1.

Basis of Accounting

We draw attention to Note 1 of the financial statements, which describes the basis of accounting. The financial statements are prepared on the cash basis of accounting, which is a basis of accounting other than accounting principles generally accepted in the United States of America. Our opinion is not modified with respect to that matter.

Louisville, Kentucky January 23, 2015

Monroe Shine

JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC. STATEMENTS OF ASSETS AND NET ASSETS - CASH BASIS JUNE 30, 2014 AND 2013

ASSETS

	<u>2014</u>	<u>2013</u>
Cash and cash equivalents	\$ 1,625,514	\$ 1,582,351
NET ASSETS		
Unrestricted Unrestricted - board designated Temporarily restricted	17,279 103,765 1,504,470	24,809 175,000 1,382,542
TOTAL NET ASSETS	\$ 1,625,514	\$ 1,582,351

JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC. STATEMENTS OF REVENUES AND SUPPORT, EXPENSES, AND CHANGES IN NET ASSETS - CASH BASIS YEAR ENDED JUNE 30, 2014

		Every One Reads		Innovation I3 Grants				Metro Government Grants		stern High 100l Early College
TEMPORARILY RESTRICTED NET ASSETS										
Revenue and support:										
Contributions	\$	3,000	\$ 2	12,500	\$	87,731	\$	97,261		
Net investment income		-			•	-	Ψ	J7,201		
Transfers to unrestricted		(5,987)	(2	19,554)		(15,988)		(43,536)		
Changes In Temporarily Restricted Net Assets		(2,987)		(7,054)		71,743		53,725		
UNRESTRICTED NET ASSETS										
Revenue and support:										
Contributions		_		_		_				
Net investment income		-		_		_		_		
Board designated transfers		-		_				_		
Transfers between programs		-		_		_		-		
Transfers from temporarily restricted		5,987	21	9,554		15,988		43,536		
		5,987	21	9,554		15,988		43,536		
Expenses:										
Educational grants and expenses		5,987	21	9,554		15,988		43,536		
General expenses		-	- 1	-		-		43,330		
		5,987	21	9,554		15,988		43,536		
Changes In Unrestricted Net Assets		-		-				-		
Changes In Total Net Assets		(2,987)	(7,054)		71,743		53,725		
Total Net Assets, Beginning of Year	22	25,432	29	4,591		11,100		24,306		
Total Net Assets, End of Year	\$ 22	22,445	\$ 28	7,537	\$	82,843	<u> </u>	78,031		

	Other mporarily estricted	Temporarily Restricted Total	Board Designated Programs	Other Unrestricted	Total
\$	468,211	\$ 868,703	\$ -	\$ -	\$ 868,703
	4	4	-	-	4
	(461,814)	(746,879)	-	-	(746,879
	6,401	121,828	-	_	121,828
	-	-	-	1,999	1,999
	-	-	-	155	155
	100	100	-	(100)	
	-	-	-	-	-
	461,814	746,879	-	-	746,879
	461,914	746,979	-	2,054	749,033
	461,814	746,879	71 225		
	-	740,879	71,235	0.504	818,114
	461,814	746,879	71,235	9,584 9,584	9,584 827,698
	100	100	(71,235)	(7,530)	(78,665)
	6,501	121,928	(71,235)	(7,530)	43,163
	827,113	1,382,542	175,000	24,809	1,582,351
5	833,614	§ 1,504,470 §	103,765	\$ 17,279 \$	1,625,514

JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC. STATEMENTS OF REVENUES AND SUPPORT, EXPENSES, AND CHANGES IN NET ASSETS - CASH BASIS YEAR ENDED JUNE 30, 2013

,	F	Every One Reads		Innovation I3 Grants		Metro vernment Grants	ernment Zeon	
TEMPORARILY RESTRICTED NET ASSETS								
Revenue and support:								
Contributions	\$	30,740	\$	137,500	\$	51,546	\$	
Net investment income		,		157,500	Ψ	J1,J40 -	Ф	-
Transfers to unrestricted		(5,824)		(152,997)		(98,464)		(281,696)
Changes In Temporarily Restricted Net Assets		24,916		(15,497)		(46,918)		(281,696)
UNRESTRICTED NET ASSETS								
Revenue and support:								
Contributions		_		_		_		
Net investment income		-		_		_		-
Board designated transfers		-		-		_		-
Transfers between programs		(2,000)		-		_		_
Transfers from temporarily restricted		5,824		152,997		98,464		281,696
		3,824		152,997		98,464		281,696
Expenses:								
Educational grants and expenses General expenses		5,824		152,997		98,464		281,696
		5,824		152,997		98,464		281,696
Changes In Unrestricted Net Assets		(2,000)		-		_		-
Changes In Total Net Assets		22,916		(15,497)		(46,918)		(281,696)
Total Net Assets, Beginning of Year		202,516		310,088		58,018		432,262
Total Net Assets, End of Year	\$	225,432	\$	294,591	\$	11,100	\$	150,566

<u>Department</u>	Original <u>Budget</u>	Revised <u>Budget</u>	Expenditures <u>To Date</u>
Develop Louisville			
General Fund	10,759,600.00	12,213,141.85	
Agency Receipts	1,545,000.00	1,555,000.00	
General Fund Expenditures	.,,	1,000,000.00	2,325,367.25
Community Development Block	3,026,000.00	3,101,978.17	558,503.05
Subtotal:	15,330,600.00	16,870,120.02	2,883,870.30
Federal	2,669,400.00	3,017,164.97	192,223.09
State	0.00	0.00	0.00
Miscellaneous	54,000.00	118,405.93	21,835.23
DL Total:	18,054,000.00	20,005,690.92	3,097,928.62
Office of Management & Budget			
General Fund	35,718,900.00	36,308,573.28	
Agency Receipts	13,981,900.00	13,981,900.00	
General Fund Expenditures			8,686,046.80
Subtotal:	49,700,800.00	50,290,473.28	8,686,046.80
Federal	0.00	0.00	36,315.92
State	0.00	0.00	312.30
Miscellaneous	0.00	0.00	0.00
OMB Total:	49,700,800.00	50,290,473.28	8,722,675.02
General Adjustments and Accounts			
General Fund	10,020,900.00	10,020,900.00	
Agency Receipts	910,000.00	910,000.00	
General Fund Expenditures			1,029,371.56
Gen Adj Total:	10,930,900.00	10,930,900.00	1,029,371.56
Office of Performance Improvement			
General Fund	1,275,400.00	1,275,400.00	327,849.62
Human Resources			
General Fund	3,800,900.00	3,800,900.00	
Agency Receipts General Fund Expenditures	160,000.00	160,000.00	000 ==0 ==
HR Total:	2 222 222 22		902,772.76
FIR Total.	3,960,900.00	3,960,900.00	902,772.76
Department of Information Technology			
General Fund	12,008,500.00	12,012,348.40	
Agency Receipts General Fund Expenditures	1,063,800.00	1,063,800.00	00/07-
•			2,618,547.20
DoIT Total:	13,072,300.00	13,076,148.40	2,618,547.20
Waterfront Development Corp			
General Fund	1,515,200.00	1,515,200.00	246,750.00



<u>Department</u>	Original <u>Budget</u>	Revised <u>Budget</u>	Expenditures <u>To Date</u>
Louisville Fire			
General Fund	50,509,500.00	E0 EE0 040 E0	
Agency Receipts	2,716,100.00	50,558,812.53 2,716,100.00	
General Fund Expenditures	2,710,100.00	2,710,100.00	12 070 455 04
Subtotal:	53,225,600.00	53,274,912.53	13,876,155.84 13,876,155.84
Federal	0.00		10,000,000
State	0.00	0.00	0.00
Miscellaneous	0.00	0.00	0.00
-	0.00	0.00	0.00
Fire Total:	53,225,600.00	53,274,912.53	13,876,155.84
Emergency Services			
General Fund	40,573,500.00	40,573,500.00	
Agency Receipts	315,300.00	315,300.00	
General Fund Expenditures	0.000.00	313,300.00	10 202 742 40
Subtotal:	40,888,800.00	40,888,800.00	10,292,743.18 10,292,743.18
Fadaval		11,000,000.00	10,232,743.10
Federal	697,900.00	672,243.69	154,223.13
State	544,600.00	179,998.50	186,036.13
Miscellaneous	4,447,800.00	4,446,911.20	914,949.24
Emergency Services Total:	46,579,100.00	46,187,953.39	11,547,951.68
Department of Corrections			
General Fund	52,441,700.00	E2 444 700 00	
Agency Receipts	2,499,100.00	52,441,700.00 2,499,100.00	
General Fund Expenditures	2, 700, 100.00	2,499,100.00	10 440 447 57
Subtotal:	54,940,800.00	54,940,800.00	12,449,447.57 12,449,447.57
Federal	123,000.00	92,860.41	407.50
Miscellaneous	810,000.00	1,246,695.87	427.50 119,034.28
DOC Total:	55,873,800.00		
	55,675,600.00	56,280,356.28	12,568,909.35
Youth Detention Services			
General Fund	9,689,600.00	9,689,600.00	
Agency Receipts	87,500.00	87,500.00	
General Fund Expenditures Subtotal:			2,471,575.33
Subtotal.	9,777,100.00	9,777,100.00	2,471,575.33
Federal	14,000.00	14,000.00	4,510.11
YDS Total:	9,791,100.00	9,791,100.00	
	5,751,100.00	a,1a1,100.00	2,476,085.44
Criminal Justice Commission			
General Fund	322,400.00	322,400.00	79,872.98
Federal	000		· •,•• =
	800,000.00	786,685.13	8,947.60
CJC Total:	1,122,400.00	1,109,085.13	88,820.58

