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

Applicant/Program: JCPS Foundation Applicant Requested Amount: \$5462.90 Appropriation Request Amount: \$5462.90	
Executive Summary of Request airdale Elem. serves 575 students and is located in Southon atternational/Cultural Studies & Language Magnet Program. Reduced lunch. The NDF funds will be utilized to improve romote physical activity for populations under-served by pay to the general public	and expand the current playground in an effort to
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 ☐ Yes ■ No
I have reviewed the attached Neighborhood Development within Metro Council guidelines and request approval of forganization's statement of public purpose to be furthered purpose is legitimate. I have also completed the disclosur	by the funds requested and I agree that the public
District # Primary Sponsor Signature	5462.90 Oct 24, 2018 Date
Primary Sponsor Disclosure List below any personal or business relationship you, you organization, its volunteers, its employees or members of NA	r family or your legislative assistant have with this its board of directors.
Approved by:	Date
Appropriations Committee Chairman Final Appropriations Amount:	Date

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

Program Name and Request Amount JCPS Fairdale Elem Playground Project - \$5462.90 Yes/No/NA Yes Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding? Is the funding proposed by Council Member(s) less than or equal to the request amount? Yes 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? N/A Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet? N/A Has prior Metro Funds committed/granted been disclosed? Yes 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? If Metro funding is for a separate taxing district is the funding appropriated for a program outside the Yes legal responsibility of that taxing district? Is the entity in good standing with: ▶ Kentucky Secretary of State? ▶ Louisville Metro Revenue Commission? Yes ▶ Louisville Metro Government? ▶ Internal Revenue Service? ▶ Louisville Metro Human Relations Commission? Yes 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? Yes Does the application budget reflect only the revenue and expenses of the project/program? Is the cost estimate(s) from proposed vendor (if request is for capital expense) included? Yes Yes 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? Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is N/A faith-based) included? Yes Are the Articles of Incorporation of the Agency included? Yes Is the IRS Form W-9 included? Yes Is the IRS Form 990 included? N/A 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)? Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant N/A met the BBB Charity Review Standards?

Prepared by:

SECTION 1 – APPLICANT INFORMATION						
Legal Name of Applicant Organization: Jefferson County Public Education Foundation, Inc.						
(as listed on: http://www.sos.ky.gov/business/records						
Main Office Street & Mailing Address: 3332 Newburg Road, Louisville, Kentucky 40218						
Website: https://www.jefferson.kyschools.us/about/support/foundation						
Applicant Contact:	Kristin Wingfeld			Title:	Coordinator of Business Partnerships, JCPS	
Phone:	502-485	5-3995		Email:	kristin.wingfeld@jefferson.kyschools.us	
Financial Contact:	Denise	Dewitt		Title:	Grants Supervisor, JCPS	
Phone:	502-485	5-3734		Email:	denise.dewitt@jefferson.kyschools.us	
Organization's Repres			ended NDF Train	ing: Online trainin	g completed by Fairdale Elementary	
GEOG	RAPHICA	L AREA(S	S) WHERE PROGI	RAM ACTIVITIES AF	E (WILL BE) PROVIDED	
Program Facility Locat	tion(s):	Fairdal 40118	e Elementary S	chool, 10104 Mite	chell Hill Road, Louisville, Kentucky	
Council District(s):		Distric	t 13	Zip Code(s):	40118	
HEATTHE STORY	SECTI	ON 2 - P	ROGRAM REQUI	EST & FINANCIAL II	FORMATION	
PROGRAM/PROJECT I	NAME: F	airdale E	lementary Schoo	l Playground Proj	ect	
Total Request: (\$)	\$5,46	52.90	Total Metro A	ward (this program) in previous year: (\$) \$0.00	
Purpose of Request (check all that apply): ☐ Operating Funds (generally cannot exceed 33% of agency's total operating budget) ☐ Programming/services/events for direct benefit to community or qualified individuals ☐ Capital Project of the organization (equipment, furnishing, building, etc)					ified individuals	
The Following are Rec	quired Att	tachmen	ts:			
☑ IRS Exempt Status	Determina	ition Lette	er	☐ Signed lease	if rent costs are being requested	
☐ ☐ Current year proje	cted budge	et		☑ IRS Form W9		
☐ Current financial s	tatement			\square Evaluation forms if used in the proposed program		
	orm 990 or	1120-H		☑ Annual audit (if required by organization)		
☑ Articles of Incorporation (current & signed)			gned)	☐ Faith Based Organization Certification Form, if applicable		
For the current fiscal year ending June 30, list all funds appropriated and/or received from Louisville Metro Government for this or any other program or expense, including funds received through Metro Federal Grants, from any department or Metro Council Appropriation (Neighborhood Development Funds). Attach additional sheet if necessary.						
	Fairdale	Eleme	entary School	Amount: (\$)	\$ 0.00	
Source:			hools – see page 11.	Amount: (\$)	\$62,739.50	
	Has the applicant contacted the BBB Charity Review for participation? \square Yes \boxtimes No Has the applicant met the BBB Charity Review Standards? \square Yes \boxtimes No					

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SECTION 3 – AGENCY DETAILS

Describe Agency's Vision, Mission and Services:

The Jefferson County Public Education Foundation (JCPEF) advances the education of Jefferson County citizens by providing financial support for Jefferson County Public Schools (JCPS). The foundation was incorporated in 1983 as a nonprofit organization under IRS 501(c)(3).

The JCPE Foundation focuses on a range of projects that support the JCPS vision of all students graduating prepared, empowered, and inspired to reach their full potential and contribute as thoughtful, responsible citizens of our diverse shared world. The Foundation helps generate funding for school-specific needs, such as this proposal's request for playground equipment for Fairdale Elementary School, as well as support for district-wide initiatives.

Current Focal Points

- Early Childhood Education
- Third Grade Reading Pledge
- College and Career Readiness

Additional Initiatives

- Kindergarten Readiness Camps
- Compassionate Schools
- Hilliard Lyons Excellence Awards
- Help Us Grow (HUG)
- Imagination Library
- College Scholarships for Graduating Seniors

SECTION 4 - BOARD OF DIRECTORS AND PAID STAFF

Board Member	Term End Date
James Allen, Chair	2018
Franklin Jelsma, Vice Chair	2018
Lynn Huether, Secretary/Treasurer	2018
Robert Arnold	2019
Janine Broussard	2020
Vik Chadha	2019
Malcolm B. Chancey, Jr.	Emeritus
Al Cornish	2018
Meredith Erickson	2020
Dr. Alex Gerassimides	2019
Audwin Helton	2019
Henry Heuser, Jr.	2018
Kevin Joynt	2019
Elizabeth Mays	2020
Mitch Rue	2018
Joe Seiler	2020
Ken Selvaggi	2019
Mark Shirkness	2020
Kevin Shurn	2020
Carl Thomas	2019
Carol Timmons	2019
Jeff Uligian	2020

Describe the Board term limit policy:

The Articles of Incorporation for the Jefferson County Public Education Foundation indicate: "Each director shall hold office for the term for which he is elected or until his successor shall have been elected and qualifies for the office, whichever period is longer." Members generally serve 3 year terms and they may serve more than one term.

Three Highest Paid Staff Names	Annual Salary
The Jefferson County Public Education Foundation has no paid staff. It is administered by a Volunteer Board of Directors. See list above.	\$0.00

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SECTION 5 - PROGRAM/PROJECT NARRATIVE

A: Describe the program/project start and end dates, a description of the program/project and applicable data with regards to specific client population the program will address:

Fairdale Elementary School serves 575 students and is located in southwest Jefferson County. The school features an International/Cultural Studies and Language Magnet Program. Students who attend Fairdale identify as 49% White, 26% Hispanic, 15% Black and 10% Other. The vast majority of students, 74%, qualify for free and reduced price meals.

Fairdale intends to improve its school playground. The rationale is playgrounds promote physical activity, and for populations underserved by parks and green spaces, school playgrounds also promote health equity. Playgrounds help children flourish by giving them time to play cooperatively, spend time outdoors, employ their imagination, and release energy and stress.

Our project will occur during the 2018-19 school year and installation will be completed by June 30, 2019.

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

The Louisville Metro Government funding request totals \$5,462.90 and will be used to purchase playground equipment and to pay shipping and installation costs.

The enclosed estimated for playground equipment, freight and installations (including vendor discounts) totals \$13,462.90. The school will contribute \$4,500 towards these costs from its activities account and the Parent Teacher Association (PTA) will contribute \$3,500.

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C: If this request is a fundraiser, please detail how the proceeds will be spent:
, , , , , , , , , , , , , , , , , , ,
This request to Louisville Metro Government is not for a fundraiser.
D. For Francisch and D. L. C. L. T.
D: For Expenditure Reimbursement Only – The grant award period begins with the Metro Council approval date
and ends on June 30 of Metro fiscal year in which the grant is approved. If any part of this funding request is for funds to be spent before the grant award period, identify the applicable circumstances:
the applicable electricistics.
No grant funds will be spent prior to the grant award period.
Brown round will be spent prior to the grant award period.
The funding request is a reimbursement of the following expenditures that will probably be incurred after the
application date, but prior to the execution of the grant agreement:
☐ If selecting this option, the invoice, receipt and payment documentation should not be available as of the date of
this application.
The Grantee will be required to submit financial reporting in accordance with the reporting schedule provided in the grant agreement.
grant agreement.
Deirekowa za zata aka 11 ak
Reimbursements should not be made before application date unless an emergency can be demonstrated by the primary council sponsor. The funding request is a reimbursement of the following expenditures (attach
invoices or proof of payment):
☐ Attach a copy of invoices and/or receipts to provide proof of purchase of activities associated with the work
plan identified in this application. Attach a copy of cancelled checks to provide proof of payment of the invoices or receipts associated with the work
plan identified in this application.

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E: Describe the program's benefits to those being served (measurable outcomes). Include the program's process for collecting data and the indicators that will be tracked to measure the benefits to those being served:
The primary project outcome will be improved student access to developmentally appropriate playground equipment. Benefits to students will include improved physical activity, enhanced character building (playing productively with others), and expending energy to increase classroom focus.
F: Briefly describe any existing collaborative relationships the organization has with other community organizations. Describe what those partners are bringing to the relationship in general and to this program/project specifically.
Fairdale Elementary School works with two local churches, the Fairdale Business Association, an area bank, Dairy Queen, and the Masonic Lodge to provide various opportunities to our students. The school also has an active Parent Teacher Association (PTA).
The cost estimate for Fairdale's playground totals \$13,462.90. The school will provide \$4,500 of this cost from its activities account, and the PTA will contribute \$3,500. Fairdale is requesting the balance of funds, \$5,462.90, from Louisville Metro Government Neighborhood Development funds because the elementary school is a key member of the Fairdale community and serves a high number of free and reduced meal students and families.

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SECTION 6 - PROGRAM/PROJECT BUDGET SUMMARY

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

	Column 1	Column 2	Column (1+2)=3
Program/Project Expenses	Proposed Metro Funds	Non- Metro Funds	Total Funds
A: Personnel Costs Including Benefits			
B: Rent/Utilities			
C: Office Supplies			
D: Telephone			
E: In-town Travel			
F: Client Assistance (See Detailed List on Page 8)			
G: Professional Service Contracts			
H: Program Materials			
I: Community Events & Festivals (See Detailed List on Page 8)			
J: Machinery & Equipment			
K: Capital Project – Playground Equipment	\$5,462.90	\$8,000	\$13,462.90
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS			
% of Program Budget	40%	60%	100%

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

Other State, Federal or Local Government – school activity funds	\$4,500
United Way	
Private Contributions (do not include individual donor names) - ${f PTA}$	\$3,500
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	\$8,000

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

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

	Value of Contribution	Method of Valuation
CPS will provide 45 cubic yards of mulch for		
he new playground.		
Total Value of In-Kind		
(to match Program Budget Line Item. Volunteer Contribution & Other In Kind)		
RSON PER WEEK		ING HOW MANY HOURS PER
RSON PER WEEK Tency Fiscal Year Start Date: July 1 Tes your Agency anticipate a significant increase		
RSON PER WEEK ency Fiscal Year Start Date: July 1 es your Agency anticipate a significant increase dget projected for next fiscal year?		
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RSON PER WEEK Sency Fiscal Year Start Date: July 1 Des your Agency anticipate a significant increase dget projected for next fiscal year?		

