0-024-21

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

Applicant/Program: JCPEF/ Johnsontown Road Elementary Playground				
Applicant Requested Amount: \$20,000				
Appropriation Request Amount: \$20,000				
Executive Summary of Request				
Request for \$20,000 of funding for portions of a new playground at Johnsontown Road Elementary. The school has raised \$32,000 in funding from other community partners. Playground will be open to the public and surrounding neighborhoods.				
Is this program/project a fundraiser?  Yes X No				
Is this applicant a faith based organization?  Does this application include funding for sub-grantee(s)?  Yes X No Yes X No				
Does this application include funding for sub-grantec(s):				
I have reviewed the attached Neighborhood Development Fund Application and have found it complete and within Metro Council guidelines and request approval of funding in the following amount(s). I have read the organization's statement of public purpose to be furthered by the funds requested and I agree that the public purpose is legitimate. I have also completed the disclosure section below, if required.    12				
Amount Date				
Primary Sponsor Disclosure List below any personal or business relationship you, your family or your legislative assistant have with this organization, its volunteers, its employees or members of its board of directors.  N/A				
Approved by:				
Appropriations Committee Chairman Date Final Appropriations Amount:				

#### Applicant/Program:

JCPEF/ Johnsontown Road Elementary Playground

#### **Additional Disclosure and Signatures**

#### **Additional Council Office Disclosure**

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

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

District 1	\$
District 2	\$\$
District 3	\$
District 4	\$
District 5	\$
District 6	\$
District 7	\$
District 8	
	\$
	\$
	\$
District 12	
District 13	
	\$ 5000.00
District 15	\$

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Effective May 2016

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Effective May 2016

JCPEF/ Johnsontown Road Elementary Playground

#### **Additional Disclosure and Signatures**

#### **Additional Council Office Disclosure**

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

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

**Program Name and Request Amount** Johnsontown Road Elementary Playground - \$20,000 Yes/No/NA Is the NDF Transmittal Sheet Signed by all Council Member(s) Appropriating Funding? Yes Is the funding proposed by Council Member(s) less than or equal to the request amount? Yes Is the proposed public purpose of the program viable and well-documented? Yes Will all of the funding go to programs specific to Louisville/Jefferson County? Yes Has Council or Staff relationship to the Agency been adequately disclosed on the cover sheet? 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? Yes If Metro funding is for a separate taxing district is the funding appropriated for a program outside the N/A 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? 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? Yes Is the cost estimate(s) from proposed vendor (if request is for capital expense) included? Yes. Is the most recent annual audit (if required by organization) included? Yes Is a copy of Signed Lease (if rent costs are requested) included? Yes Is the Supplemental Questionnaire for churches/religious organizations (if requesting organization is Yes faith-based) included? Are the Articles of Incorporation of the Agency included? Yes Is the IRS Form W-9 included? Yes Is the IRS Form 990 included? Yes Are the evaluation forms (if program participants are given evaluation forms) included? Yes Affirmative Action/Equal Employment Opportunity plan and/or policy statement included (if Yes required to do so)? Has the Agency agreed to participate in the BBB Charity review program? If so, has the applicant Yes met the BBB Charity Review Standards? Liz McQuillen Prepared by: Date: 01/21/2021