Metro Council Grant Central High School January 1 - June 30 2016 Distinguished Alumni Program

Facility Rental, Materials and Supplies

\$3,500

JCPEF is the applicant

Me Ch

JEFFERSON COUNTY PUBLIC SCHOOLS GRANT APPLICATION SUMMARY SHEET

Project Director Name: <u>Kathy Britt</u>	Position: <u>Teacher</u>
School/Department: Central	Work Telephone: 502-485-8226
Funding Source: Louisville Metro Council	Funding Request Amount: \$3,500
How does this grant align with Strategic Plan: I Goal(s) and Strategies that are aligned with this Involvement/Engagement	77.3. 004.00 (74
What are the measurable goals and outcomes? I program involves student groups including band	Hold recognition program for CHS distinguished alumni; and chorus, NHS and families.
Project Name: <u>Central High School Distinguish</u> and what is the implementation plan? For every	ed Alumni Project Description - what methods will be used le, does the grant involve instructional time, taking students erials, after school activities, etc? What will occur, when
Grade Level of Students: 9-12 Total Number	er of Students Impacted by Grant: 95
Duration of Grants 1/1/2016 6/20/	Pue Date: ASAP
Does the grant financially obligate the district after	r the end date? Namely, will project activities continue yes, how will those activities be funded?:
Does this funding source allow indirect costs? You	es No X: ICPFF is the amiliant
If no, please attach documentation.	21, 301 Et is the applicant
Does the funder require matching funds/in-kind con	ntributions? Yes X No.
If yes, what is the amount and source of matching f	unds or in-kind contributions
\$4,400 - from individual, private donors	and continuing.
Are new positions included in the budget? Yes	No <u>X</u>
If yes, indicate the title and grade:	
Project Director Signature: Kathy Boi	th Date:
Signature of Principal/Department Head:	64 Date 11/18/15
Assistant Superintendent:	
Resource Development Staff Assigned to Project: Bo	C. Date
Email, Fax, or Mail to: becky 502-4	A.crump@jefferson.kyschools.us 85-8986 FAX

Resource Development Questions call 485-3290

BYLAWS OF THE

JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION

December 10, 2008

ARTICLE I

PURPOSES

The particular purposes of the corporation are the solicitation and receipt of gifts, grants and contributions from individuals, groups, corporations and other sources, public and private, to assist and support financially and otherwise the public school system of Jefferson County, Kentucky; to engage in any and all activities which advance the education of the citizens of Louisville and Jefferson County, Kentucky through the support of the Jefferson County Public Schools.

The core purpose of the Jefferson County Public Education Foundation is to improve student outcomes and the learning of every student in every school, in collaboration with district leadership, by engaging the support of business and the community.

The vision of the Jefferson County Public Education Foundation will be a creative catalyst for change that improves school leadership, teaching and learning. As advocates for excellence and facilitators of collaboration, the Jefferson County Public Education Foundation will champion high quality education, increase community understanding of and support for great public schools, and gain involvement of diverse constituencies in helping Jefferson County Public School students be successful in learning and in life.

It is the policy of the 501(c)(3) corporation that no restricted donations be accepted not any expenditure made by the corporation except upon the recommendation of the Superintendent of the Board of Education of Jefferson County, Kentucky that is consistent with the policies and priorities of the Board of Education of Jefferson County, Kentucky.

ARTICLE II

OFFICES

The principal office of the corporation in the State of Kentucky and its registered office under the laws of Kentucky shall be located (in care of Joe Seiler, Secretary/Treasurer) at National City Bank, 31T09B, 101 S. 5th Street, 9th Floor,

SECTION 3. NOMINATING COMMITTEE. There shall be a Nominating Committee made up of a minimum of three directors appointed by the chairperson. The Nominating Committee shall develop a list of candidates to fill vacant positions on the Board of Directors. The nominees shall be considered by the full Board and voted on as described in Section 8. The Nominating Committee shall also present a slate of officers for election at the annual June meeting.

SECTION 4. REGULAR MEETINGS. A regular meeting of the Board of Directors shall be held without other notice than this bylaw. The Board of Directors may provide, by resolution, the time and place, within or without the State of Kentucky, for the holding of additional regular meetings without other notice than such resolution. There shall be an annual meeting of the Board of Directors in June of each year.

SECTION 5. SPECIAL MEETINGS. Special meetings of the Board of Directors may be called by or at the request of the chairman or any two directors. The person or persons authorized to call special meetings of the Board of Directors may fix any place, either within or without the State of Kentucky, as the place for holding any special meeting of the Board of Directors called by them.

SECTION 6. NOTICE. Notice of any special meeting shall be given at least two days previously thereto by written notices delivered personally or mailed to each director at his business address, or by telegram. If mailed, such notice shall be deemed to be delivered when deposited in the United States mail in a sealed envelope so addressed, with postage thereon prepaid. If notice were given by telegram, such notice shall be deemed to be delivered when the telegram is delivered to the telegraph company. 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 a 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 the notice or waiver of notice of such meeting.

SECTION 7. QUORUM. A majority of the Board of Directors shall constitute a quorum for the transaction of business at any meeting of the Board of Directors, provided that if less than a majority 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.

or more assistant treasurers and assistant secretaries, all of whom shall be elected by the Board of Directors. The same person may hold any two or more offices, except that of chairman.

SECTION 2. ELECTION AND TERM OF OFFICE. The officers of the corporation shall be elected annually by the Board of Directors at the first meeting of the Board of Directors. If the election of officers shall not be held at such meeting, such election shall be held as soon thereafter as conveniently may be. Vacancies may be filled or new offices created and filled at any meeting of the Board of Directors. Each officer shall hold office until his successor shall have been duly elected and shall have qualified or until his death or until he shall resign or shall have been removed in the manner hereinafter provided.

SECTION 3. REMOVAL. Any officer or agent elected or appointed by the Board of Directors may be removed by the Board of Directors whenever in its judgment the best interest of the corporation would be served thereby, but such removal shall be without prejudice to the contract rights, if any, of the person so removed. Election or appointment of an officer or agent shall not of itself create contract rights. A director will be considered for removal from the Board if the director misses two meetings in one calendar year period.

SECTION 4. VACANCIES. A vacancy in any office because of death, resignation, removal, disqualification or otherwise may be filled by the Board of Directors for the unexpired portion of the term.

SECTION 5. CHAIRMAN. The chairman shall principal executive officer of the corporation and shall in general supervise and control all of the business and affairs of the corporation. The chairman shall preside at all meetings of the Board of Directors. The chairman may sign, with the secretary, or any other proper officer of the corporation thereunto authorized by the Board of Directors, any deeds, mortgages, bonds, contracts, or other instruments which the Board of Directors has authorized to be executed except in cases where the signing and execution thereof shall be expressly delegated by the Board of Directors or by these bylaws to some other officer or agent of the corporation, or shall be required by law to be otherwise signed or executed; and in general shall perform all duties incident to the office of chairman and such other duties as may be prescribed by the Board of Directors from time to time.

SECTION 6. VICE CHAIRMAN. In the absence of the chairman or in the event of his inability or refusal to act, the vice chairman shall perform the duties of the chairman and, when so acting, shall have all the powers of and be subject to all the restrictions upon the chairman. The vice chairman shall perform

SECTION 2. LOANS. No loans shall be contracted on behalf of the corporation, and no evidences of indebtedness shall be issued in its name unless authorized by a resolution of the Board of Directors. Such authority may be general or confined to specific instances.

SECTION 3. CHECKS, DRAFTS, ORDERS, ETC. All checks, drafts, or other orders for the payment of money, notes or other evidences of indebtedness issued in the name of the corporation shall be signed by such officer or officers, agent or agents, of the corporation and in such manner as shall from time to time be determined by resolution of the Board of Directors.

SECTION 4. DEPOSITS. All funds of the corporation not otherwise employed shall be deposited from time to time to the credit of the corporation in such banks, trust companies, or other depositories as the Board of Directors may select.

ARTICLE VI

INVESTMENT REPORTS

The corporation shall furnish reports at least annually to the Superintendent of the Board of Education of Jefferson County for the purpose of assisting the Board of Education of Jefferson County to insure that the corporation has invested its assets at a reasonable rate of return.