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SECTION 7 – CERTIFICATIONS & ASSURANCES

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

Standard Assurances

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

Standard Certifications

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

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

SECTION 8 - CERTIFICATIONS & ASSURANCES

		ore	OILO CEIL				
I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows							
falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be							opended are subject to be
repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.							
Signature of Legal Signatory: Ame L, Ma Date: 10/19/20						10/19/2018	
Legal Signatory: (please print): James Allen Title: Board Chair					Board Chair		
Phone:	502-485-3995		Extension:		Email:	kristin.wingfel	d@jefferson.kyschools.us

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ATTACHMENT A – JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION FUNDING FROM LOUISVILLE METRO GOVERNMENT FOR JCPS SCHOOLS AND PROGRAMS 2017-2018

DATE	AMOUNT	SCHOOL OR PROGRAM
12/31/2017	\$2,200.00	CAMP EDWARDS EARLY CHILDHOOD CENTER
12/31/2017	\$3,400.00	GIRL PROGRAM
12/31/2017	17,500.00	MAUPIN, NORTON COMMONS, SHELBY TRADITIONAL
		AND ZACHARY TAYLOR ELEMENTARY SCHOOLS
12/31/2017	\$5,000.00	NORTON COMMONS
12/31/2017	\$2,000.00	SOUTHERN HIGH SCHOOL
03/31/2018	\$5,000.00	MAUPIN ELEMENTARY SCHOOL
03/31/2018	\$4,500.00	SHELBY TRADITIONAL ELEMENTARY SCHOOL
03/31/2018	\$2,500.00	ST MATTHEWS ELEMENTARY SCHOOL
03/31/2018	\$2,000.00	VALLEY HIGH SCHOOL ROBOTICS
05/31/2018	\$14,139.50	SOUTHERN HIGH SCHOOL, WILT AND ZACHARY TAYLOR
		ELEMENTARY SCHOOLS
05/31/2018	\$2,000.00	VALLEY HIGH SCHOOL ROBOTICS
06/30/2018	\$2,500.00	ST MATTHEWS ELEMENTARY SCHOOL

\$62,739.50

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IRS DETERMINATION LETTER

Internal Revenue Service District Director Department of the Treasury

Date:

JUL 19 1983

Jefferson County Public Education Foundation, Inc. 416 West Jefferson Louisville, KY 40202 Employer Identification Number:

Accounting Period Ending:

June 30

Form 990 Required: K Yes No

Person to Contact:
Marilyn Miller
Contact Telephone Number:
(513) 684-3578

Dear Applicant:

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

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

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

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

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

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

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

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

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

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

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

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

Sincered yours

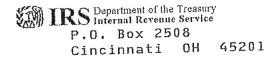
James J. Ryan V District Director

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

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

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

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



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

> 00015796 BODC: TE

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



034020

Employer Identification Number: Person to Contact: Toll Free Telephone Number: 1-877-829-5500

B. HALL

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.

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

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

Sincerely yours,

S. A. Martin, Operations Manager

Accounts Management Operations

CURRENT YEAR OPERATING BUDGET -

Jefferson County Public Education Foundation, Inc. Current Year Operating Budget 07/01/2018 - 06/30/2019

Total	\$35,874
Office Expenses	\$1,627
Insurance	\$1,878
Accounting	\$6,366
Fees for Services (non-employees)	\$26,003
Operating Expenses	
Total	, ,
Total	\$35,874
Investment Income	\$136
Grants and Donations	\$35,738
Revenue	

AUDITED FINANCIAL STATEMENT

JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC.

FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2016 AND 2015

JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC.

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STATEMENTS OF ASSETS AND NET ASSETS – CASH BASIS	4
STATEMENTS OF REVENUES AND SUPPORT, EXPENSES, AND CHANGES IN NET ASSETS – CASH BASIS	5-6 7-9



500 NORTH HURSTBOURNE PARKWAY, SUITE 150, LOUISVILLLE, KENTUCKY 40222 • PHONE: 502.423.0311 • FAX: 502.339.7103

Independent Auditor's Report

Board of Directors Jefferson County Public Education Foundation, Inc. Louisville, Kentucky

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

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

Opinion

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

Basis of Accounting

We draw attention to Note 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 June 19, 2017

Monroe Shine

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

ASSETS

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

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

	Every One Reads		Youth Achievement		David Jones L. Vocal Scholarship	Dat	mmunity ta Liaison Position
Revenue and support:							
Contributions	\$	_	\$	_	\$ 26,000	\$	125,000
Net investment income		-		-	3		-
Transfers between programs		-		_			-
		_		_	26,003		125,000
Expenses:							
Educational grants and expenses		16,471		3,000	5,000		21,504
Payroll expenses				_	-		-
Other general expenses		-		_	_		-
		16,471		3,000	5,000		21,504
Changes In Net Assets		(16,471)		(3,000)	21,003		103,496
Total Net Assets, Beginning of Year		208,865		72,768	22,368		<u>-</u>
Total Net Assets, End of Year	\$	192,394	\$	69,768	\$ 43,371	\$	103,496

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

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

		Every One Reads	Kin	CE&S dergarten rogram	Vogt Scholars	Youth hievement
TEMPORARILY RESTRICTED NET ASSETS						
Revenue and support:						
Contributions	\$	4,000	\$	250,000	\$ ••	\$ -
Net investment income		-		•	-	-
Transfers between programs		-		-	 -	 **
		4,000		250,000	 -	
Expenses:						
Educational grants and expenses		17,580		-	-	3,000
Payroll expenses		-		-	-	-
Other general expenses				-		-
		17,580		-	-	 3,000
Changes In Net Assets		(13,580)		250,000	-	(3,000)
Total Net Assets, Beginning of Year		222,445		-	 69,778	75,768
Total Net Assets, End of Year	_\$	208,865	\$	250,000	\$ 69,778	\$ 72,768

•	•	•	•		•
Other Temporarily Restricted	Temporarily Restricted Total	Board Designated Programs	Other Unrestricted	Total	
\$ 812,876	\$ 1,066,876	\$ -	\$ 6,248 \$	1,073,124	
4	4	-	138	142	
-	-		-		
812,880	1,066,880	-	6,386	1,073,266	
1,236,313	1,256,893	34,730	_	1,291,623	
38,118	38,118	-	-	38,118	
-	-	-	10,067	10,067	
1,274,431	1,295,011	34,730	10,067	1,339,808	
(461,551)	(228,131)	(34,730)	(3,681)	(266,542)	
1,136,479	1,504,470	103,765	17,279	1,625,514	

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

(1) SUMMARY OF SIGNIFICANT ACCOUNTING POLICIES

Nature of Operations

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

Basis of Presentation

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

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

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

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

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

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

Cash and Cash Equivalents

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

Contributions

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

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

(1 - continued)

Income Taxes

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

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

(2) CASH AND CASH EQUIVALENTS

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

	<u>2016</u>	<u>2015</u>
Money market account Checking accounts	\$ 1,201,754 12,800	\$ 1,346,172 12,800
Total	\$ <u>1.214,554</u>	\$ 1,358,972

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

(3) CONTRIBUTIONS

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

(4) BOARD DESIGNATED NET ASSETS

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

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

(5) OTHER TEMPORARILY RESTRICTED NET ASSETS

Other programs consisted of the following as of June 30:

		<u>2016</u>		<u>2015</u>
National Board Certified Teacher Training	\$	38,000	\$	40,500
Louisville Education & Employment Part.		34,227		5,265
ZEON Chemicals		31,820		43,448
CE&S Kindergarten Camp		24,463		-
Oliver Daniel Winn HOSA		24,000		25,000
Ford Academies		22,922		19,226
Ford NGL		20,048		13,105
Lou Goes to College		20,000		-
Gordon Food Service		18,795		21,788
Wyatt Debate Scholarship Fund		17,535		10,830
All others	2	388,758		495,766
	\$ <u>6</u>	540,568_	\$ 6	<u> 574,928</u>

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

(6) CONCENTRATION

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

(7) SUBSEQUENT EVENTS

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

·990 FORM

EXTENDED TO MAY 15, 2018

Form

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

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

h Open to Public

Phone no. 502-423-0311

X Yes

Form 990 (2016)

Department of the Treasury Information about Form 990 and its instructions is at www.irs.gov/form990. A For the 2016 calendar year, or tax year beginning JUL 1, 2016 and ending JUN 30, 2017 C Name of organization Check if D Employer identification number JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC. Name change Doing business as Initial return Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number P.O. BOX 35368 502-585-5347 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ Amended LOUISVILLE, KY 40202 H(a) Is this a group return Applica-F Name and address of principal officer: JOSEPH SEILER for subordinates? Yes X No pending 2500 EASTPOINT PARKWAY, LOUISVILLE, KY 4022 H(b) Are all subordinates included? Yes) ◀ (insert no.) 4947(a)(1) or If "No," attach a list. (see instructions) J Website: ► N/A H(c) Group exemption number ▶ K Form of organization: X Corporation Trust Association Other > L Year of formation: 1983 M State of legal domicile: KY Part I Summary Briefly describe the organization's mission or most significant activities: SUPPORT OF JEFFERSON COUNTY Governance KENTUCKY PUBLIC SCHOOLS Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 25 Number of independent voting members of the governing body (Part VI, line 1b) 25 4 ≪ Total number of individuals employed in calendar year 2016 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 0 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 0. 7a b Net unrelated business taxable income from Form 990-T, line 34 0. Prior Year **Current Year** Contributions and grants (Part VIII, line 1h) 847,608. 3,461,275. Program service revenue (Part VIII, line 2g) 9 0. 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 136. 275. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 0. 0. Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 847,744. 3,461,550. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 852,278. 1,317,235. Benefits paid to or for members (Part IX, column (A), line 4) 0. 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0. 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0. 0. b Total fundraising expenses (Part IX, column (D), line 25) > 73,805. 17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 139,884. 190,033. Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 992,162. 1,507,268. Revenue less expenses. Subtract line 18 from line 12 -144,418.1,954,282. 5 Beginning of Current Year End of Year Assets 20 Total assets (Part X, line 16) 1,214,554. 3,168,836. 21 Total liabilities (Part X, line 26) 0. 0. Net assets or fund balances. Subtract line 21 from line 20 214,554. 3,168,836. Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Date JOSEPH SEILER, SECRETARY/TREASURER Here Type or print name and title] PTIN Print/Type preparer's name Preparer's signature Paid JEREMY M FINN, CPA self-employed Preparer Firm's name MONROE SHINE & CO., INC. CPA'S Firm's EIN ▶

May the IRS discuss this return with the preparer shown above? (see instructions)

LOUISVILLE, KY 40252-9804

Firm's address ▶ PO BOX 22039

Use Only

JEFFERSON COUNTY PUBLIC EDUCATION

	1990 (2016) FOUNDATION, INC. Page 2
Ра	rt III Statement of Program Service Accomplishments
	Check if Schedule O contains a response or note to any line in this Part III
1	Briefly describe the organization's mission:
	SUPPORT OF JEFFERSON COUNTY, KENTUCKY PUBLIC SCHOOLS
2	Did the organization undertake any significant program services during the year which were not listed on the
	prior Form 990 or 990-EZ?
	If "Yes," describe these new services on Schedule O.
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?
Ü	If "Yes," describe these changes on Schedule O.
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses.
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and
	revenue, if any, for each program service reported.
4a	(Code:) (Expenses \$1, 391, 040 . including grants of \$1, 317, 235 .) (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.
4b	10.
40	(Code:) (Expenses \$
4c	(Code:) (Expenses \$
4d	Other program services (Describe in Schedule O.)
	(Expenses \$ including grants of \$) (Revenue \$)
4e	Total program service expenses \(\) 1,391,040.
46	Total program advice expenses pr £100±0.

Form 990 (2016) FOUNDATION, INC.

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		'	1
_	If "Yes," complete Schedule A	1	X	<u> </u>
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	X	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
_	during the tax year? If "Yes," complete Schedule C, Part II	4		X
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or		}	
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		X
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		X
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	_X_	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, VIII, IX, or X			
	as applicable.		50.11	
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		_X_
¢	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total			7.
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		_X_
a	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			7.7
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		_X_
f	,		77	
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	X	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		7,	
	Schedule D, Parts XI and XII	12a	X	
a	Was the organization included in consolidated, independent audited financial statements for the tax year?			70"
10	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		$\frac{x}{x}$
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E Did the organization maintain an office, employees, or agents outside of the United States?	13		
		14a		X
D	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
		440.		X
15	or more? If "Yes," complete Schedule F, Parts I and IV	14b		
15				X
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		-27
10		40		X
17	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	16		
. 1		47		Y
18	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	17		<u>X</u>
.0		10		X
19	1c and 8a? If "Yes," complete Schedule G, Part II Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."	18		
	complete Schedule G. Part III	19		X
	VALIDATE VEHVANIV A. I ALTII		000	

JEFFERSON COUNTY PUBLIC EDUCATION Form 990 (2016) FOUNDATION, INC. Part IV Checklist of Required Schedules (continued)

THE NAME OF STREET	Continued)		Yes	No
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	100	х.
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	X	
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		X
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No", go to line 25a	24a		X
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		_X_
b	is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			37
	Schedule L, Part I	25b		_X_
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"	000		X
	complete Schedule L, Part II	26		- 22
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member	27		X
	of any of these persons? If "Yes," complete Schedule L, Part III	21	D 13	<u> </u>
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV		131	
	instructions for applicable filing thresholds, conditions, and exceptions): A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a	10	X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes, "complete Schedule L, Part IV"	28b		X
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
C	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29 .		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes." complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
٠.	If "Yes," complete Schedule N, Part I	31		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
-	Schedule N, Part II	32		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
-	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		X
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		X
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		X
	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		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?		177	
-	Note. All Form 990 filers are required to complete Schedule O	38	X	(aa : =:
		Form	990	(2016)

Form 990	(2016)
Part V	St

Page 5

	Check if Schedule O contains a response or note to any line in this Part V			
	•		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a, Enter -0- if not applicable 1b 0			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,			
	filed for the calendar year ending with or within the year covered by this return 2a 0			
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	19.100.100.100.000	AMELONGICUS
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		200	
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a	Total (Constitution	X
	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O	3b		
	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a			
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		X
b	If "Yes," enter the name of the foreign country:	4.		
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			4
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		X
	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?	5c		
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit			
- Cu	any contributions that were not tax deductible as charitable contributions?	6a		X
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts			
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	UD		
' a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a	2: L	X
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
•	to file Form 8282?	7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d			
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e	Corp. Care.	X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		X
_	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the			16716
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.	11/202		
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a	a Third Carlo	ONE CONTRACTOR
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		
10	Section 501(c)(7) organizations. Enter:			
а	Initiation fees and capital contributions included on Part VIII, line 12			
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b			
11	Section 501(c)(12) organizations. Enter:			
а	Gross income from members or shareholders			
	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			
i2a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a		10.40.00.00.00.00.00.00.00.00.00.00.00.00
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
	Is the organization licensed to issue qualified health plans in more than one state?	13a		
_	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the		1.7	
-	organization is licensed to issue qualified health plans			4
С	Enter the amount of reserves on hand			
	Did the organization receive any payments for indoor tanning services during the tax year?	14a		X
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		

FOUNDATION, INC.

Page 6

Form 990 (2016) 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. X Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management No Yes 25 1a Enter the number of voting members of the governing body at the end of the tax year If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O. 25 b Enter the number of voting members included in line 1a, above, who are independent Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other X officer, director, trustee, or key employee? Did the organization delegate control over management duties customarily performed by or under the direct supervision 3 X of officers, directors, or trustees, or key employees to a management company or other person? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? X 4 Did the organization become aware during the year of a significant diversion of the organization's assets? 5 Χ. 6 Did the organization have members or stockholders? 6 7a Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or X more members of the governing body? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or X 7b persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: X 8a a The governing body? X 8b Each committee with authority to act on behalf of the governing body? Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the Χ organization's mailing address? If "Yes." provide the names and addresses in Schedule O Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No Yes X 10a 10a Did the organization have local chapters, branches, or affiliates? b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b X Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a b Describe in Schedule O the process, if any, used by the organization to review this Form 990. X 12a 12a Did the organization have a written conflict of interest policy? If "No," go to line 13 b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe 12c in Schedule O how this was done X 13 Did the organization have a written whistleblower policy? 13 X 14 Did the organization have a written document retention and destruction policy? 14 Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a b Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a X 16a taxable entity during the year? b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's 16b exempt status with respect to such arrangements? Section C. Disclosure NONE List the states with which a copy of this Form 990 is required to be filed >_ Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. Other (explain in Schedule O) X Upon request Another's website Own website Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records: JOE SEILER, TREASURER - 502-499-4794

40223

2500 EASTPOINT PARKWAY, LOUISVILLE, KY

Form 990 (2016)	FOUNDATION, INC.		
Port VIII Company	sation of Officers, Directors, Trustees,	, Key Employe	es, Highest Compen sa i
Part VIII Compens	ation of Officers, Directors, Tractors,	,	, -
Employe	es, and Independent Contractors		•

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

and former such persons. X Check this box if neither the organization	nor any related o	orgai	nizat	ion	com	pen	sate	d any current officer, di	rector, or trustee.	
(A)	(B)	. 50		-{(2)			(D)	(12)	(F)
Name and Title	Average hours per week	Position (do not check more than one box, unless person is both an officer and a director/trustee)					an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) JAMES R ALLEN	1.00							0.	0.	0.
CHAIRMAN		X		X	_	_		0.	0.	
(2) FRANKLIN JELSMA	1.00							0.	0.	0.
VICE CHAIRMAN		X	_	X	-	├	_	0.	0.	
(3) JOSEPH SEILER	3.00			1				0.	0.	0.
TREASURER		X	-	X	┼	\vdash	-	0.		
(4) MIKE BROWN	1.00	x						0.	0.	. 0
MEMBER	1.00	_	\vdash	-	+	+-	\vdash			
(5) AUDWIN HELTON	1.00	x						0.	0.	0 .
MEMBER	1.00	123	\vdash	+	T	+	\vdash			
(6) HENRY HEUSER JR	1.00	$ _{\mathbf{x}}$						0.	0.	0
MEMBER	1.00	1	+	\top	T	1				
(7) MARK SHIRKNESS	1.00	$ _{x}$						0.	0.	0
MEMBER (8) KEVIN SHURN	1.00									
MEMBER		٦x						0.	0.	0
(9) JEFF ULIGIAN	1.00									0
MEMBER		\mathbb{X}						0.	0.	0
(10) AL CORNISH	1.00								0.	0
MEMBER		X		_	_	_	1	0.		U
(11) LYNN HUETHER	1.00	┨						0.	0.	0
MEMBER		X	_	+	\bot	-	+	0.		-
(12) KEN SELVAGGI	1.00	┦						0.	. 0.	. 0
MEMBER		X	+	+	+	+	+	0.		
(13) BILL SIMPSON	1.00							0	. 0.	. 0
MEMBER		X	4	+	+	+	+	0	•	1
(14) MALCOLM B. CHANCEY JR.	1.00		.				ı	0	. 0.	. 0
MEMBER	1 00	X	1	+	+	+	+	0	•	
(15) DR. DONNA M. HARGENS	1.00		,					0	. 0.	. 0
MEMBER	1 00	X	-	+	-	+	+	-		
(16) ROBERT J. ARNOLD	1.00		,					0	. 0	. 0
MEMBER	1 00	<u> </u>	-	+	+	+	+	-		
(17) VIK CHADHA	1.00	\vdash	7					0	. 0	. 0
MEMBER			7					, I		Form 990 (20

JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC.

Form 990 (2016) FOUNDATIO	N, INC.									1 age -
Part VII Section A. Officers, Directors, Trust	ees, Key Emp	loye	ees,	and	Hig	hes	t Co	ompensated Employee	s (continued)	
	(B)			(C	;}			, (D)	(E) .	(F)
(A)	Average	Position Reportable Reportable						Reportable	Estimated	
Name and title	hours per	box.	unles	s pers	son is	s both	an	compensation	compensation	amount of
	week	offic	cer and	d a dir	recto	r/trust	ee)	from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc		-		- I		organization	(W-2/1099-MISC)	from the
•	related	98 Of	stee			nsate		(W-2/1099-MISC)		organization
	organizations	trust	al fr		yee	ed mo				and related
	below	dual	ution		oldm	est co	<u>19</u>			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Кеу етріоуее	Highest compensated employee	Former			
ALL STRUCTURES AND	1.00	_								
(18) DR. ALEX GERASSIMIDES, MD	1.00	x						0.	0.	0.
MEMBER	1.00	-								
(19) JOE HARDESTY	1.00	X						0.	0.	0.
MEMBER	1 00	Δ.	-			1-	_			
(20) TOM HUDSON	1.00	-						0.	0.	0.
MEMBER		X	-		_	-	-	0.	0.1	
(21) KEVIN JOYNT	1.00		1						0.	0.
MEMBER		X						0.	0.	
(22) TANJA OQUENDO	1.00									0.
MEMBER		\mathbb{X}						0.	0.	0.
(23) MITCH RUE	1.00									
	2000	$ _{\mathbf{x}}$						0.	- 0.	0.
MEMBER	1.00	+	+-	\vdash		1	T			
(24) GWEN TILTON	1.00	\forall_{x}						0.	0.	0.
MEMBER	1 00	1	+-	+	\vdash	+-	\vdash			
(25) CAROL TIMMONS	1.00	٠,	.					0.	0.	0.
MEMBER		X	4	+-	+-	-	+			
(26) SAM CORBETT	40.00	4					1	0.	0.	0.
EXECUTIVE DIRECTOR				X					0.	
1b Sub-total								0.		
c Total from continuation sheets to Part V	II. Section A							0.	0.	
								0.	0.	
	not limited to t	hose	e list	ed a	bov	/e) w	ho r	received more than \$100	0,000 of reportable	0
compensation from the organization										0
compensation from the organization										Yes No
3 Did the organization list any former office	-live star ort	ruct	oo k	'AV A	mnl	loves	9 01	r highest compensated	employee on	
3 Did the organization list any former οπισε	r, director, or t		CC, 10	.cy c	ıı ıpı	,	.,	1		3 X
line 1a? If "Yes," complete Schedule J for	such individua	d		• • • • • •		• • • • • • •	 د ــ لــ	ther componention from	the organization	
4 For any individual listed on line 1a, is the s	sum of reportal	ble c	comp	oens	atio	on an	u o	tilet compensation nom	110 019-11	4 X
	בת תחחת אב ווועה	- 11 -	ame	·loto	C~1	hadı	lo . I	i tor such individual		
5 Did any person listed on line 1a receive or	accrue compe	ensa	ition	tron	n an	ıy un	reia	ited organization of man	idual for our riose	5 X
rendered to the organization? If "Yes." co	mplete Schedu	ıle J	for:	such	pe	rson				1 5 1 1 22
a late to the table for your five highest of	ompensated ir	nder	end	ent o	con	tract	ors	that received more than	\$100,000 of compen	sation from
the organization. Report compensation fo	r the calendar	vea	r end	ling	with	or v	vith	in the organization's tax	year.	
	I tilo calcilaa	1						1 (0))	(C)
(A) Name and busines	s address	7	10I	JF.				Description of	f services	Compensation
Name and busines	55 444.000		.VOI	111						
	<i>p</i> 1 1 1 1 1	L 1	l lima!	+04 =	+0+	2000	lict	ed above) who received	more than	
2 Total number of independent contractors	(including but	t not	um	ieu I	וו טו	nuse N	not	od abovoj mio rodoliod		
\$100,000 of compensation from the orga	nization 🕨					U			I America	Form 990 (2016

		Statement of Revenu	ns a response o	r note to any line	in this Part VIII		(0)	(D)
		• •			(A) Total revenue	Related or exempt function revenue	(C) . Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
1 :	a F	ederated campaigns	1a					
		Membership dues						
		Fundraising events						
		Related organizations	1 1					
		Government grants (contributio						
		All other contributions, gifts, grants	a, and					
		similar amounts not included above	l In	461,275.				
	g t	Noncash contributions included in lines 1s	a-1f: \$		2 4 6 1 0 T F			
	h '	Noncash contributions included in lines 18 Total. Add lines 1a-1f			3,461,275.			
				Business Code	December 1 and 1 and 1 and 1 and 1		And the second second	
2	а							
2	d							
1	e							
		All other program service rever						
	g	Total. Add lines 2a-2f				(2) (1) (2) (2) (2) (2) (2) (2) (2) (2) (2) (2	Approximation of 15565 or tree(b) - compression with	
3		Investment income (including of			275.	275.		
		other similar amounts)			275			
4		Income from investment of tax	exempt bond p	proceeds				
5		Royalties		(i) Deveno		7 59 31 B	Avaet	
			(i) Real	(ii) Personal				
6		Gross rents		-			A. Jillian S. S.	
		Less: rental expenses						
		Rental income or (loss)				Consider to the State of Constitution of Const		
		Net rental income or (loss)	(i) Securities	(ii) Other		Legicold Ali		
7	а	Gross amount from sales of	(I) Securities	(11) 0 11 101				
		assets other than inventory						
	b	Less: cost or other basis						
		and sales expenses Gain or (loss)	I .					
	C	Net gain or (loss)			- Action year Belong that Annual Company of Martin			NATIONAL AND STREET
Ι,	α	Gross income from fundraisin	a events (not					
3 5	s a	including \$	of					a langua d
3		contributions reported on line	1c). See		40.5			
2		Part IV, line 18		a				
	h	Less: direct expenses		b				
5	0	Net income or (loss) from fund	draising events	>	100 SAC SECURE A 10 S. 100 SEC.			
1.	9 а	Gross income from gaming a	ctivities. See					
		Part IV, line 19		а			The state of the s	
	b	Less: direct expenses		bd		10 April 10		
	c	Net income or (loss) from gar	ning activities			7 8 CA		
1		Gross sales of inventory, less						
		and allowances		a				
		Less: cost of goods sold		b		334 January 1985 S. 31931 Sec. 55343	ne garanji gija tirilika. Izti	
	С	Net income or (loss) from sale			•		1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	
		Miscellaneous Reven		Business Cod	de		THE PROPERTY SERVICES	organias (17.0020) burdinga, itan cikir, italia
L	1 a							
1				.				
1	b			1				
1	b			_				
1	c							

Form 990 (2016) FOUNDATION, INC.