ARTICLE VII

FISCAL YEAR

The fiscal year of the corporation shall begin on the lst day of July and end on the 30th day of June of each calendar year.

ARTICLE VIII

WAIVER OF NOTICE

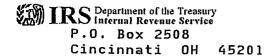
Whenever any notice whatever is required to be given under the provisions of these bylaws, or under the provisions of the Articles of Incorporation, or under the provisions of the corporation laws of the State of Kentucky, waiver thereof in writing, signed by the person, or persons, entitled to such notice, whether before or after the time stated therein, shall be deemed equivalent to the giving of such notice.

	FY16 Budget
Revenue	G
Corporate Total	\$250,000
Foundation Total	\$1,000,000
Government Total	\$10,000
Individual Total	\$200,000
	\$1,460,000

Expenses

\$25,000
\$586,000
\$49,000
\$100,000
\$500,000
\$200,000

\$1,460,000



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

00015796

BODC: TE

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



034020

Employer Identification Number:

Person to Contact: B. HALL

Toll Free Telephone Number: 1-877-829-5508-

Dear TAXPAYER:

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

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

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

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

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



3332 Newburg Road | Louisville, Kentucky 40218

VanHoose Education Center

(502) 485-3995 | fax: (502) 485-3634

BOARD OF DIRECTORS

Chairman James Allen Hilliard Lyons

Vice-Chairman

Franklin Jelsma

Wyatt Tarrant & Combs

Secretary-Treasurer Joe Seiler PBI Bank

Robert J. Arnoid Republic Bank & Trust Company

Mike Brown

Barrister Commercial Group

Vik Chadha GlowTouch Technologies

Malcolm B. Chancey Jr. Emeritus

Al Cornish Norton Healthcare

Alex Gerassimides, M.D. CPA Lab

Joe Hardesty Stites & Harbison

Audwin Helton Spatial Data Integrations

Henry Heuser Jr. Henry Vogt/Unistar

Tom Hudson nth/works

Lynn Huether Class Act Federal Credit Union

Kevin Joynt Deloitte

Tanja Oquendo KentuckyOne Health

Mitch Rue WMR Consulting Ken Selvaggi

WAVE 3 TV

Mark Shirkness

General Electric

Kevin Shurn Superior Maintenance Company

Bill Simpson Zeon Chemicals Carol Timmons

Business First

Jeff Uligian

Genentech

TO:

Joe Seiler

FROM:

Keidra King

SUBJECT:

Jefferson County Public Education Foundation NDF Application

DATE:

December 9, 2015

The only paid staff member for the Jefferson County Public Education Foundation is the Executive Director, Sam Corbett.

If you have any questions, please call me at 485-3995.

Thank you.

KW:tm

Form (Rev. December 2014) Department of the Treasury

Request for Taxpayer Identification Number and Certification

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

	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank Jefferson County Public Education Foundation	•				
	2 Business name/disregarded entity name, if different from above		·····			
page 2.	and a second cities white, it different now above					
ũ. Ç	3 Check appropriate box for federal tax classification; check only one of the following seven boxes:		4 Exemption	ns (codes	apply onl	/ to
Print or type Specific Instructions on	Individual/sole proprietor or C Corporation S Corporation Partnership single-member LLC	☐ Trust/estate	certain entiti instructions Exempt pay	on page 3):	3 ee
r tr	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=partner	ship) ►	Exemption 1	•		
Print or type Instructions	Note. For a single-member LLC that is disregarded, do not check LLC; check the appropriate box in the tax classification of the single-member owner.	n the line above for	code (if any		reporum	g
P i	✓ Other (see instructions) ► non-profit		(Applies to accor	,	outside the l	J.S.)
SCIT	5 Address (number, street, and apt. or suite no.)	Requester's name ar	nd address (optional)		
Sg	3332 Newburg Road					
8	6 City, state, and ZIP code					
	Louisville, KY 40218					
	7 List account number(s) here (optional)					
Par	Taxpayer Identification Number (TIN)	<u> </u>			·	
	your TIN in the appropriate box. The TIN provided must match the name given on line 1 to avo	Pacial assur				
Dackup	O Withholding, For individuals, this is generally your social security number (SSN). However, for	oid Social secu	nty number			_
resider	It allen, sole proprietor, or disregarded entity, see the Part Linetructions on page 2. For other	1 1 1		-	1 1	ĺ
TIN on	s, it is your employer identification number (EIN). If you do not have a number, see <i>How to get</i> page 3.					
	the account is in more than one name, see the instructions for line 1 and the chart on page	or 4 for Employer id	lentification	number		i
guidelir	nes on whose number to enter.	4 for Lamployer to	endicabon	Humber		
Part						
	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 issu	ed to me);	and		
2. I am Serv	not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) rice (IRS) that I am subject to backup withholding as a result of a failure to report all interest o onger subject to backup withholding; and	i have not been not	lified by th		Revenue ne that I	: am
	a U.S. citizen or other U.S. person (defined below); and					
I. The F	FATCA code(s) entered on this form (if any) indicating that I am exempt from FATCA reporting	is correct.				
Certific	ation instructions. You must cross out item 2 above if you have been notified by the IDS that	two con our	subject to	oackuo w	ithholdin	
	you have lailed to report all melest and dividends on voir tay return. For real ectate transactions	tione itom 2 door :	nat amake I			9
	paid, acquisition or abandonment of secured property, cancellation of debt, contributions to y, payments other than interest and dividends, you are not required to sign the certification, bon page 3	an individual retiren	nent arrang	jement (IF	RA), and	
100000	ons on page 3.	iut you must provid	e your con	ect IIIV. S	see the	
Sign Here	Signature of Jamus Corbett Date	>			· · · · · · · · · · · · · · · · · · ·	_
aene	ral Instructions • Form 1098 (home morts	age interest), 1098-E	(student loa	n interest1	1098-T	
	eferences are to the internal Poyonus Code unless atherwise and d		,			
	Properties are to the methal revenue code unless otherwise noted. • Form 1099-C (canceled evelopments, Information about developments affecting Form W-9 (such	debt)				

S as legislation enacted after we release it) is at www.irs.gov/fw9.

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
- Form 1099-S (proceeds from real estate transactions)
- Form 1099-K (merchant card and third party network transactions)

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



Form 8868

(Rev. January 2014)

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury Internal Revenue Service Information about Form 8868 and its instructions is at

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

OMB No. 1545-1709

		oob ana i	ts mad detions is at www.irs.gov/for	m8868	•	
• If you	are filing for an Automatic 3-Month Extension, comp	lete only	Part I and check this box	***************************************		».X
, 00	are ming for an Additional (Not Automatic) 3-Month	extension	, complete only Part II (on page 2 o	f this for	·m)	
Do not c	omplete Part II unless you have already been granted	d an autor	natic 3-month extension on a previou	isly filed	Form 8868	
Electron	ic filing (e-file). You can electronically file Form 8868 i	f vou need	a 3-month automatic extension of t	ima ta fil	lo /C mandles for	a corporation
required	to the Forth 990-1), or an additional (not automatic) 3-m	ionth exte	nsion of time. You can electropically	file Form	- 0000 to	A
0. 111115 10	me any of the forms listed in Part I or Part II with the e	exception (of Form 8870 Information Return for	Transfa	m Accordant M	ide Onder
Ciscilar	benefit contracts, which must be sent to the IRS in pa	aper forma	it (see instructions). For more details	on the	electronic filing o	f this form
AISIL ALALA	insigoviente and click on e-file for Charities & Nonprofi	ts.				runs ionn,
Part I	The state of the s	e. Only	submit original (no copies ne	eded)		
A corpora	icion required to file Form 990-1 and requesting an auto	omatic 6-n	onth extension - check this how and	comple	to	
Part I only				-		
	orporations (including 1120-C filers), partnerships, REI ome tax returns.	MICs, and	trusts must use Form 7004 to reque	st an ext	tension of time	
Type or	Name of exempt organization or other filer, see instr	uctions.			filer's identifyin	
print	JEFFERSON COUNTY PUBLIC ED	UCATI	ON	Employ	yer identification	number (EIN) o
With the state of	FOUNDATION, INC.					
File by the due cate for	Number, street, and room or suite no. If a P.O. box,	see instru	ctions	Consist		
filing your return. See	P.O. BOX 35368		,	Social	S ocarry Harrisor	(OOIV)
instructions,	City, town or post office, state, and ZIP code. For a f	oreign add	dress see instructions			
	LOUISVILLE, KY 40202	oroigit au	area, ace manuchons.			
Enter the F	Return code for the return that this application is for (file	e a separa	te application for each return)	•••••	•	01
Applicatio	n	Return	Application			
ls For	•	Code	Is For			Return
Form 990 c	or Form 990-EZ	01	Form 990-T (corporation)			Code
Form 990-E		02	Form 1041-A			07
Form 4720	(individual)	03	Form 4720 (other than individual)			80
orm 990-F	PF	04	Form 5227			09
orm 990-T	(sec. 401(a) or 408(a) trust)	05	Form 6069			10
	(trust other than above)	06	Form 8870			11
	JOE SEILER, TRE		R ·			12
The book	ks are in the care of 2500 EASTPOINT	PARKU	JAV - I.OHTGVIII.E E	7V 10	1999 .	
Telephor	ne No. ► 502-499-4794		Fax No. ▶	(1 #C	7223	
	nanization does not have an office or place of business	in the Lin	ited States should this have			. —
If this is t	for a Group Return, enter the organization's four digit (mun Ever	motion Number (CEN)			. ▶ ∟ .
ox 🕨 🗀	J. If it is for part of the group, check this how		Inputor Number (GEN)	this is fo	or the whole grou	p, check this
1 I requ	J. If it is for part of the group, check this box	required to	of the Form 200 The names and Fins of	all memb	pers the extension	n is for.
F	EBRUARY 15, 2015, to file the exempt	erganizati	o file Porm 990-1) extension of time u	ıntii		
is for t	the organization's return for:	organizati	on return for the organization named	i above.	The extension	
D	calendar year or					
X	tax year beginning JUL 1, 2013		TITN 20 2014			
,	tax your beginning	, and	ending JUN 30, 2014		·	
If the t	ax year entered in line 1 is for less than 12 months, ch	eck reaso	n: Initial return Fi	nal retur	n	
	Change in accounting period					
nones	application is for Forms 990-BL, 990-PF, 990-T, 4720, o	or 6069, er	nter the tentative tax, less any			
	undable credits. See instructions.			3a	\$	0.
o If this a	application is for Forms 990-PF, 990-T, 4720, or 6069, or	enter any	refundable credits and	7		
estima	ted tax payments made. Include any prior year overpa	yment allo	wed as a credit.	Зb	\$	0.
Balanc	e due. Subtract line 3b from line 3a. Include your pays	nent with	this form, if required,	\top		
by using EFTPS (Electronic Federal Tax Payment System). See instructions.						
aution. If yo	ou are going to make an electronic funds withdrawal (d	lirect debi	t) with this Form 8868, see Form 845	3-EO an	d Form 8879.FC	for navment
structions.	ou are going to make an electronic lunds withdrawal (d	urect debi	t) with this Form 8868, see Form 845	3-EO an	d Form 8879-EC	for payment