Part IX Statement of Functional Expenses

Sectio	n 501(c)(3) and 501(c)(4) organizations must complete Check if Schedule O contains a response	<u>ete all columns. All other.</u> e or note to any line in th	nis Part IX		(D)
Do no	ot include amounts reported on lines 6b,	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
	b, 9b, and 10b of Part VIII.		охронет		
	Grants and other assistance to domestic organizations	1,317,235.	1,317,235.		
	and domestic governments. See Part IV, line 21	1,511,1501			
	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
	Benefits paid to or for members			panels in a fine to the constitution is they are the constitution.	
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				
	Pension plan accruals and contributions (include				
J	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
	Payroll taxes				
10	Fees for services (non-employees):				
11		184,513.	73,805.	36,903.	73,805.
	Management				
b	Legal				
C	Accounting				
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17		Section Control of the Control of th		
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch O.)				
12	Advertising and promotion	3,598.		3,598.	
13	Office expenses	3,330.		7.2.2.	
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			4 000	
23	Insurance	1,922.	Marian Andrews	1,922.	
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)				
а	·				
b				<u> </u>	
c					
d					
	All other expenses			10 100	72 005
25	Total functional expenses. Add lines 1 through 24e	1,507,268.	1,391,040.	42,423.	73,805.
26	Joint costs. Complete this line only if the organization				-
20	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)		8	1	- 000 (004)

Form 990 (2016)
Part X Balance Sheet

Pai	rt X	Balance Sheet			
		Check if Schedule O contains a response or note to any line in this Part X			
		•	(A) . Beginning of year		(B) ` End of year
	1	Cash - non-interest-bearing	12,800.	1	0.
	2	Savings and temporary cash investments	1,201,754.	2	3,168,836.
	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	#0.46.00 pt. 146.00 \$ 6.60.00 pt. 2000 \$ 6.00 pt. 49.00 pt. 10.00 pt. 10.00 pt. 10.00 pt. 10.00 pt. 10.00 pt. 1	5	White-and and the second and the sec
	6	Loans and other receivables from other disqualified persons (as defined under		(2) The state of t	
		section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of section 501(c)(9) voluntary			
Ø		employees' beneficiary organizations (see instr). Complete Part II of Sch L	garding and income and and the control of the second of the control of the contro	6	
Assets	7	Notes and loans receivable, net	· ·	7	
As	8	Inventories for sale or use		8	
	9	Prepaid expenses and deferred charges		9	
	10a	Land, buildings, and equipment: cost or other			
		basis, Complete Part VI of Schedule D 10a			
	ь	Less: accumulated depreciation 10b	allicial for sensioning protocols in patricing calculations for with a stabilistic case to collections and collection of the sension of the s	10c	Space (Applies and party pages Applies and the other Contraction and Applies and Contraction
	11	Investments - publicly traded securities		11	
	12	Investments - other securities. See Part IV, line 11		12	
	13	Investments - program-related. See Part IV, line 11		13	
	14	Intangible assets		14	
	15	Other assets. See Part IV, line 11		15	
	16	Total assets. Add lines 1 through 15 (must equal line 34)	1,214,554.	16	3,168,836.
	17	Accounts payable and accrued expenses		17	. *
	18	Grants payable		18	
	19	Deferred revenue		19	
	20	Tax-exempt bond liabilities		20	
	21	Escrow or custodial account liability. Complete Part IV of Schedule D		21	
υ	22	Loans and other payables to current and former officers, directors, trustees,			
Liabilities		key employees, highest compensated employees, and disqualified persons.			
abi		Complete Part II of Schedule L		22	
	23	Secured mortgages and notes payable to unrelated third parties		23	
	24	Unsecured notes and loans payable to unrelated third parties		24	
	25	Other liabilities (including federal income tax, payables to related third			
		parties, and other liabilities not included on lines 17-24). Complete Part X of			
		Schedule D		25	
	26	Total liabilities. Add lines 17 through 25	0.	26	0.
		Organizations that follow SFAS 117 (ASC 958), check here 🕨 🗓 and			
S		complete lines 27 through 29, and lines 33 and 34.	151 056	16.1	111 001
uc	27	Unrestricted net assets	164,956.	27	111,984.
ala	28	Temporarily restricted net assets	1,049,598.	28	1,988,347.
ld E	29	Permanently restricted net assets		29	1,068,505.
Fur		Organizations that do not follow SFAS 117 (ASC 958), check here			
ŏ		and complete lines 30 through 34.			
Net Assets or Fund Balances	30	Capital stock or trust principal, or current funds		30	
Ass	31	Paid-in or capital surplus, or land, building, or equipment fund		31	
let,	32	Retained earnings, endowment, accumulated income, or other funds	1 014 554	32	2 160 026
Z	33	Total net assets or fund balances	1,214,554.	33	3,168,836.
	34	Total liabilities and net assets/fund balances	1,214,554.	34	3,168,836. Form 990 (2016)

	JEFFERSON COUNTY PUBLIC EDUCATION				
Form	990 (2016) FOUNDATION, INC.			Pag	_{je} 12
	t XI Reconciliation of Net Assets				-
Transfer of	Check if Schedule O contains a response or note to any line in this Part XI				
	Oncold in Concording of Total Control of Control of Total Control of Con	•			•
1	Total revenue (must equal Part VIII, column (A), line 12)	1	3,46		
2	Total expenses (must equal Part IX, column (A), line 25)	2	1,50	7,2	68.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,95	4,2	82.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	1,21	4,5	54.
5	Net unrealized gains (losses) on investments	5			
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	3,16	8,8	<u> 36.</u>
Pai	t XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				X
			401C34646500	Yes	No
1	Accounting method used to prepare the Form 990: X Cash Accrual Other		_		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	0.			
2a	Troid ato digarization of manifest and the state of the s		2a	5573960	X
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			
	separate basis, consolidated basis, or both:		110		
	Separate basis Consolidated basis Both consolidated and separate basis		an describer a		
b	Were the organization's financial statements audited by an independent accountant?		2b	X	espeniel i
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,			
	consolidated basis, or both:				
	X Separate basis Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the			₹	
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X	10.00
	If the organization changed either its oversight process or selection process during the tax year, explain in Sche	dule O.			
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Sin	gle Audit		Hillian	х
	Act and OMB Circular A-133?		За		
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi	rea audit	3b		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits			990	L (2016)
			LOHH	550	(2010)

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.

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

OMB No. 1545-0047

Open to Public

Inspection

JEFFERSON COUNTY PUBLIC EDUCATION Name of the organization FOUNDATION, INC. Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 1 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 2 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 3 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in X section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type II, Type III, functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s). (v) Amount of monetary (vi) Amount of other (iv) Is the organization listed (iii) Type of organization (i) Name of supported (ii) EIN in your governing document? (described on lines 1-10 support (see instructions) support (see instructions) organization

Schedule A (Form 990 or 990-EZ) 2016

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

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

9407.544	(Complete only if you checked fails to qualify under the tests	I the box on line 5, listed below, pleas	7, or 8 of Part I or e complete Part II	if the organization .)	tailed to qualify u	nder Part III. II tile	• •
Sec	tion A. Public Support						
	dar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	586,986.	870,698.	1073124.	847,608.	3461275.	6839691.
	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf	i i					
3	The value of services or facilities furnished by a governmental unit to the organization without charge					2461075	6839691.
1	Total. Add lines 1 through 3	586,986.	870,698.	1073124.	847,608.	3461275.	0033031.
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11,						
							3318382.
	column (f)	7 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					3521309.
6	Public support. Subtract line 5 from line 4.	THE STREET OF THE STREET	6 - 204 M. O. D. M. Seer Card Carachia and Carachia				
	ndar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
	Amounts from line 4	586,986.	870,698.	1073124.	847,608.	3461275.	6839691.
	Gross income from interest,						
8	dividends, payments received on			-			
	securities loans, rents, royalties	3					4 545
	and income from similar sources	1,029.	163.	142.	136.	275.	1,745.
9	Net income from unrelated business			,			
9	activities, whether or not the						
	business is regularly carried on						
40	Other income. Do not include gain						•
10	or loss from the sale of capital						
	assets (Explain in Part VI.)					Carrier to the land of the Control o	6841436.
11	- Add lines 7 through 10						1 0041430.
12	a to the second and indition	, etc. (see instructi	ons)			12	
13	First Community of the Form 990 is for	or the organization	s first, second, thi	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3)	.
	ination about this have and sta	n here					
Se	ction C. Computation of Pub	lic Support Pe	rcemage				51.47 %
14	Public support percentage for 2016	(line 6, column (f) of	livided by line 11,	column (f))		14	60.84 %
		I I A D	L II lim o 1 /			10	
16	an area and and of the	organization did r	ot check the box	on line 13, and line	9 14 18 33 1/370 01	more, check this b	▶ X
	cook	organization did r	ot check a box or	i line 13 or 16a, an	id little 15 is 55 i70	70 01 111010, 0110011	
17		A DOME If the O	raanization did not	check a box on III	ne 13, 16a, or 16b	, and mic in to its	0 0
	tiest	cte-and-circumsta	nces" test. Check	נוווס מווט שנייף	, itci or mapioni		
	a ne i l'imparatement	" toot The organiz	ation qualities as a	a dubliciv supporte	gu organization		
		ct 2015 If the o	raanization did no	t check a box on ii	ne 13, 16a, 16b, 6	i i i a, and iii o . o	.0 .0,0 =.
	J if the argonization mosts	the "facts-and-circ	umstances" test,	check this box and	2 Stob tiete: Exbi	ant in the care transcent	•
		iroumetancee" test	The organization	qualifies as a pub	ilicia anbbolice oi s	jainzanon	
_18	organization meets the "facts-and-card Private foundation. If the organization organization organization organization organization meets the "facts-and-card organization orga	tion did not check	a box on line 13, 1	oa, rob, rra, or r	Sc.	hedule A (Form 9	90 or 990-EZ) 2016

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

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

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

1. Public Support

Section A. Public Support				Г	T	
Calendar year (or fiscal year beginning in) ► 📗	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
1 Gifts, grants, contributions, and						
membership fees received. (Do not	•			·		
include any "unusual grants.")						,
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 bus-						
iness under section 513					<u> </u>	
4 Tax revenues levied for the organ-						
ization's benefit and either paid to					1	
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				The second of the production of the back (1975)		90°531
8 Public support. (Subtract line 7c from line 6.)		1.00				
Section B. Total Support						
Calendar year (or fiscal year beginning in)	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income	1				,	
(less section 511 taxes) from businesses						
acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
12 Total cupport (Add lines 0 10s 11 and 12)						
14 First five years. If the Form 990 is fo	r the organization	's first, second, th	ird, fourth, or fifth t	tax year as a sectio	on 501(c)(3) orga	anization,
check this box and stop here						>
Section C. Computation of Publ	c Support Pe	rcentage				
	line 8 column (f) (divided by line 13,	column (f))		15	9
	Schedule A Par	t III line 15			16	0
Section D. Computation of Invest	stment Incom					
17 Investment income percentage for 26	316 (line 10c, colı	ımn (f) divided by	line 13, column (f))		17	9
19 Investment income percentage from	2015 Schedule A	. Part III, line 17			18	9
19a 33 1/3% support tests - 2016. If the	organization did	not check the box	on line 14, and lir	ne 15 is more than	33 1/3%, and li	ne 17 is not
more than 33 1/3%, check this box a	nd stop here. Th	ne organization au	alifies as a publicly	supported organi	zation)
h 33 1/3% support tests = 2015. If the	e organization did	not check a box of	on line 14 or line 19	a, and line 16 is m	nore than 33 1/3	3%, and
line 18 is not more than 33 1/3%, che	eck this box and	stop here. The or	ganization qualifies	s as a publicly sup	porteu organiza	
20 Private foundation. If the organization	on did not check	a box on line 14, 1	9a, or 19b, check	this box and see ir	structions	<u> </u>