Form 990 (2013)
Part X | Balance Sheet

		Charles Oriect	·····		
		Check if Schedule O contains a response or note to any line in this Part X			<u> </u>
·			(A) Beginning of year		(B) End of year
- 1	1	Cash - non-interest-bearing	18,814		18,777
	2	Savings and temporary cash investments	1,563,537	. 2	1,606,737
- 1	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		1	
		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	
- 1	9	Prepaid expenses and deferred charges		9	
1	10a	Land, buildings, and equipment: cost or other	· · · · · · · · · · · · · · · · · · ·	<u> </u>	
		basis. Complete Part VI of Schedule D 10a		1	
	b	Less: accumulated depreciation 10b		10c	
1	11	Investments - publicly traded securities		11	
1	2	Investments - other securities. See Part IV, line 11		12	
1	3	Investments - program-related. See Part IV, line 11		13	
1	4	Intangible assets		14	
1	5	Other assets. See Part IV, line 11		15	-
1	6	Total assets. Add lines 1 through 15 (must equal line 34)	1,582,351.	16	1,625,514
11	7	Accounts payable and accrued expenses	<u> </u>	17	
11	8	Grants payable		18	
19	9	Deferred revenue		19	
20	0	Tax-exempt bond liabilities		20	· · · · · · · · · · · · · · · · · · ·
2.	7	Escrow or custodial account liability. Complete Part IV of Schedule D		21	· · · · · · · · · · · · · · · · · · ·
22	2	Loans and other payables to current and former officers, directors, trustees,			W
		key employees, highest compensated employees, and disqualified persons.			
		Complete Part II of Schedule L		22	
23	3 :	Secured mortgages and notes payable to unrelated third parties		23	
24	. .	Unsecured notes and loans payable to unrelated third parties		24	
25	5 (Other liabilities (including federal income tax, payables to related third			
	ŗ	parties, and other liabilities not included on lines 17-24). Complete Part X of			
1		Schedule D		25	
26]	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here ▶ \[\begin{array}{c} arra		-	
		complete lines 27 through 29, and lines 33 and 34.			
27		Unrestricted net assets	199,809.	27	121,044.
28	7	emporarily restricted net assets	1,382,542.	28	1,504,470.
29	F	Permanently restricted net assets	,	29	
l		Organizations that do not follow SFAS 117 (ASC 958), check here			
1		and complete lines 30 through 34.			•
30	С	Capital stock or trust principal, or current funds		30	
31	Р	aid-in or capital surplus, or land, building, or equipment fund		31	
32	R	letained earnings, endowment, accumulated income, or other funds		32	
33	T	otal net assets or fund balances	1 500 354	33	1,625,514.
34	To	otal liabilities and net assets/fund balances	1 500 354	34	1,625,514.

Schedule A (Form 990 or 990-EZ) 2013 FOUNDATION, INC.

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

Page 3

(Complete only if you checked the box on line 9 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) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") 2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose 3 Gross receipts from activities that are not an unrelated trade or business under section 513 4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf 5 The value of services or facilities furnished by a governmental unit to the organization without charge ... 6 Total. Add lines 1 through 5 7a Amounts included on lines 1, 2, and 3 received from disqualified persons b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year c Add lines 7a and 7b 8 Public support (Subtract line 7c from line 6.) Section B. Total Support Calendar year (or fiscal year beginning in) (a) 2009 (b) 2010 (c) 2011 (d) 2012 (e) 2013 (f) Total 9 Amounts from line 6 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 c Add lines 10a and 10b 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.) 13 Total support. (Add lines 9, 10c, 11, and 12.) 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here Section C. Computation of Public Support Percentage 15 Public support percentage for 2013 (line 8, column (f) divided by line 13, column (f)) 15 % 16 Public support percentage from 2012 Schedule A, Part III, line 15 16 <u>%</u> Section D. Computation of Investment Income Percentage Investment income percentage for 2013 (line 10c, column (f) divided by line 13, column (f) 17 % Investment income percentage from 2012 Schedule A, Part III, line 17 18 % 19a 33 1/3% support tests - 2013. 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 - 2012. 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

SCHEDULE A

Department of the Treasury Internal Revenue Service

(Form 990 or 990-EZ)

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.

Name of the organization

OMB No. 1545-0047

Open to Public Inspection

	FOUND	DATION, INC.						Linbio	/ ₁ 0
Part I Reas	on for Public C	harity Status (All orga	anizations	must com	ploto thio				
The organization is r	not a private foundat	tion because it is: (For lin	es 1 thro	igh 11 she	piete tris	part.) See	instructio	ns.	
1 A church	, convention of chur	ches, or association of c	hurchec d	igii ii, che Ionoribadi:	CK ONLY O	ne box.)			
2 A school	described in section	n 170(b)(1)(A)(ii). (Attach	Schodule	escribed if	section	170(b)(1)(4)(i).		
3 A hospita	or a cooperative he	ospital service organization	on desemb	; E.)		• • • • • • • • • • • • • • • • • • • •			
4 A medica	l research organizati	ion operated in conjuncti	ion with a	beeniteld	ion 1/U(b)(1)(A)(iii).			
city, and	state:	The second of th	OII WILLI A	nospital de	scribed ir	section	170(b)(1)(<i>/</i>	۹)(iii). Ente	er the hospital's name,
5 An organi	zation operated for t	the benefit of a college of	r universit	v owood o				· · · · · · · · · · · · · · · · · · ·	
section 1	170(b)(1)(A)(iv). (Con	nolete Part II.)	i dinversit	y Owned of	oherared	by a gove	emmental	unit desc	ribed in
		nment or governmental u	ınit desor	ihad in aaa	4i 470#	-10410010			•
7 X An organiz	zation that normally	receives a substantial na	ert of ite en	incu iii sec	tion 170(i	D)(1)(A)(V).			
section 1	70(b)(1)(A)(vi). (Com	receives a substantial pa	111 OI 112 St	apport mon	a govern	mental un	it or from	the gener	al public described in
8 A commur	nity trust described i	in section 170(b)(1)(A)(vi	i) (Comple	oto Dout II \					
9 An organiz	ation that normally	receives: (1) more than 3	3 1 /30/ ~4	ele Part II.)	. e				
activities re	elated to its exempt	receives: (1) more than 3:	atain avaa	ntions and	t from cor	ntributions	members	ship fees,	and gross receipts from
income an	d unrelated busines	functions - subject to ce s taxable income (less se	otion E11	puons, and	1 (2) no m	ore than 3:	3 1/3% of	its suppo	rt from gross investment
See section	on 509(a)(2). (Compl	ete Part III.)	-011011 3 1 1	tax) iroiii i	Jusinesse	s acquired	by the or	ganizatio	n after June 30, 1975.
10 An organiz	ation organized and	operated exclusively to	test for n	ıblia aafatı	Caa	V			
11 An organiz	ation organized and	operated exclusively for	the hene	fit of to no	form the	uon 509(a)(4).		
more public	cly supported organ	izations described in sec	tion 509/s	al(1) or sec	tion EDO/	vov coo	of, or to ca	arry out th	e purposes of one or
describes t	he type of supporting	ng organization and comp	nlete lines	116 throw	11011 303(a)(2). See s	ection 50	9(a)(3). Ci	neck the box that
a Type				unctionally		\d	d 🗀 Tv		
e By checkin	g this box, I certify ti	hat the organization is no	ot controlle	ed directly	or indirec	the by one			on-functionally integrated
foundation	managers and other	r than one or more public	odgus vi	ted organi:	ratione de	ecribed in	coeties E	oo(=)(d) ==	persons other than
		urren gerenultigrion itoli	the IRS t	hat it is a T	voe I. Tvr	ell or Tw	SECHON S	09(a)(1) oi	section 509(a)(2).
supporting	organization, check	this box							
g Since Augu	st 17, 2006, has the	organization accepted a	ny gift or	contributio	n from an	v of the fo	lowing ne	reone?	
(i) A persi	on who alrectly or in	idirectly controls, either a	alone or to	gether with	persons	described	in (ii) and	(iii) below	Ver N
uie go	vening body of the	SUpported organization?							
(ii) A famil	y member of a perso	on described in (i) above	?						
• •	oriting of	a berson described itt (i)	or till abov	ve?		************	•		11g(iii)
h Provide the	following information	n about the supported or	ganizatio	n(s).		************	•••••••	•••••••	[119(111/]
(i) Name of supported	(ii) EIN	(iii) Type of organization	(iv) is the	organization		u notify the	(vi) l	s the	(viii) Amount of a vivi
organization		(described on lines 1-9	in col. (i) l	isted in your	organiza	tion in col.	organizati	on in col. zed in the	(vii) Amount of monetary support
		above or IRC section (see instructions))	governing	document?	(i) of you	r support?	Ü.S		aupport
		(**************************************	Yes	No	Yes	No	Yes	No	
	<u> </u>							1 1	
i								1	
•									
ļ						7	_		
Total					1				
LUAS S								1	

Form 990 (2013) FOUNDATION, INC.
Part IX | Statement of Functional Expenses

Page 10

Se	ction 501(c)(3) and 501(c)(4) organizations must con	nplete all columns. All ot	her organizations must c	omplete column (A).	,
	Check if Schedule O contains a respo	nse or note to any line ir	this Part IX	**************************	
	o not include amounts reported on lines 6b, o, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1	Grants and other assistance to governments and				
	organizations in the United States. See Part IV, line 21	818,114.	818,114.		
2	Grants and other assistance to individuals in				
	the United States. See Part IV, line 22				
3	Grants and other assistance to governments,				
	organizations, and individuals outside the		i		
	United States. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above, to disqualified				***************************************
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (non-employees):		***		
а					
b					
c	· ·	5,500.		5,500.	
d				3,300.	
e					
f	Investment management fees				
g					
9	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion				
13	Office expenses	1,336.		1,336.	
14	Information technology				
15	Royalties		····		
16	Occupancy				
17	Travel				
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				
23	Insurance	1,740.		1,740.	· · · · · · · · · · · · · · · · · · ·
24	Other expenses, Itemize expenses not covered	-//			
	above. (List miscellaneous expenses in line 24e. If line	ļ			
	24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	MISCELLANEOUS	1,008.		1,008.	
b					
C					
d		•			
	All other expenses				
5	Total functional expenses. Add lines 1 through 24e	827,698.	818,114.	9,584.	0.
6	Joint costs. Complete this line only if the organization			-,	
-	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here If following SOP 98-2 (ASC 958-720)	1			
	F C				

Part VII Section A. Officers, Directors T	rustees Key E	mple	***		- d L	11-6		O				_	
(A)	ATT VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Comp (A) (B) (C)												
Name and title		Average Position						(D) Reportable	(E)		Ι.	(F	
	hours per	bo	o not x, unk	ess pe	erson	is bo	oth an		Reportab		1	Estima amoui	
	week	-	ficer a	nd a c	direct	tor/tru	stee)	from	from relate		"	oth	
	(list any hours for	individual trustee or director		l				the	organizatio	ons	CO		sation
	related	5	8			aled		organization	(W-2/1099-M	IISC)	1	from	the
	organization	SES	ī		8	uben s		(W-2/1099-MISC)	-			ganiz	
	below	gar	Institutional trustee		ۇ	S S		1			1	nd rel	
	line)	Indiv	鬟	Officer	Key employee	Highest compensated employee	P. E.				l oig	jailiza	ations
(18) LYNN HUETHER	1.00	T	Π								 		
MEMBER		X						0.	1	0.			0
(19) KEN SELVAGGI	1.00					Π		•		-			<u>`</u>
MEMBER		X						0.	1	0.			0
(20) BILL SIMPSON	1.00]											
MEMBER		X						0.		0.	ĺ		0
(21) MALCOLM B. CHANCEY JR. MEMBER	1.00	 				ŀ						-	
(22) DR. DONNA M. HARGENS	1 2 2 2	X						0.		0.			0
MEMBER	1.00												
(23) DANA SHUMATE	+ 1 00	X		4	_			0.		0.			0
MEMBER	1.00				-			_					
	· 	X	_	-	_			0.		0.			0.
				ŀ	- 1	- 1							
		\vdash	-+	\dashv		_	\dashv						
	·	\vdash	-	+	\dashv	\dashv	\dashv			$-\!+$		<u> </u>	
				ł									
1b Sub-total							+	0.		0.			
c Total from continuation sheets to Part V	II. Section A				•••••	····		0.	· · · · · · · · · · · · · · · · · · ·	0.			$\frac{0.}{0.}$
d Total (add lines 1b and 1c)	••				••••••	Þ	-	0.	-	0.			0.
2 Total number of individuals (including but r	not limited to the	ose l	isted	abo	ove)	who	o rec	eived more than \$100.	000 of reportabl				
compensation from the organization						•			·	•			0
											\neg	Yes	No
3 Did the organization list any former officer,	, director, or tru:	stee,	key	emp	oloy	ee, c	or hig	ghest compensated en	ployee on	Γ			
line 1a? If "Yes," complete Schedule J for s	such individual		•••••			•••••	•••••	******************************	*******************		3		X
. To dry manada isted on line 12, is the St	un or reportable	e con	npen	isatio	on a	and o	othe	r compensation from th	ne organization	- 1			
and related organizations greater than \$150	0,000? If "Yes,"	com	plete	e Sci	hed	ule .	J for	such individual	***************************************	L	4		X
Ferent motor of this Is is colve of a	accrue compens	satio	n fro	m ar	ny u	ınrel	ated	l organization or individ	ual for services		\Box		
rendered to the organization? If "Yes," com Section B. Independent Contractors	plete Schedule	J for	SUC	h pe	rsor	7					5		X
	mnonooted is de		-11										
 Complete this table for your five highest co the organization. Report compensation for 	inpensated inde	pen:	oent dina	con	itrac	ctors	ina	t received more than \$	100,000 of comp	pensati	on fr	om	
(A)	irie caleridar yea	ar en	uing	WILI	1 or	with	iin tr		ar.				
Name and business	address j	NON	JF:					(B) Description of ser	vices	Con	(C)	sation	
							+		-		ipens	Sation	<u></u>
							T						
									ł				
												·····	
							<u></u>			_			
								-					
2 Total number of inde						i	<u> </u>						
2 Total number of independent contractors (in	ciuding but not	limit	ed to			isted	d ab	ove) who received mor	e than				
\$100,000 of compensation from the organization	ation >				<u> </u>								

Page 6

Form 990 (2013) FOUNDATION, INC.

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.