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

- 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.
- 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).
- 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below.
- b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the organization made the determination.
- c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use.
- 4a Was any supported organization not organized in the United States ("foreign supported organization")? If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.
- b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.
- c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.
- Did the organization add, substitute, or remove any supported organizations during the tax year? If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).
- b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?
- c Substitutions only. Was the substitution the result of an event beyond the organization's control?
- Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?
 If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).
- 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI.
- b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI.
- c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI.
- 10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? If "Yes," answer 10b below.
 - b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)

	Yes	No
1		
2 3a		
3b 3c		e de la
4a	Suria.	Ď.
4b		
4c		
	13.00 13.00 10.00	
5a 5b		
5c		
6		A CONTRACTOR
7		
8		
9a		
9b		
9c		
10a		
10b		

JEFFERSON	COUNTY	PUBLIC	EDUCATION
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Sche	dule A (Form 990 or 990-EZ) 2016 FOUNDATION, LNC.			ige 5
Par	t IV Supporting Organizations _(continued)		Ves	No.
		•	Yes	No
11 `	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)	11a	2000 2004	ERESSELECT.
	below, the governing body of a supported organization?	11b		
b	A family member of a person described in (a) above?	11c		
С	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI. tion B. Type I Supporting Organizations			
Sec	tion B. Type I Supporting Organizations		Yes	No
	Did the directors, trustees, or membership of one or more supported organizations have the power to			
1	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported		7.1.15	
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	1 898 1 5 7 8 8 8	100000000000000000000000000000000000000
2	Did the organization operate for the benefit of any supported organization other than the supported			
2	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		T	
		0.150	Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			2 April 2
	the supported organization(s)	1 1		<u> </u>
Sec	tion D. All Type III Supporting Organizations		Yes	No
	the state of the state of the		16813	discis-
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	1 1		The second
	organization's governing documents in effect on the date of notification, to the extent not previously provided?			
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how	2	2.0,000000	
	the organization maintained a close and continuous working relationship with the supported organization(s). By reason of the relationship described in (2), did the organization's supported organizations have a			
3	By reason of the relationship described in (2), and the diganization's supported organization's significant voice in the organization's investment policies and in directing the use of the organization's	75		
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
		3		
Sar	supported organizations played in this regard. Stion E. Type III Functionally Integrated Supporting Organizations			
	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instruction	rs).		
1 a	The state of the Activities Test Complete line 2 helow			
k	The organization is the parent of each of its supported organizations. Complete line 3 below.			
	The supported a governmental entity. Possible in Part VI how you supported a government entity (see	instructions	s)	T
2	Activities Test. Answer (a) and (h) helow.	115/14	Yes	No
- 6	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify	51,5		
	those supported organizations and explain how these activities directly furthered their exempt purposes,	45.93		
	how the organization was responsive to those supported organizations, and how the organization determined	2a		31 33657
	that these activities constituted substantially all of its activities.	Zd		
ı	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more	14 40 72 7		
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these	2b		
	activities but for the organization's involvement.	20	5,3	
3	Parent of Supported Organizations. Answer (a) and (b) below.			
;	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	За	223 22747	11.7411
	trustees of each of the supported organizations? Provide details in Part VI.	Ja		21 2011
1	b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b		
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	1 00		

Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION, INC. Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All *other Type III non-functionally integrated supporting organizations must complete Sections A*through E. (B) Current Year (A) Prior Year Section A - Adjusted Net Income (optional) 1 Net short-term capital gain 2 Recoveries of prior-year distributions 3 Other gross income (see instructions) 3 4 Add lines 1 through 3 4 5 Depreciation and depletion 5 Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or 6 maintenance of property held for production of income (see instructions) 7 Other expenses (see instructions) Adjusted Net Income (subtract lines 5, 6, and 7 from line 4) 8 (B) Current Year (A) Prior Year (optional) Section B - Minimum Asset Amount Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year): 1a a Average monthly value of securities 1b b Average monthly cash balances 1c c Fair market value of other non-exempt-use assets 1d d Total (add lines 1a, 1b, and 1c) e Discount claimed for blockage or other factors (explain in detail in Part VI): Acquisition indebtedness applicable to non-exempt-use assets 2 3 Subtract line 2 from line 1d 4 Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, 4 see instructions) 5 Net value of non-exempt-use assets (subtract line 4 from line 3) 6 Multiply line 5 by .035 7 Recoveries of prior-year distributions Minimum Asset Amount (add line 7 to line 6) 8 Current Year Section C - Distributable Amount Adjusted net income for prior year (from Section A, line 8, Column A) 2 Enter 85% of line 1 Minimum asset amount for prior year (from Section B, line 8, Column A) 3 4 Enter greater of line 2 or line 3 5 Income tax imposed in prior year 5 Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions) Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2016

instructions).

Schedule A (Form 990 or 990-EZ) 2016 FOUNDATION, INC. Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations (continued Section D - Distributions **Current Year** Amounts paid to supported organizations to accomplish exempt purposes 1 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity Administrative expenses paid to accomplish exempt purposes of supported organizations 3 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 5 Other distributions (describe in Part VI). See instructions 6 Total annual distributions. Add lines 1 through 6 Distributions to attentive supported organizations to which the organization is responsive 8 (provide details in Part VI). See instructions Distributable amount for 2016 from Section C, line 6 Line 8 amount divided by Line 9 amount 10 (iii) (i) Underdistributions Distributable **Excess Distributions** Pre-2016 Amount for 2016 Section E - Distribution Allocations (see instructions) Distributable amount for 2016 from Section C, line 6 Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions Excess distributions carryover, if any, to 2016: а b c From 2013 d From 2014 e From 2015 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2016 distributable amount i Carryover from 2011 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2016 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2016 distributable amount c Remainder. Subtract lines 4a and 4b from 4 5 Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions 7 Excess distributions carryover to 2017. Add lines 3j and 4c Breakdown of line 7: 8 b Excess from 2013 c Excess from 2014 d Excess from 2015 e Excess from 2016

Schedule A (Form 990 or 990-EZ) 2016

Schedule A	(Form 990 or 990-EZ) 2016 FOUNDATION, INC. Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12;
· ·	Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
	1

Schedule A

Identification of Excess Contributions Included on Part II, Line 5

** Do Not File ** *** Not Open to Public Inspection ***

Contributor's Name	Total Contributions	Excess Contributions
ES FOUNDATION	1,713,154.	1,576,325.
HEENS FOUNDATION	360,000.	223,171.
GRAHAM BROWN FOUNDATION	451,331.	314,502
IFT A LIFE FOUNDATION	200,000.	63,171
OU COMMUNITY FOUNDATION	302,152.	165,323
THAS CRUSADE FOR CHILDREN	181,043.	44,214
ALAN L. HUFF AND RUTH D. HUFF REVOCABLE TRUST	1,068,505.	931,676
Total Excess Contributions to Schedule A, Part II, Line 5		3,318,382

Schedule B

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

Department of the Treasury Internal Revenue Service

Schedule of Contributors

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

Information about Schedule B (Form 990, 990-EZ, or 990-PF) and .

its instructions is at www.irs.gov/form990 •

OMB No. 1545-0047

2016

Name of the organization

Organization type (check one):

JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC.

Employer identification number

Filers of:	Section:
Form 990 or 990-EZ	X 501(c)(3) (enter number) organization
	4947(a)(1) nonexempt charitable trust not treated as a private foundation
	527 political organization
Form 990-PF	501(c)(3) exempt private foundation
	4947(a)(1) nonexempt charitable trust treated as a private foundation
	501(c)(3) taxable private foundation
Check if your organization is Note: Only a section 501(c)	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 property) from any	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1) any one contribute	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from or, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, , line 1. Complete Parts I and II.
year, total contribu	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the utions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for cruelty to children or animals. Complete Parts I, II, and III.
year, contributions is checked, enter l purpose. Don't co	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the seculusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box here the total contributions that were received during the year for an exclusively religious, charitable, etc., mplete any of the parts unless the General Rule applies to this organization because it received nonexclusively le, etc., contributions totaling \$5,000 or more during the year
but it must answer "No" or	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), an 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 the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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

Name of organization
JEFFERSON COUNTY PUBLIC EDUCATION
FOUNDATION, INC.

Employer	identification	numb	er

Part I	Contributors (See instructions). Use duplicate copies of Part I if addition	nai space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	CE&S FOUNDATION 101 S FIFTH STREET STE 1650 LOUISVILLE, KY 40202	\$ 1,076,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 2	JG BROWN FOUNDATION 4350 BROWNSBORO RD STE 200 LOUISVILLE, KY 40207	\$ <u>350,000.</u>	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	COMMUNITY FOUNDATION 325 W MAIN STREET STE 1110 LOUISVILLE, KY 40202	\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4_	GHEENS FOUNDATION 401 W MAIN ST SUITE 705 LOUISVILLE, KY 40202	\$175,000.	Person X Payroll (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	LIFT A LIFE FOUNDATION 4350 BROWNSBORO RD STE 110 LOUISVILLE, KY 40207	\$\$\$	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.	HENRY HEUSER LOUISVILLE, KY 40202	\$100,100.	Person X Payroll

Name of organization JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC.

Employer	identification	number
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Part I	Contributors (See instructions). Use duplicate copies of Part I if	additional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	ALAN L. HUFF AND RUTH D. HUFF REVOCABLE TRUST 425 SOUTH COMMERCE AVENUE SEBRING, FL 33870	\$\frac{1,068,505.}{}	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No.		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
	10.40	\$Schedule B (Forn	Person Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

JEFFERSON COUNTY PUBLIC EDUCATION,
FOUNDATION, INC.

Employer identification number



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. 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
			990 990-F7 or 990-PF) (20

Employer identification number Name of organization JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC. Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations Part III completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (d) Description of how gift is held (c) Use of gift (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. from (d) Description of how gift is held (c) Use of gift (b) Purpose of gift Part I (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (d) Description of how gift is held (c) Use of gift from Part I (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4 (a) No. (d) Description of how gift is held (c) Use of gift from Part I (b) Purpose of gift (e) Transfer of gift Relationship of transferor to transferee Transferee's name, address, and ZIP + 4

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

Attach to Form 990.

Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.

Open to Public Inspection •

OMB No. 1545-0047

Name of the organization

JEFFERSON COUNTY PUBLIC EDUCATION FOINDATION. TNC.

Emplo

Da	Organizations Maintaining Donor Advised	Funds or Other S	imilar Funds or	Accounts. Complete if the
Par	organizations infantalining Botton Advisoration organization answered "Yes" on Form 990, Part IV, line	6.		
	organization answered Yes on Form 550, Fatt W, inte	(a) Donor advise	ed funds	(b) Funds and other accounts
	 			
	Total number at end of year			
2	Aggregate value of contributions to (during year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year L Did the organization inform all donors and donor advisors in w	riting that the assets he	eld in donor advised f	unds
5	Did the organization inform all donors and donor advisors in ware the organization's property, subject to the organization's e	volucive legal control?	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	Yes No
	are the organization's property, subject to the organization s e Did the organization inform all grantees, donors, and donor ad	vicers in writing that ar	ant funds can be use	d only
6	Did the organization inform all grantees, donors, and donor at	donor advisor or for ar	ov other purpose con	ferring
	for charitable purposes and not for the benefit of the donor or	dollor advisor, or for an	.,	Yes No
	impermissible private benefit? til Conservation Easements. Complete if the org	anization answered "Ye	es" on Form 990, Part	IV, line 7.
Par	Conservation Easements. Complete it the organization	n (chack all that apply)		
1	Purpose(s) of conservation easements held by the organization	(crieck all triat apply).	servation of a historic	cally important land area
	Preservation of land for public use (e.g., recreation or ed	lucation) no	servation of a certifie	d historic structure
	Protection of natural habitat	F16	Servation of a comme	
	Preservation of open space	La contribution contrib	aution in the form of a	conservation easement on the last
2	Preservation of open space Complete lines 2a through 2d if the organization held a qualifit	ed conservation contin	JULION IN THE TORM OF E	Held at the End of the Tax Year
	day of the tax year.			
а	Total number of conservation easements			•••
b	Total acreage restricted by conservation easements			•••
С	Number of conservation easements on a certified historic stru	icture included in (a)	n a historic structure	
d	Number of conservation easements included in (c) acquired a	tter 8/17/06, and not of	II a motorio struoturo	2d
	listed in the National Register		torminated by the Or	
3	listed in the National Hegister Number of conservation easements modified, transferred, reli	eased, extinguished, or	terminated by the or	gam <u>zanen</u> 5
	year >	tis Is asted		
4	Number of states where property subject to conservation eas	ement is located	ation handling of	
5	Does the organization have a written policy regarding the per	iodic monitoring, inspec	Ction, nanding or	Yes No
		holds'/		
6	violations, and enforcement of the conservation easements in Staff and volunteer hours devoted to monitoring, inspecting,	handling of violations, a	and emorcing conser	varion cassimones assing and y
			-fsing conconvation	n easements during the year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and e	Photoling conservation	Treatment daring and year
	▶ \$		-t- of acotion 170/hV	AVBVi)
8	Does each conservation easement reported on line 2(d) above	e satisty the requireme	nts of section 17 off)	Yes No
	and section 170(h)(4)(B)(ii)?		and ovnonce et	
9		an agcoments in its fev	ELLING STRU EVERING OF	atomorra, and a
	In Part XIII, describe how the organization reports conservation include, if applicable, the text of the footnote to the organization.	tion's financial stateme	IIIS tilat describes til	5 organization of the state of
	conservation easements. art III Organizations Maintaining Collections o	f Art Historical Tr	easures, or Oth	er Similar Assets.
Pa	art III Organizations Maintaining Collections o	OOR Dark W line 9	casaros, or our	
	Complete if the organization answered "Yes" on Forn	1 990, Part IV, lifte 6.	ita valiantia statoma	nt and balance sheet works of art.
1:	Complete if the organization answered Tes chirachia If the organization elected, as permitted under SFAS 116 (At	SC 958), not to report if	Is revenue stateme	se of public service, provide, in Part XIII,
	historical treasures, or other similar assets held for public ex	hibition, education, or r	esearch in furtheranc	ie or bubile convert branch
		CC GSS) to report in its	revenue statement a	in sonice provide the following amounts
	b If the organization elected, as permitted under SFAS 116 (A) treasures, or other similar assets held for public exhibition, 6	education, or research in	n turtnerance of publi	C Service, provide the relieving annual
	relating to these items.			
	(i) Revenue included on Form 990, Part VIII, line 1			> \$
				P Y
2	If the organization received or held works of art, historical tr	easures, or other simila	r assets for financial (gain, provide
-	the following amounts required to be reported under SFAS	116 (ASC 958) relating	to these items.	
	a Revenue included on Form 990, Part VIII, line 1			
	b Assets included in Form 990, Part X			\$

FOUNDATION, INC. Schedule D (Form 990) 2016 Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued) Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply): ' Loan or exchange programs Public exhibition а Scholarly research Other b Preservation for future generations Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII. During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or Part IV reported an amount on Form 990, Part X, line 21. 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? b If "Yes," explain the arrangement in Part XIII and complete the following table: Amount c Beginning balance 1d d Additions during the year e Distributions during the year f Ending balance 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10. Part V (c) Two years back (d) Three years back (a) Current year (b) Prior year 1a Beginning of year balance 1,068,505. Contributions _____ 14. Net investment earnings, gains, and losses 0. Grants or scholarships Other expenditures for facilities 0 and programs 0. Administrative expenses 1,068,519. g End of year balance Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as: Board designated or quasi-endowment Permanent endowment > 100.00 .00 Temporarily restricted endowment The percentages on lines 2a, 2b, and 2c should equal 100%. 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization 3a(i) X (i) unrelated organizations 3a(ii) (ii) related organizations b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? Describe in Part XIII the intended uses of the organization's endowment funds. Part VI | Land, Buildings, and Equipment. Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10. (d) Book value (c) Accumulated (a) Cost or other (b) Cost or other Description of property depreciation basis (other) basis (investment) 1a Land b Buildings c Leasehold improvements _____ d Equipment

0.

e Other

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

Schedule D (Form 990) 2016

JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC.

Schedule	D	(Form	990	2016

chedule D	(Form 990)	2016	F.(JUL	MA.
				_	

. 113.4 11		= = 000 D-4 V E-40	
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12. (c) Method of valuation: Cost o	r end-of-vear market value •
a) Description of security or category (including name of security)	(b) Book value	(c) Method of Valuation, Good of	Torra or you.
Financial derivatives			
Closely-held equity interests		A	
Other			
(A)			
(B)			
(C)			
(D)			
(E)			
(F)			
(G)			
(H)			
tal. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)		PET T PET S A VIOLEN S	
Part VIII Investments - Program Related. Complete if the organization answered "Yes"	Lan Farm 000 Port IV line	11c See Form 990. Part X, line 13.	
Complete if the organization answered "Yes"	(b) Book value	(c) Method of valuation: Cost	or end-of-year market value
(a) Description of investment	(6)		
(1)			
(2)			
(3)			
(4)			
(5)			
(6)			
(7)			
(8)			
(9) otal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		1 N 1 N 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	- The Control of the
Complete if the organization answered "Yes	a) Description	e Fid. Gee Form 550, Fare X, and 1-1	(b) Book value
(1)			
\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.\.	,		
(2)			
(2) (3) (4)			
(2) (3) (4) (5)			
(2) (3) (4) (5) (6)			
(2) (3) (4) (5) (6) (7)			
(2) (3) (4) (5) (6) (7) (8)			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) In			Þ
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) In Part X Other Liabilities. Complete if the organization answered "Yes		ne 11e or 11f. See Form 990, Part X,	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) In Part X Other Liabilities. Complete if the organization answered "Yes			
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) In Part X Other Liabilities. Complete if the organization answered "Yes. I. (a) Description of liability		ne 11e or 11f. See Form 990, Part X,	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) In Part X Complete if the organization answered "Yest (a) Description of liability (1) Federal income taxes		ne 11e or 11f. See Form 990, Part X,	
(2) (3) (4) (5) (6) (7) (8) (9) The control of the		ne 11e or 11f. See Form 990, Part X,	
(2) (3) (4) (5) (6) (7) (8) (9) fotal. (Column (b) must equal Form 990, Part X, col. (B) In Part X Other Liabilities. Complete if the organization answered "Yest." (1) Federal income taxes (2) (3)		ne 11e or 11f. See Form 990, Part X,	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990, Part X, col. (B) In Part X Other Liabilities. Complete if the organization answered "Yest. (a) Description of liability (1) Federal income taxes (2) (3) (4)		ne 11e or 11f. See Form 990, Part X,	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990. Part X. col. (B) In Part X Other Liabilities. Complete if the organization answered "Yest. (1) Federal income taxes (2) (3) (4) (5)		ne 11e or 11f. See Form 990, Part X,	
(2) (3) (4) (5) (6) (7) (8) (9) Fotal. (Column (b) must equal Form 990. Part X. col. (B) In Part X Other Liabilities. Complete if the organization answered "Yest. (1) Federal income taxes (2) (3) (4) (5) (6)		ne 11e or 11f. See Form 990, Part X,	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) In Part X Other Liabilities. Complete if the organization answered "Yest. (1) Federal income taxes (2) (3) (4) (5) (6) (7)		ne 11e or 11f. See Form 990, Part X,	
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Column (b) must equal Form 990. Part X. col. (B) In Part X Other Liabilities. Complete if the organization answered "Yest. (1) Federal income taxes (2) (3) (4) (5) (6)	s" on Form 990, Part IV, lir	ne 11e or 11f. See Form 990, Part X,	

Page 4 FOUNDATION, INC. Schedule D (Form 990) 2016 Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return. Complete if the organization answered "Yes" on Form 990, Part IV, line 12a. 3,461,550. Total revenue, gains, and other support per audited financial statements Amounts included on line 1 but not on Form 990, Part VIII, line 12: a Net unrealized gains (losses) on investments b Donated services and use of facilities 2b 2c c Recoveries of prior year grants d Other (Describe in Part XIII.) 2e e Add lines 2a through 2d 3,461 3 Subtract line 2e from line 1 3 Amounts included on Form 990, Part VIII, line 12, but not on line 1: Investment expenses not included on Form 990, Part VIII, line 7b b Other (Describe in Part XIII.) 4c c Add lines 4a and 4b 3.461 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" on Form 990, Part IV, line 12a. 1,507,268. Total expenses and losses per audited financial statements 1 Amounts included on line 1 but not on Form 990, Part IX, line 25: 2 2a a Donated services and use of facilities 2b b Prior year adjustments 2c c Other losses _____ 2d d Other (Describe in Part XIII.) 2e e Add lines 2a through 2d 1,507,268. 3 Subtract line 2e from line 1 3 4 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.) c Add lines 4a and 4b 1,507,268. 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 V, LINE 4: TO FUND SCHOLARSHIP PROGRAMS PART X, LINE 2: THE FOUNDATION HAS IMPLEMENTED THE ACCOUNTING GUIDANCE FOR UNCERTAINTY IN UNDER THAT GUIDANCE, TAX POSITIONS NEED TO BE RECOGNIZED IN INCOME TAXES. 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, 2017, THE FOUNDATION HAS NO UNCERTAIN TAX POSITIONS THAT QUALIFY FOR EITHER RECOGNITION OR DISCLOSURE IN THE FINANCIAL STATEMENTS.

FOUNDATION FILES FEDERAL INCOME TAX RETURNS. RETURNS FILED FOR THE TAX

YEARS ENDED ON OR AFTER JUNE 30, 2015 ARE SUBJECT TO EXAMINATION. THE

Schedule D (Form 990) 2016

632054 08-29-16

Schedule D (Form 990) 2016 FOUNDATION, I Part XIII Supplemental Information (continued) FOUNDATION, INC. FOUNDATION IS NOT CURRENTLY BEING EXAMINED AND MANAGEMENT BELIEVES ITS TAX-EXEMPT STATUS WOULD BE UPHELD UNDER EXAMINATION.

JEFFERSON COUNTY PUBLIC EDUCATION

SCHEDULE 1 (Form 990) Department of the Treasury Internal Revenue Service

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

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

Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

➤ Attach to Form 990.

Open to Public Inspection 2016

OMB No. 1545-0047

Name of the organization JEFFERSON COUNTY FOUNDATION, INC.		PUBLIC EDUCATION	NOI			6 - 1	Emp
Part General Information on Grants and Assistance	d Assistance						
Ses	substantiate the	amount of the grants	or assistance, the g	yrantees' eligibility	for the grants or assis	of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
criteria used to award the grants or assistance?	ance?						A Yes No
2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.	sedures for monito	ring the use of grant	unds in the United	States.		L	7 70 - 11 14
ar	omestic Organiza	ations and Domestic	Governments, C	omplete if the orga	anization answered "Y	Complete if the organization answered "Yes" on Form 990, Part IV, line 21, tor any ided.	IV, line 21, for any
1 (a) Name and address of organization or government or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, EMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
DEFFERSON COUNTY PUBLIC SCHOOLS							
3332 NEWBURG ROAD	61-6001316		1,032,332.	0.0	воок		TO FUND VARIOUS EDUCATIONAL PROGRAMS
							WILSON WYATT DEBATE JOE
UNIVERSITY OF LOUISVILLE							CANTRELL, AND OTHER
	23-7078461		39,720.	0	воок		SCHOLARSHIPS
-1						í	DAVID JONES VOCAL, MOORE
THINE STAN OF KENATICKY						k 7 "	SCHOLARSHIP, ABRAMSON
120 STURGILL DEVELOPMENT BUILDING							SCHOLARSHIP, AND GORDON
LEXINGTON KY 40506	61-6001218		8,363.	0.	воок		FOOD
							PROVIDING SCHOOLS WITH
LEARNING STEWARDS							THE MAGIC LADDER READING
PO BOX 23536							INTERVENTION AND
ANCHORAGE, KY 40223	26-3245117		75,000.	0	ВООК		IECHNODOGI
ONE SULLEMENTATION OF THE SULL AND					٠		TO ENHANCE TEACHING
TEARNING INC - 2303 RIVER ROAD,							CULTURE TO ADVANCE
	61-1328305		16,436.	0.	воок		STUDENTS.
BLAKE ELEMENTARY							
3801 BONAVENTURE BLVD							STNESS TNEWNSTYCE CAHEN
LOUISVILLE, KY 40219	61-1150334		1,587,	5	BOOK		
	and government or	ganizations listed in th	ne line 1 table				
	is listed in the line	I table					Schedule I (Form 990) (2016)
LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990,	e, see the Instruct	ions for Form 990.					1 1 / 1 1 / 1 A A A A A A A A A A A A A A A A A

FOUNDATION, INC.