Se	ection A. Governing Body and Management					2
					/	
1	a Enter the number of voting members of the governing body at the end of the tax year	1a	23		es/	N
	it there are material differences in voting rights among members of the governing body, or if the governing	10	23			İ
	body delegated broad authority to an executive committee or similar committee, explain in Schedule O	}	[
1	Enter the number of voting members included in line 1a, above, who are independent	1b	23			
2	Did any officer, director, trustee, or key employee have a family relationship or a husiness relationship	a with any ather			ļ	
	officer, director, trustee, or key employee? Did the organization delegate control over management disting exchange in	o with any other		_		*)
3	and a state of the	n diamak a	- 1	2		X
	of officers, directors, or trustees, or key employees to a management company or other person?	e direct supervision		_		**
4	Did the organization make any significant changes to its governing documents since the prior Form 9		·····	3		X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	eu was filed?	···· _'	4	-	X
6	Did the organization have members or stockholders? Did the organization have members stockholders as at the organization have members stockholders as at the organization have members stockholders.	ets?	···· - 3	5	-	X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or ap		<u> </u>	<u> </u>	-	X
	more members of the governing body? Are any governance decisions of the overapization recovered to (accusion).	point one or				
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, st		7	<u>a _</u>		X
	persons other than the governing body?	ockholders, or				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year		7	0	\perp	X
а	The governing body?	by the following:				
b	The governing body? Each committee with authority to act on behalf of the governing had 0.	••••••	8			
9	Each committee with authority to act on behalf of the governing body?		8t	<u> </u>		
	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reac	hed at the		- 1		
Sec	organization's mailing address? If "Yes," provide the names and addresses in Schedule O tion B. Policies (This Section B requests information about policies not required by the Internal Rev		9		\perp	X
	Rev	епие Code.)				
10a	Did the organization have local chapters, branches, or officers			Ye		Vo
b	Did the organization have local chapters, branches, or affiliates?	•••••	10	<u> </u>		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cha	pters, affiliates,				
11a	and branches to ensure their operations are consistent with the organization's exempt purposes?	•••••	. 101			
ь	Has the organization provided a complete copy of this Form 990 to all members of its governing body Describe in Schedule O the process, if any, used by the organization to review this Form 990.	before filing the form?	112	1] :	X
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13		-	1		
b	Were officers, directors, or trustees, and key employees required to displace and the state of t	•••••	. 12a	<u> </u>	1 2	X
c	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to	conflicts?	. 12b			
_	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes	." describe				
13	in Schedule O how this was done	•••••	. 12c			
	The state of this colonial policy;		1		7 2	ζ_
15	Did the organization have a written document retention and destruction policy?		. 14		Σ	ζ_
	and approval to	y independent		T	1	_
,	sersons, comparability data, and contemporaneous substantiation of the deliberation and decisions	*		1		
a .	The organization's CEO, Executive Director, or top management official	********	15a		l x	(
	and the complete of the organization		15b		X	
	and a second the process in Schedule O (see lustrictions)			\dagger		
oa L	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement	nt with a		1		
t	axable entity during the year?		16a		X	
D II	"Yes," did the organization follow a written policy or procedure requiring the organization to evaluate it	e participation	1			_
11	four venture arrangements under applicable federal tax law, and take steps to safeguard the organiza	tion's			l	
	xempt status with respect to such arrangements?		16b			
	on C. Disclosure		100	L	<u> </u>	-
7 L	ist the states with which a copy of this Form 990 is required to be filed ► NONE					-
3 S	ection 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Se	ction 501(c)(3)s only	availah	do.		_
fo	. Position inspection: indicate now you made these available. Check all that apply.	Charles (c)(c)c chily)	avallat	10		
Ł	Own website Another's website X Upon request Other (explain in S	chedule (1)				
D	escribe in Schedule O whether (and if so, how), the organization made its governing documents, conflict	t of interest policy of	nd 6:			
٠.	atoments available to the public during the tax year.					
St	ate the name, physical address, and telephone number of the person who possesses the books and a	cords of the arassis	diam - 🏲			
_		oods of the organiza	rriOt1: 📭			_
2	500 EASTPOINT PARKWAY, LOUISVILLE KV 40222					

20

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

JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC. Form 990 (2013) Part III | Statement of Program Service Accomplishments Page 2 Check if Schedule O contains a response or note to any line in this Part III Briefly describe the organization's mission: SUPPORT OF JEFFERSON COUNTY, KENTUCKY PUBLIC SCHOOLS Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. If "Yes," describe these changes on Schedule O. 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. 818,114. including grants of \$) (Expenses \$ 818 , 114 .) (Revenue \$ GRANTS AND ALLOCATIONS TO THE JEFFERSON COUNTY PUBLIC SCHOOL SYSTEM IN KENTUCKY AND INDIVIDUALS TO PROMOTE EDUCATIONAL IMPROVEMENTS IN ELEMENTARY, MIDDLE, AND HIGH SCHOOLS AND EARLY CHILDHOOD EDUCATION.) (Expenses S including grants of S _____) (Revenue \$ 4c (Code: _____) (Expenses \$ including grants of \$ ___) (Revenue \$ Other program services (Describe in Schedule O.) (Expenses \$ including grants of \$) (Revenue \$

818,114.

4e

Total program service expenses

Form 8868 (Rev. January 2014)

Department of the Treasury Internal Revenue Service

Application for Extension of Time To File an Exempt Organization Return

File a separate application for each return.

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

OMB No. 1545-1709

• If yo	ou are filing for an Automatic 3-Month Extension, com-	-1-4		1111000	° <u>'</u>		
● If yo	If you are filing for an Automatic 3-Month Extension, complete only Part I and check this box If you are filing for an Additional (Not Automatic) 3-Month Extension, complete only Part II (on page 2 of this form). Complete First (I and Complete First (I and Complete Only Part II) (on page 2 of this form).						
	Contraction (Contraction and Contraction C	EXIENSIO	R. COMPlete only Part II (on name o .				
Electro	complete Part II unless you have already been grante	o an auto	matic 3-month extension on a previo	usly file	ed Form 8868.		
require	onic filing (e-file). You can electronically file Form 8868 d to file Form 990-T), or an additional (not extrematic) 3	II you nee	d a 3-month automatic extension of t	time to	file (6 months for a co	rporation	
	The second second to the lead lift in	auer iorm	at (see instructions). For more details	on the	electronic filing of thi	s form.	
Part							
	The state of the s	ne. Only	submit original (no copies ne	eded).		
Part i or	and requesting an aut	omatic 6-r	nonth extension - check this box and	l comp	lata		
	···J					>	
to file in	r corporations (including 1120-С filers), partnerships, RE come tax returns.	MICs, and	trusts must use Form 7004 to reque	st an e	xtension of time		
Type or					r filer's identifying nu	mber	
		uctions.			oyer identification nun		
print	JEFFERSON COUNTY PUBLIC EL	UCAT1	ON		-) 1401141104101111411	Dei (E114) C	
File by the	FOUNDATION, INC.			1			
due date fo filing your		see instru	ctions.	Socia	I security number (SSI		
return. See	F.O. BOX 35368			Cocia	security number (55)	V)	
instructions	only, town or post office, state, and ZIP code For a	foreign ad	dress, see instructions.	L			
	LOUISVILLE, KY 40202						
Enter the	Return code for the return that this application is for (fil	e a separa	ate application for each return			011	
		•		••••••	••••••	0 1	
Applicat	ion	Return	Application			 	
Is For	·	i	I Is For			Return	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)		Code		
Form 990	· · · · · · · · · · · · · · · · · · ·	02	Form 1041-A		07		
Form 472	0 (individual)	03	Form 4720 (other than individual)		08		
Form 990		04	Form 5227		09		
Form 990	-T (sec. 401(a) or 408(a) trust)	05	Form 6069		10		
Form 990	T (trust other than above)	06	Form 8870			11	
	JOE SEILER, TRE	A CITO	ם כי			12	
The bo	oks are in the care of \triangleright 2500 EASTPOINT	PARKU	JAV – I.OIITCUTTITE v	77 <i>7 A</i>	0000		
Teleph	one No. ► 502-499-4794		Fax No. ►	Y 4	0223		
If the o	rganization does not have an office or place of business	in the Lin					
If this is	s for a Group Return, enter the organization's four digit G	Proup Evo	metion Number (OCH)	••••••	>		
box 🖎	. If it is for part of the group, check this boy		inputori Number (GEN) If	this is f	or the whole group, ch	eck this	
1 I req	. If it is for part of the group, check this box Luest an automatic 3-month (6 months for a corporation FEBRITARY 15 2015	and attac	and ElNs of a	ıll mem	bers the extension is t	or.	
]	FEBRUARY 15, 2015 to file the exempt	equiled ((of time u	ntil			
is for	FEBRUARY 15, 2015, to file the exempt the organization's return for:	organizati	on return for the organization named	above	. The extension		
▶ □	calendar year or						
	tax year beginning JUL 1, 2013		TITT 20 0044				
	, and a second s	, and	ending <u>JUN</u> 30, 2014		*		
2 If the	tax year entered in line 1 is for less than 12 months, che		<u></u>				
	Change in accounting period	eck reasor	n: Initial return Fir	nal retu	m		
3a If this	application is for Forms 990 PL 000 PE 000 T 6700						
nonre	application is for Forms 990-BL, 990-PF, 990-T, 4720, of fundable credits. See instructions.	r 6069, er	nter the tentative tax, less any				
b If this	application is for Forme OOC DE COOK 4700			3a	\$	0.	
estim	application is for Forms 990-PF, 990-T, 4720, or 6069, e	enter any r	efundable credits and				
C Ralan	estimated tax payments made. Include any prior year overpayment allowed as a credit. Balance due. Subtract line 3b from line 3c leached.						
Database due: Oubtract line 30 from line 3a. Include your payment with this form if required							
Caution #	ing EFTPS (Electronic Federal Tax Payment System). Se	e instructi	ons.	3с	\$	0.	
instructions	you are going to make an electronic funds withdrawal (di	irect debit) with this Form 8868, see Form 8453	3-EO ar	nd Form 8879-FO for n	avment	
		•					