Schedule I (Form 990) (2016) FOUNDATION, LNC.

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

רמה וו כמח טפ מחלים וו מתחונים מל מני יה		1			14) Description of noncash assistance
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(book, FMV, appraisal, other)	
					•
		1100	(h) and any other?	dditional information.	
Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, Column Iu), and any other accounts and the supplemental Information.	equired in Part I, I	ine z; Pan III, coluii	ा। (घ), बाच बाप्र चारा		
PART I, LINE 2:					
THE BOARD APPROVES THE DISBURSEMENT	NT OF FUNDS	DS TO VARIOUS	OUS PROGRAMS	MS THE	
STADEDON STIPPORTS.					
Order Land Land Control Control					
					Schedule I (Form 990) (2016)

SCHEDULE O

(Form 990 or 990-EZ)

4

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

Attach to Form 990 or 990-EZ.

Information about Schedule 0 (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

Name of the organization

JEFFERSON COUNTY PUBLIC EDUCATION

FOUNDATION, INC.

Open to Public · Inspection number

FORM 990, PART VI, SECTION B, LINE 11B:
THE SECRETARY/TREASURER REVIEWS THE 990 BEFORE FILING AND THE BOARD REVIEWS
A COPY OF THE 990 AFTER IT IS FILED.
FORM 990, PART VI, SECTION C, LINE 19:
PART XII, LINE C THIS PURPOSE HAS NOT CHANGED FROM THE PRIOR YEAR.
THIS PURCORD TON CHAMBER TON GAR SCOTAND TON GAR

Form **8868**

(Rev. January 2017)

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-1709

► File a separate application for each return.

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

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

filling of this form, visit www.irs.gov/efile, click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits. Automatic 6-Month Extension of Time. Only submit original (no copies needed). All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns. Enter filer's identifying number Employer identification number (EIN) or Name of exempt organization or other filer, see instructions. Type or JEFFERSON COUNTY PUBLIC EDUCATION print FOUNDATION, INC. File by the Number, street, and room or suite no. If a P.O. box, see instructions. Social security number (SSN) due date for filing your P.O. BOX 35368 return. See City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40202 0 1 Enter the Return Code for the return that this application is for (file a separate application for each return) Return Return Application Application Code Code Is For Is For 07 01 Form 990-T (corporation) Form 990 or Form 990-EZ 80 02 Form 1041-A Form 990-BL 09 03 Form 4720 (other than individual) Form 4720 (individual) 04 Form 5227 10 Form 990-PF Form 6069 11 Form 990-T (sec. 401(a) or 408(a) trust) 12 Form 8870 06 Form 990-T (trust other than above) JOE SEILER, TREASURER The books are in the care of > 2500 EASTPOINT PARKWAY - LOUISVILLE, KY 40223 Telephone No. ► 502-499-4794 Fax No. If the organization does not have an office or place of business in the United States, check this box If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for. MAY 15, 2018 I request an automatic 6-month extension of time until , to file the exempt organization return for the organization named above. The extension is for the organization's return for: calendar year or ► X tax year beginning JUL 1, 2016 JUN 30, , and ending If the tax year entered in line 1 is for less than 12 months, check reason: Final return Change in accounting period 3a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less any За nonrefundable credits. See instructions. If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit. 3b \$ Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions. Caution: If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment

instructions.

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

Form 8868 (Rev. 1-2017)

LHA

ARTICLES OF INCORPORATION

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

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

ARTICLE I

Name

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

ARTICLE II

Duration

The corporation shall have perpetual existence.

ARTICLE III

Purposes and Powers

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

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

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

- D. Any other provisions of these articles to the contrary notwithstanding, this corporation shall, if the following provisions of law are ever applicable to it:

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

ARTICLE IV

Members

The corporation shall have no members.

ARTICLE V

Directors

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

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

ARTICLE VI

Officers

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

ARTICLE VII

Bylaws

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

ARTICLE VIII

Registered Office and Registered Agent

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

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

ARTICLE IX

Exemption From Liability and Indemnification

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

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

ARTICLE X

Dissolution

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

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

ARTICLE XI

Incorporator

The name and address of the Incorporator is:

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

Signed and acknowledged by the Incorporator at Mouscille, Kentucky, this day of Mouse,

1984.

COMMONWEALTH OF KENTUCKY)

COUNTY OF Leferson

I, the undersigned Notary Public in and for the Commonwealth and County aforesaid, do hereby certify that personally appeared before me and, after having been duly sworn, declared, acknowledged and verified the foregoing to be the Articles of Incorporation of Influence County Public Solucation this the day of March, 1983

My commission expires: Sept 30 1984

My commission expires: Sept 30 1984

THIS INSTRUMENT WAS PREPARED BY

G. Alexander Hamilton WYATT, TARRANT & COMBS

Citizens Plaza

Louisville, Kentucky 40202

A1408
1503 MAR 21 MI 10: 33
1503 MAR 21 MI 10: 33

501x 301 +ME 964

OFFICE OF SECRETARY OF STATE

FRANCES JONES MILLS
- Secretary



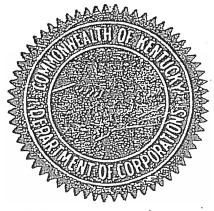
FRANKFORT, KENTUCKY

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

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

The name and	address of the registered agent	of this corporation is
	MALCOLM B. CHANCEY, JR.	
NAME	416 WEST JEFFERSON	
STREET ADDRESS	LOUISVILLE, KENTUCKY	
CITY CTAFE		

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



SECRETARY OF STATE

Issued this __14TH_ day of ______, 1983 at Frankfort, Kentucky.

Frances Jones Mills

ASSISTANT SECRETARY OF STATE

COST ESTIMATE FROM VENDOR



Miracle of KY & TN
Tara Carpenter
931 Commerce Drive
Leitchfield, Ky. 42754
Phone: 1-800-251-5578
Fax: 270-230-0210

tara@miraclekytn.com

Quotation

Quote #

18-0807-52

To

Fairdale Elementary	Date	8/7/2018
10104 Mitchell Hill Road	Contact	Darren Atkins
Fairdale, KY 40118	Project	Playground
502-523-9133	Email	Charles.atkins2@jefferson.kyschools.us

We propose to furnish the following described materials.

Qty	Model#	Description	Price Total
3	BRT06-C-19-000	6' Bench W/ Back Expanded Metal-Inground	\$1,011
	жили шили мун неголи от весту дости не него и дости него и дости дости дости дости до дости него д	Freight	\$314
	and the control of th	KEDC Discount on Benches	-\$126
1	71485149	Square Transfer Point W/ Closed Handrail (3' Deck)	WARRANTY
3	984351BR	KC Square Deck	WARRANTY
3	713266	Parts carton for Square Deck	WARRANTY
1	and a state of the recent of the control of the con	Bongo Perch	WARRANTY
8	2840	Belt Seat W/ Chain (8' Toprail)	\$904
5	200187286	Galvanized Chain Pair (8' Toprail)	\$200
26	990410	"D" Shackle bag of 2 with bolts	\$286
1	304	Ten Spin	.\$3,085
1	4551	Dome Climber W/ Orbs	\$6,341
6	WHSE	6' long 12" High Miracle Timbers	\$330
		Freight	\$740.30
-	The state of the s	KEDC Discount on Miracle Equip.	-\$1,622.40
		Installation	\$2,000
EN REGISCOMENTATIONS	y mengangan kemangkan persengan pendapan dianggan beranggan dianggan dianggan beranggan	Mulch to be provided by JCPS 45cy	
		Total	\$13,462.90

Quote good for 15 days, due to freight cost. Installation prices will assume normal soil conditions and does not include rock excavation \$75 per foot for rock break minimum. Installation charges are not included in quote unless stated. Unless otherwise

This quotation, after acceptance by the buyer and when thereafter approved by an authorized official of the seller, in writing, will become a contract. Until so approved, is not a contract and is not binding on the seller in any way. If buyer does not give acceptance within 30 days, this quotation is subject to possible price revision.	Miracle Recreation of KY & TN
Accepted	
Name of Buyer	
By	Approved by
Authorized Signature	Authorized Signature
Date	Title Manufactures Rep. 1. D

W-9 FORM ·

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

Request for Taxpayer . Identification Number and Certification

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

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

	1 Name (as shown on your income tax return). Name is required on this line; of	111			
	Jefferson County Public Education Foundation	to not leave this line blank.			
	2 Business name/disregarded entity name, if different from above		·		
	,,				
п раде 3.	Check appropriate box for federal tax classification of the person whose natifollowing seven boxes. Individual/sole proprietor or C Corporation S Corporation	4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):			
. S	single-member LLC	Partnership Trust/estate	ļ		
ype	☐ Limited liability company. Enter the tax classification (C=C corporation, S	Commented D. Delta att 11	Exempt payee code (if any)		
Print or type. Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classificating. Street the LLC if the LLC is classified as a single-member LLC that is disregarded from the owner for U.S. federal tax p is disregarded from the owner for U.S. federal tax p is disregarded from the owner should check the appropriate box for the texts.	on of the single-member owner. Do not check from the owner unless the owner of the LLC is	Exemption from FATCA reporting code (if any)		
)ec	✓ Other (see instructions) ►		(Applies to accounts maintained outside the U.S.)		
Ś	5 Address (number, street, and apt. or suite no.) See instructions.	Requester's name	and address (optional)		
See	3332 Newburg Road				
	6 City, state, and ZIP code				
	Louisville, KY 40218 7 List account number(s) here (optional)				
	List account number(s) nere (optional)				
Par	Toyngyor Identification Number (TIN)		~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~~		
100 to 100 to 100 to 100 to	Taxpayer Identification Number (TIN) your TIN in the appropriate box. The TIN provided must match the name				
packuj	o withholding. For individuals, this is generally your social security num	ober (SSN) However for a	curity number		
resider	it alien, sole proprietor, or disregarded entity, see the instructions for	Part Lister For other	1-11-11-11		
77N, la	s, it is your employer identification number (EIN). If you do not have a reter.				
Note: I	f the account is in more than one name, see the instructions for line 1	Also see What Name and Employer	identification number		
Numbe	er To Give the Requester for guidelines on whose number to enter.	- The boo trial famb and	indicated fullipol		
Part	II Certification				
Under	penalties of perjury, I certify that:				
1. The	number shown on this form is my correct texpayer identification numbers.	er (or I am waiting for a number to be iss	ued to me); and		
2. I am Serv	not subject to backup withholding because; (a) I am exempt from bac ice (IRS) that I am subject to backup withholding as a result of a fallur onger subject to backup withholding; and	kun withholding or (b) I have not been n	officed by the Internal Devention		
	a U.S. citizen or other U.S. person (defined below); and		•		
4. The	FATCA code(s) entered on this form (if any) indicating that I am exemp	ot from FATCA reporting is correct.			
Certific you hav acquisit other th	ation instructions. You must cross out Item 2 above if you have been no re failed to report all interest and dividends on your tax return. For real est ion or abandonment of secured property, cancellation of debt, contribution an interest and dividends, you are not required to sign the certification, but	tified by the IRS that you are currently subj ate transactions, item 2 does not apply. Fo ans to an individual retirement arrangement	r mortgage interest paid,		
Sign Here	Signature of U.S. person D. Aller	()	1/2018		
		Date ► 6 /			
	eral Instructions references are to the Internal Revenue Code unless otherwise	 Form 1099-DIV (dividends, including funds) 	those from stocks or mutual		
noted.	references are to the internal nevertue code unless otherwise	• Form 1099-MISC (various types of inc	come, prizes, awards, or gross		
related	developments. For the latest information about developments to Form W-9 and its instructions, such as legislation enacted	 Form 1099-B (stock or mutual fund se transactions by brokers) 	ales and certain other		
	ey were published, go to www.irs.gov/FormW9.	• Form 1099-S (proceeds from real esta	ate transactions)		
Purp	ose of Form	• Form 1099-K (merchant card and third			
informa	idual or entity (Form W-9 requester) who is required to file an tion return with the IRS must obtain your correct taxpayer	• Form 1098 (home mortgage interest), 1098-T (tuition)	1098-E (student loan interest),		
(SSN). I	ation number (TIN) which may be your social security number ndividual taxpayer identification number (ITIN), adoption	• Form 1099-C (canceled debt)			
taxpaye	r identification number (ATIN), or employer identification number	• Form 1099-A (acquisition or abandonn			
(EIN), to	report on an information return the amount paid to you, or other reportable on an information return. Examples of information	Use Form W-9 only if you are a U.S. pallen), to provide your correct TIN.	erson (including a resident		
returns i	sturns include, but are not limited to, the following. If you do not return Form W-9 to the requester with a TIN, you might be subject to backup withholding. See What is backup withholding,				
	· · ·	later.			

By signing the filled-out form, you:

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

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

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

- An individual who is a U.S. citizen or U.S. resident allen;
- A partnership, corporation, company, or association created or organized in the United States or under the laws of the United States;
- · An estate (other than a foreign estate); or
- A domestic trust (as defined in Regulations section 301.7701-7).

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

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

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

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

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

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

- 1. The treaty country. Generally, this must be the same treaty under which you claimed exemption from tax as a nonresident allen.
 - 2. The treaty article addressing the income.
- 3. The article number (or location) in the tax treaty that contains the saving clause and its exceptions.
- 4. The type and amount of income that qualifies for the exemption from tax.
- ${\bf 5}.$ Sufficient facts to justify the exemption from tax under the terms of the treaty article.

Example. Article 20 of the U.S.-China income tax treaty allows an exemption from tax for scholarship income received by a Chinese student temporarily present in the United States. Under U.S. law, this student will become a resident allen for tax purposes if his or her stay in the United States exceeds 5 calendar years. However, paragraph 2 of the first Protocol to the U.S.-China treaty (dated April 30, 1984) allows the provisions of Article 20 to continue to apply even after the Chinese student becomes a resident allen of the United States. A Chinese student who qualifies for this exception (under paragraph 2 of the first protocol) and is relying on this exception to claim an exemption from tax on his or her scholarship or fellowship income would attach to Form W-9 a statement that includes the information described above to support that exemption.

If you are a nonresident alien or a foreign entity, give the requester the appropriate completed Form W-8 or Form 8233.

Backup Withholding

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

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

Payments you receive will be subject to backup withholding if:

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

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

Also see Special rules for partnerships, earlier.

What is FATCA Reporting?

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

Updating Your Information

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

Penalties

Failure to furnish TiN. If you fail to furnish your correct TiN to a requester, you are subject to a penalty of \$50 for each such fallure unless your failure is due to reasonable cause and not to willful neglect.

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

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

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

Specific Instructions

Line 1

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

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

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

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

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

Line 2

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

Line 3

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

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

Line 4, Exemptions

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

Exempt payee code.

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

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

- 1—An organization exempt from tax under section 501(a), any IRA, or a custodial account under section 403(b)(7) if the account satisfies the requirements of section 401(f)(2)
- 2-The United States or any of its agencies or instrumentalities
- 3—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- 4—A foreign government or any of its political subdivisions, agencies, or instrumentalities
- 5-A corporation
- 6—A dealer in securities or commodities required to register in the United States, the District of Columbia, or a U.S. commonwealth or possession
- 7—A futures commission merchant registered with the Commodity Futures Trading Commission
- 8-A real estate investment trust
- 10-A common trust fund operated by a bank under section 584(a)
- 11-A financial institution
- 12—A middleman known in the investment community as a nominee or custodian
- 13—A trust exempt from tax under section 664 or described in section 4947

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

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

¹ See Form 1099-MISC, Miscellaneous Income, and its instructions.

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

- A—An organization exempt from tax under section 501(a) or any individual retirement plan as defined in section 7701(a)(37)
 - B—The United States or any of its agencies or instrumentalities
- C—A state, the District of Columbia, a U.S. commonwealth or possession, or any of their political subdivisions or instrumentalities
- D—A corporation the stock of which is regularly traded on one or more established securities markets, as described in Regulations section 1.1472-1(c)(1)(i)
- E—A corporation that is a member of the same expanded affiliated group as a corporation described in Regulations section 1.1472-1(c)(1)(i)
- F—A dealer in securities, commodities, or derivative financial instruments (including notional principal contracts, futures, forwards, and options) that is registered as such under the laws of the United States or any state
 - G-A real estate investment trust
- H—A regulated investment company as defined in section 851 or an entity registered at all times during the tax year under the investment Company Act of 1940
 - I-A common trust fund as defined in section 584(a)
 - J-A bank as defined in section 581
 - K-A broker
- L—A trust exempt from tax under section 664 or described in section 4947(a)(1)

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

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

Line 5

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

Line 6

Enter your city, state, and ZIP code.

Part I. Taxpayer Identification Number (TIN)

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

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

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

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

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

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

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

Caution: A disregarded U.S. entity that has a foreign owner must use the appropriate Form W-8.

Part II. Certification

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

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

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

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

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

What Name and Number To Give the Requester

TITION TRAITIO CITO TRAITIDO	i To dive the nequester		
For this type of account:	Give name and SSN of:		
1. Individual	The individual		
Two or more individuals (joint account) other than an account maintained by an FFI	The actual owner of the account or, if combined funds, the first individual on the account ¹		
Two or more U.S. persons (joint account maintained by an FFI)	Each holder of the account		
 Custodial account of a minor (Uniform Gift to Minors Act) 	The minor ²		
a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹		
 b. So-called trust account that is not a legal or valid trust under state law 	The actual owner ¹		
Sole proprietorship or disregarded entity owned by an individual	The owner ³		
7. Grantor trust filing under Optional Form 1099 Filing Method 1 (see Regulations section 1.671-4(b)(2)(i) (A))	The grantor*		
For this type of account:	Give name and EIN of:		
 Disregarded entity not owned by an individual 	The owner		
9. A valid trust, estate, or pension trust	Legal entity ⁴		
Corporation or LLC electing corporate status on Form 8832 or Form 2553	The corporation		
Association, club, religious, charitable, educational, or other tax- exempt organization	The organization		
12. Partnership or multi-member LLC 13. A broker or registered nominee	The partnership The broker or nominee		

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

- ¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.
- ² Circle the minor's name and furnish the minor's SSN.
- ³ You must show your individual name and you may also enter your business or DBA name on the "Business name/disregarded entity" name line. You may use either your SSN or EIN (if you have one), but the IRS encourages you to use your SSN.
- ⁴ List first and circle the name of the trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.) Also see *Special rules for partnerships*, earlier.
- *Note: The grantor also must provide a Form W-9 to trustee of trust.

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

Secure Your Tax Records From Identity Theft

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

To reduce your risk:

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

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

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

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

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

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

ANNUAL AUDIT – SEE INCLUDED ADUDITED FINANCIAL STATEMENT

TRAINING ATTESTATION



Louisville Metro Government Office of Management and Budget

Neighborhood Development Fund Training Attestation

	0.5.1.201.201.201.201.201.201.201.201.201.2
Grantee Organization Name:	Fairdale Elementary School Handrea Coomer, Bookkopper
Grantee Representative Name	: Andrea Coomer, Bookkoper
having viewed the Neighbo	ed representative and/or signatory of the organization named above and attest to whood Development Fund training presentation. I understand the reporting hood Development Fund grant. Additionally, after viewing the presentation, I have questions.
Please check:	
I viewed the N	IDF training material on the website
Answer the following question	ns before signing (Circle or write in the correct answer).
1. The NDF funding your	agency received is a gift from LMG? True or False
	et categories that require a detail list.
Client Assistany	e , Community Events + Festives and Other Expenses
3 If your agency charge	d gross pay to NDF, you are required to provide additional documentation to
	irements. True or False
	should your financial support documentation answer at all times?
	Shat , When and Where
5 Vour agency is consider	ered noncompliant if you do not account for funds received and/or your financial
	ort documentation? True or False
6. Canceled check, bank	statement, invoice and receipt are considered proof of payment True or False.
O. Cariceled Clieck, Balik	statement, invoice and receipt are defined as posts of professional
Judrea Cooner	<u>92748</u>
Grantee Representative Signa	ture Date
NOTE Di Control de Descri	una Chanla
NOTE: Please return to Roxar E-mail address:	Roxanne.Steele@louisvilleky.gov Fax: 502-574-3219
Mailing Address:	Louisville Metro Government
Maining Addicase	ATTN: NDF Coordinator
	611 West Jefferson St.
	Louisville, KY 40202

JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC.

General Information

0175787 **Organization Number**

JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC. Name

N - Non-profit **Profit or Non-Profit**

KCO - Kentucky Corporation **Company Type**

A - Active **Status Standing** G - Good KY State

3/14/1983 File Date 3/14/1983 **Organization Date** 4/20/2018 **Last Annual Report**

JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION **Principal Office**

JAEGER EDUCATION CENTER- ATTN: SAM CORBETT EXEC

3332 NEWBURG RD LOUISVILLE, KY 40218

WT&C CORPORATE SERVICES, INC. Registered Agent

500 W. JEFFERSON STREET

SUITE 2800

LOUISVILLE, KY 40202

Current Officers

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

Individuals / Entities listed at time of formation

MARY HELEN BYCK **Director**

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

WOODFORD R PORTOR Director MALCOLM B CHANCEY JR Incorporator

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.

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

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

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

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

Assumed Names

FUTUREUP Active

Activity History

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

24/2016 Tradition of games and			
	Annual report	2/11/2014 10:23:31 AM	2/11/2014 10:23:31 AM
	Principal office change	2/11/2014 10:18:20 AM	2/11/2014 10:18:20 AM
	Annual report	6/18/2013 10:48:04 PM	6/18/2013 10:48:04 PM
	Registered agent address change	3/8/2013 2:47:46 PM	3/8/2013
	Annual report	6/28/2012 4:10:51 PM	6/28/2012 4:10:51 PM
	Annual report	7/19/2011 9:24:22 AM	7/19/2011 9:24:22 AM
	Annual report	5/28/2010 9:56:56 AM	5/28/2010 9:56:56 AM
	Annual report	1/13/2009 10:11:05 AM	1/13/2009 10:11:05 AM
	Annual report	3/4/2008 8:28:00 AM	3/4/2008
	Annual report	1/8/2007 4:01:51 PM	1/8/2007 4:01:51 PM
	Annual report	3/7/2006 10:38:23 AM	3/7/2006
	Annual report	3/11/2005	3/11/2005
	Annual report	3/18/2004	3/18/2004

Microfilmed Images

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

Citto to the corporate records 2.4.1.		
Annual Report	12/31/2004 2:10:42 PM	2 pages
Annual Report	6/11/2003	2 pages
Annual Report	6/5/2002	2 pages
Annual Report	5/21/2001	2 pages
Annual Report	10/3/2000	2 pages
Annual Report	7/16/1999	2 pages
Annual Report	4/24/1998	2 pages
Annual Report	7/1/1997	2 pages
Annual Report	7/1/1996	2 pages
Annual Report	7/1/1995	3 pages
Annual Report	7/1/1994	2 pages
Annual Report	7/1/1993	2 pages
Annual Report	7/1/1992	2 pages
Annual Report	7/1/1991	1 page
Annual Report	7/1/1990	2 pages
Annual Report	7/1/1989	2 pages
Statement of Change	7/15/1986	1 page
Articles of Incorporation	3/14/1983	9 pages

Alexander, Elizabeth

From:

Welch, Vicki A

Sent:

Tuesday, October 23, 2018 11:23 AM

To:

Alexander, Elizabeth

Cc:

MetroCouncilClerk; Blackwell, Rick; Denton, Julie; McQuillen, Liz; Smith, Chanelle Emily;

Stenberg, Beth; Bell, LaTonya J.

Subject:

Re: signature authorization Fairdale Elementary NDF

Yes I give permission for my assistant Elizabeth Alexander to sign the Fairdale Elementary NDF. Thanks

Vicki Aubrey Welch Councilwoman District 13 502-574-1113

Sent from my iPhone

Please disregard mistakes due to using iPhone. This account is confidential. If this email is sent to the wrong entity by mistake, please notify sender & delete. Thank you!

On Oct 23, 2018, at 11:12 AM, Alexander, Elizabeth < <u>Elizabeth.Alexander@louisvilleky.gov</u>> wrote:

Good morning,

Please advise, may I sign for the Fairdale Elementary Playground Project NDF request? Thanks

<image002.png>Elizabeth Alexander | Legislative Aide
Office of Councilwoman Vicki Aubrey Welch
601 W. Jefferson Street | Louisville, KY 40202
p: (502) 574-1113 f: (502) 574-4422
www.louisvilleky.gov/district13