Page 2 (f) Description of non-cash assistance (e) Method of valuation (book, FMV, appraisal, other) Schedule I (Form 990) (2013) FOUNDATION, INC.
Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed. Part IV Supplemental Information, Provide the information required in Part I, line 2, Part III, column (b), and any other additional information. EXPLANATION: THE BOARD APPROVES THE DISBURSEMENT OF FUNDS TO VARIOUS (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients PROGRAMS THE ORGANIZATION SUPPORTS. PART I, LINE 2: 332102 10-29-13

Schedule I (Form 990) (2013)

Schedule D (Form 990) 2013 Part XIII Supplemental Info	JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC.	
i art xiii Supplemental Info	ormation (continued)	
,		
	·	
		•
•		
-		

Schedule D (Form 990) 2013

332055 09-25-13

Part VIII Investments - Other Securities.		
Complete if the organization answered "Vec	s" to Form 990 Part IV III	in 1th Con Farm one many in
- J (Williams of Security)	(b) Book value	(c) Method of yell of inc.
(1) Financial derivatives	1	(c) Method of valuation: Cost or end-of-year market val
(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 "Ves"	to Form 000 Bad III	
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	11c. See Form 990, Part X, line 13.
(1)	(a) Dook value	(c) Method of valuation: Cost or end-of-year market value
(2)		

(7) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶

Part IX Other Assets.

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

(a) Description		
(1)	(b) Book value	
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
ial. (Column (b) must equal Form 990, Part X, col. (B) line 15.)		
art X Other Liebilities		

Part X | Other Liabilities.

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

1.	(a) Description of liability	(b) Pools value
(1) Fe	deral income taxes	(b) Book value
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Colu	mn (b) must equal Form 990, Part X, col. (B) line 25.)	
O 11-1 ****	7 ()	

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

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

Supplemental Financial Statements

Complete if the organization answered "Yes," to 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.

JEFFERSON COUNTY PUBLIC EDUCATION Employee

OMB No. 1545-0047 Open to Public Inspection

Employer identification number

FOUNDATION, INC.

Pe	Organizations ivialitating Donor Advise		mer Similar Fund	S OF ACCO	utits.Complete it	tne
	organization answered "Yes" to Form 990, Part IV, lin		advised funds	/h) Eur	nds and other acc	ounte
		(a) DONOI a	advised idilas	(1) (1)	ids and other acc	Ouris
7	Total number at end of year					
2	Aggregate contributions to (during year)					
3	Aggregate grants from (during year)					
4	Aggregate value at end of year					
5	Did the organization inform all donors and donor advisors in	-			г	—
	are the organization's property, subject to the organization's				Yes	L No
6	Did the organization inform all grantees, donors, and donor a					
	for charitable purposes and not for the benefit of the donor of	•		•	г	<u> </u>
<u> </u>	impermissible private benefit?					No
Ь	art II Conservation Easements. Complete if the org			art IV, line 7.	•	
1	Purpose(s) of conservation easements held by the organizati	•	1 ' ''			
	Preservation of land for public use (e.g., recreation or e	education)	Preservation of an his			
	Protection of natural habitat	لـــا	Preservation of a cert	tified historic	structure	
	Preservation of open space					
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation c	ontribution in the form	of a conserv	ation easement or	n the last
	day of the tax year.					
					Held at the End of	the Tax Year
а	Total number of conservation easements			2a		
b	Total acreage restricted by conservation easements			2b		
C	Number of conservation easements on a certified historic str	ucture included in ((a)	2c		
d	Number of conservation easements included in (c) acquired a	after 8/17/06, and r	not on a historic struct	ure		•
	listed in the National Register			2d		
3	Number of conservation easements modified, transferred, rel	leased, extinguishe	d, or terminated by the	e organizatior	during the tax	
	year >					
4	Number of states where property subject to conservation eas	sement is located	>			
5	Does the organization have a written policy regarding the per					
	violations, and enforcement of the conservation easements it	holds?	· · · · · · · · · · · · · · · · · · · ·		Yes	L No
6	Staff and volunteer hours devoted to monitoring, inspecting,				***************************************	
7	Amount of expenses incurred in monitoring, inspecting, and e				\$	
8	Does each conservation easement reported on line 2(d) above	•				
	and section 170(h)(4)(B)(ii)?		·		Yes	L No
9	In Part XIII, describe how the organization reports conservation	on easements in its	revenue and expense	statement, a	ind balance sheet	, and
	include, if applicable, the text of the footnote to the organization	ion's financial state	ements that describes	the organizat	ion's accounting t	for
	conservation easements.					
Pai	rt III Organizations Maintaining Collections of	•	·	ther Simil	ar Assets.	
	Complete if the organization answered "Yes" to Form 9	990, Part IV, line 8.				
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to repo	rt in its revenue staten	nent and bala	ince sheet works	of art,
	historical treasures, or other similar assets held for public exhi	ibition, education,	or research in furtherar	nce of public	service, provide, i	in Part XIII,
	the text of the footnote to its financial statements that describ	oes these items.				
b	If the organization elected, as permitted under SFAS 116 (AS6	C 958), to report in	its revenue statement	and balance	sheet works of an	rt, historical
	treasures, or other similar assets held for public exhibition, ed	lucation, or researc	h in furtherance of pub	olic service, p	rovide the following	ng amounts
	relating to these items:					
	(i) Revenues included in Form 990, Part VIII, line 1			🕨 \$	S	
			••••		3	
2	If the organization received or held works of art, historical trea					
	the following amounts required to be reported under SFAS 11	6 (ASC 958) relatir	ng to these items:			
а	Revenues included in Form 990, Part VIII, line 1	-	-	Þ \$		
	Assets included in Form 990, Part X			▶ \$	}	

Schedule B (Form 990, 990-EZ, or 990-PF) (2013) Nams of organization	Paço Employer identification number
JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC.	

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					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
		\$						
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
.		_						
		\$	-					
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
-		\$						
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
-		s						
(a) No. rom art I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received					
-		 	190, 990-EZ, or 990-PF) (21					

Name of organization	ı		
JEFFERSON	COUNTY	PUBLIC	EDUCATION
FOUNDATION	I. INC.		

Employer identification number

Part I	Contributors	(see instructions). Use duplicate co	poies of Part I	if additional space is	s needed.
--------	--------------	-------------------	---------------------	-----------------	------------------------	-----------

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	COMMUNITY FOUNDATION		Person X
	325 W MAIN STREET STE 1110	\$34,568.	Payroll Noncash
	LOUISVILLE, KY 40202		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8	GHEENS FOUNDATION		Person Z
•	401 W MAIN ST SUITE 705	\$ 25,000.	Payroll Noncash
•	LOUISVILLE, KY 40202		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	LIFT A LIFE FOUNDATION		Person X
	4350 BROWNSBORO RD STE 110	\$100,000.	Payroll Noncash
	LOUISVILLE, KY 40207		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	HENRY VOGT FOUNDATION		Person X
	1000 WEST ORMSBY AVE	\$69,895.	Payroll Noncash
	LOUISVILLE, KY 40210		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	NATIONAL PHILANTHROPIC TRUST		Person X
	165 TOWNSHIP LINE ROAD, SUITE 150	\$62,500.	Payroli Noncash
	JENKINTOWN, PA 19046		(Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) · Type of contribution
12	YUM BRANDS	Total contributions	
		/m	Person X Payroll
	1900 COLONEL SANDERS LANE	\$ 45,400.	Noncash [] (Complete Part II for
23452 10-24	LOUISVILLE, KY 40213		noncash contributions.) 90, 990-EZ, or 990-PF) (2013)
10-24	••	Companie of in our a	, LL 01 0001111[2010]

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

Department of the Treasury Internal Revenue Service

Name of the organization

Schedule of Contributors

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

OMB No. 1545-0047

Employer identification number

	EFFERSON COUNTY PUBLIC EDUCATION DUNDATION, INC.					
Organization type (check of	one):					
Filers of:	Section:					
Form 990 or 990-EZ	Solic) (a) (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					
	·					
	s covered by the General Rule or a Special Rule. (7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.					
General Rule						
For an organization contributor. Comp	n filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one lete Parts I and II.					
Special Rules						
509(a)(1) and 170(t	c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections o)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% o) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use exclusively for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.						
For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use exclusively for religious, charitable, etc., purposes, but these contributions did not total to 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. Do not complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year						
but it must answer "No" on	tat is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), 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					



JEFFERSON COUNTY PUBLIC EDUCATION FOINDATION. TWO

Sche		TOM, THE.										
Pa	t III Organizations Maintaining C	Collections of A	rt, His	torical T	reasures,	or Oth	er S	imil	ar Asse	ts(conti	nued)	
3	Using the organization's acquisition, access	ion, and other record	is, chec	k any of the	following th	at are a s	ignii	icant	use of its	collection	n iten	ns
·	(check all that apply):	•		-								
_	Public exhibition	d	,	Loan or exc	change prog	rams						
b	Scholarly research	<u>.</u>	, L	011101								
C	Preservation for future generations	-Nastiana and avalai	in haur +l	how further:	the organizat	tion's eve	mnt	num	nse in Par	+ XIII.		
4	Provide a description of the organization's c	ollections and explai	arrow u	iey iui u iei	ine organiza	har almila	- 00c	puip.	550 III U	. ,		
5	During the year, did the organization solicit of	or receive donations	or art, n	ISTORICAL TRE	asures, or ou	ilei Silina	1 633	CIS		Yes		□ No
	to be sold to raise funds rather than to be m	aintained as part of	tne orga	nization's c	onection?		<u> </u>	~ 000	Dort IV		 _	
Pai	t IV Escrow and Custodial Arran		ete if the	e organizatio	on answered	"Yes" to	ron	11 990	, Pan IV,	iii ie 9, Oi		
	reported an amount on Form 990, Pa											
1a	Is the organization an agent, trustee, custod								_	٦.,		٦.,
	on Form 990, Part X?						•••••			Yes	<u> </u>	_l No
b	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing '	table:								
	•						Ļ			Amour	<u>it</u>	
C	Beginning balance						<u> </u>	10				
	Additions during the year							1d				
	Distributions during the year							1e.	-			
f	Ending balance							1f				
	Did the organization include an amount on F	orm 990. Part X, line	21?						L	Yes	<u>L</u>	_l No
h	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	 xplanatio	on has beer	n provided in	Part XIII				******	<u>. L</u>	
-	t V Endowment Funds. Complete i	f the organization ar	swered	"Yes" to Fo	orm 990, Par	t IV, line 1	10.					
<u> </u>		(a) Current year		rior year	(c) Two year		(d)	hree y	ears back	(e) Fou	r years	back
	Designing of year balance	(a) Carrent year	12/1	1101) 021			···					
	Beginning of year balance											
	Contributions				 							
	Net investment earnings, gains, and losses				 					†		
	Grants or scholarships											
е	Other expenditures for facilities				1 .	1				١.		
	and programs				 							
f	Administrative expenses			·	<u> </u>			·				 -
g	End of year balance				<u> </u>					<u> </u>		
2	Provide the estimated percentage of the cur	rent year end baland	ce (line 1	g, column ((a)) held as:							
а	Board designated or quasi-endowment		%									
b	Permanent endowment	%										
С	Temporarily restricted endowment ▶	%										
	The percentages in lines 2a, 2b, and 2c show	uld equal 100%.										
За	Are there endowment funds not in the posse	ession of the organiz	ation tha	at are held a	and administ	tered for t	he o	rgani	zation			,
	by:										Yes	No
	(i) unrelated organizations						.		•••••	. 3a(i)		
	(ii) related organizations									. 3a(ii)		
h	If "Yes" to 3a(ii), are the related organization:	s listed as required o	on Sche	dule R?						. 3b		
4	Describe in Part XIII the intended uses of the				•••••							
	t VI Land, Buildings, and Equipm	ent.										
- 4	Complete if the organization answere	d "Ves" to Form 990) Part IV	/ line 11a. 9	See Form 99	0. Part X.	line	10.				
		(a) Cost or o			t or other			nulate	ed	(d) Boo	ok valu	16
	Description of property	basis (investr		. , ,	(other)	,		iation		(-,		-
					,,,,,,	T						
	Land				<u> </u>	 						
	Buildings					1						
c	Leasehold improvements					 						
	Equipment	I				+	-					
<u>e</u>	Other	<u> L</u>		L		1			- -	····		0.
Total	. Add lines 1a through 1e. (Column (d) must e	qual Form 990, Part	X, colur	nn (B), line	10(c).)			*******	<u> ~ </u>	D //		V 00::C

FOUNDATION, INC.

Schadule D (Form 990) 2013 Part XI | Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 870,861. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: 2a a Net unrealized gains on investments 2b b Donated services and use of facilities 2c c Recoveries of prior year grants 2d d Other (Describe in Part XIII.) e Add lines 2a through 2d 870,861. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1: a investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 0. c Add lines 4a and 4b 870.861. 5 Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.) Part XII | Reconciliation of Expenses per Audited Financial Statements With Expenses per Return. Complete if the organization answered "Yes" to Form 990, Part IV, line 12a. 827,698. Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25: a Donated services and use of facilities ______ 2b b Prior year adjustments c Other losses 0. 26 e Add lines 2a through 2d 827.698. 3 Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1: a Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 0. c Add lines 4a and 4b 827,698. Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) 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. PART X, LINE 2: EXPLANATION: THE FOUNDATION HAS IMPLEMENTED THE ACCOUNTING GUIDANCE FOR UNDER THAT GUIDANCE, TAX POSITIONS NEED TO UNCERTAINTY IN INCOME TAXES. BE RECOGNIZED IN THE FINANCIAL STATEMENTS WHEN IT IS MORE-LIKELY-THAN-NOT THE POSITION WILL BE SUSTAINED UPON EXAMINATION BY THE TAX AUTHORITIES. AS OF JUNE 30, 2014, THE FOUNDATION HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS. RETURNS FILED FOR THE THE FOUNDATION FILES FEDERAL INCOME TAX RETURNS. TAX YEARS ENDED ON OR AFTER JUNE 30, 2011 ARE SUBJECT TO EXAMINATION. FOUNDATION IS NOT CURRENTLY BEING EXAMINED AND MANAGEMENT BELIEVES ITS TAX-EXEMPT STATUS WOULD BE UPHELD UNDER EXAMINATION.

Paos 4

SCHEDULEI (Form 990) Department of the Treasury

Grants and Other Assistance to Organizations,

► Attach to Form 990.

Open to Public OMB No. 1545-0047 Inspection

> Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22. Governments, and Individuals in the United States

Schedule I (Form 990) (2013) § TO FUND VARIOUS TEACHER BESTERN EARLY COLLEGE SDUCATIONAL PROGRAMS (h) Purpose of grant or assistance EVID L JONES VOCAL SCHOLARSHIP PROGRAM FRAINING PROGRAMS X Yes TO FUND VARIOUS Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any ROGRAM Employer Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection (g) Description of non-cash assistance ► Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990. JEFFERSON COUNTY PUBLIC EDUCATION (f) Method of valuation (book, FMV, appraisal, other) BOOK BOOK O. BOOK BOOK ö (e) Amount of non-cash assistance Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (d) Amount of cash grant 8.860 000 9 26,348, 557,485, Enter total number of section 501(c)(3) and government organizations listed in the line 1 table criteria used to award the grants or assistance? (c) IRC section LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. if applicable Enter total number of other organizations listed in the line 1 table 61-1135362 61-6001316 23-7035648 General Information on Grants and Assistance (P) EIN FOUNDATION, KENTUCKY SCIENCE & TECHNOLOGY CORP 1 (a) Name and address of organization JEFFERSON COUNTY PUBLIC SCHOOLS 301 PETERSON SERVICE BUILDING or government UNIVERSITY OF KENTUCKY LOUISVILLE, KY 40232 LOUISVILLE, KY 40202 200 WEST VINE STREET LEXINGTON, KY 40506 LEXINGTON, KY 40507 Name of the organization 109 EAST BROADWAY 3332 NEWBURG ROAD JCTC FOUNDATION Part Part

JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC.

General Information

Organization Number 0175787

Name JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC.

Profit or Non-Profit N - Non-profit

Company Type KCO - Kentucky Corporation

StatusA - ActiveStandingG - Good

State KY

 File Date
 3/14/1983

 Organization Date
 3/14/1983

 Last Annual Report
 5/15/2015

Principal Office JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION

JAEGER EDUCATION CENTER- ATTN: DANA SHUMATE

3332 NEWBURG RD LOUISVILLE, KY 40218

Registered Agent WT&C CORPORATE SERVICES, INC.

500 W. JEFFERSON STREET

SUITE 2800

LOUISVILLE, KY 40202

Current Officers

ChairmanJames AllenVice PresidentFranklin JelsmaTreasurerJoseph SeilerDirectorAudwin HeltonDirectorJEFF ULIGIANDirectorHenry HeuserExecutiveDana Shumate

Individuals / Entities listed at time of formation

Director MARY HELEN BYCK

DirectorJOAN RIEHMDirectorI W HUGHESDirectorORSON OLIVER

DirectorWOODFORD R PORTORIncorporatorMALCOLM B CHANCEY IR

Images available online

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

Annual Report 5/15/2015 1 page PDF