		SECTION 1 – APPL	ICANT INFORMATION		
Legal Name of Applicant Organization:  Jefferson County Public Education Foundation					
(as listed on: http://www		usiness/records			
				vburg Road, Louisville, KY 40218	
Website: https://ww	w.jeffersor	n.kyschools.us/about/supp			
Applicant Contact:	Abby P	iper	Title:	Executive Administrator	
Phone:	502.485	5.6501	Email:	abby.piper@jefferson.kyschools.us	
Financial Contact:	Linda N	1iller	Title:	Supervisor, Grants & Awards	
Phone:	502.485	5.6313	Email:	linda.miller2@jefferson.kyschool	
Organization's Repr	esentative	who attended NDF Train	ing: Abby Piper		
GEO	GRAPHICA	L AREA(S) WHERE PROG	RAM ACTIVITIES ARE (\	WILL BE) PROVIDED	
Program Facility Loc	ation(s):	Johnsontown Road Elen	nentary, 7201 Johnsonto	own Rd., Louisville, KY 40272	
Council District(s):		12	Zip Code(s):	40272	
	SECTI	ON 2 – PROGRAM REQU	EST & FINANCIAL INFO	RMATION	
PROGRAM/PROJECT	NAME: Pl	ayground Renovation			
Total Request: (\$)	20,000	Total Metro A	ward (this program) in	previous year: (\$) 0	
Purpose of Request	(check all t	hat apply):			
Operating	Funds (gen	erally cannot exceed 33%	6 of agency's total opera	ating budget)	
Programm	ing/service	s/events for direct benef	it to community or qua	lified individuals	
Capital Pro	ject of the	organization (equipment	, furnishing, building, e	tc)	
The Following are Re	equired Att	achments:	e de la compania de l		
■ IRS Exempt Status D	eterminatio	n Letter	Signed lease if rent o	osts are being requested	
■ Current year project	ed budget		■ IRS Form <b>W</b> 9		
■ Current financial sta	tement		Evaluation forms if u	sed in the proposed program	
■ Most recent IRS For	m 990 or 11	20-H	Annual audit (if requ	ired by organization)	
■ Articles of Incorpora	tion (curre	nt & signed)	Faith Based Organiza	ition Certification Form, if applicable	
<ul><li>Cost estimates from capital expense</li></ul>	proposed v	endor if request is for			
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.					
Source:	NDF (Con	way Middle School)	Amount: (\$) 5,0	00	
Source:	Louisville	nisville Metro Government Amount: (\$) 10,000			
Source: NDF (Norton) Amount: (\$) 13,523					
Has the applicant contacted the BBB Charity Review for participation? Yes No					
Has the applicant me	t the BBB (	Charity Review Standards	? 🔲 Yes 🔳 No		

Page 1 Effective May 2016



#### **SECTION 3 – AGENCY DETAILS**

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

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

Johnsontown Road Elementary School Mission Statement: Johnsontown Road challenges everyone to think critically and productively collaborate within a caring and supportive learning environment.

The school serves 293 students in grades kindergarten through fifth with the following demographics:

Black: 43% White: 44% Hispanic: 6% Other: 6%

Free/Reduced Lunch Rate: 80.5% Students with learning disability: 33

Johnsontown Road is a Health Promotion School of Excellence (HPSE) with a strong commitment to helping students succeed academically, emotionally, and physically. It provides leadership opportunities for students, including National Elementary Honor Society, Student Council, Safety Patrol, and community service projects. Students can participate in numerous extracurricular activities, including academic team, band, orchestra, basketball, cheerleading, volleyball, cross-country, drama club, choir, and enrichment clubs.

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

Board Member	Term End Date
Franklin Jelsma, Chair	December 31, 2024
James Allen, Immediate Past Chair	December 31, 2024
Audwin Helton, Vice Chair	December 31, 2025
Henry Heuser, Jr., Secretary Treasurer	December 31, 2024
Robert Arnold	December 31, 2025
Alex Cornish	December 31, 2024
Meredith Erickson	December 31, 2026
Dr. Alex Gerassimides	December 31, 2025
Lynn Huether	December 31, 2024
Kevin Joynt	December 31, 2025
Elizabeth Mays	December 31, 2026
Vidya Ravichandran	December 31, 2024
Tiffany Robinson	December 31, 2024
Ken Selvaggi	December 31, 2025
Mark Shirkness, Kevin Shurn	December 31, 2026
Carl Thomas, Carol Timmons	December 31, 2025
Malcolm B. Chancey, Jr. (Emeritus)	

Describe the Board term limit policy:		
No term limits.		

Three Highest Paid Staff Names	Annual Salary
No paid staff	

#### SECTION 5 - PROGRAM/PROJECT NARRATIVE

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

At Johnsontown Road, we challenge everyone to think critically and to work together in a caring and supportive learning environment. We have made significant progress in serving our students' learning progress as measured by the Kentucky Department of Education latest report card; however, we are looking to improve our students' access to a quality physical structure for outdoor play.

Johnsontown Road's existing playground is split between two areas located near one another but divided by landscaping borders. Existing equipment is aged, and the school has had to remove some pieces due to damage. The school plans to combine the two areas into one larger, all-inclusive space, put down new mulch and borders, do minor repairs to its existing playground equipment, and add additional equipment that offers all Johnsontown Road students more variety and availability.

We are requesting Neighborhood Development Fund support to purchase new playground equipment that will be installed as part of a larger \$52,000 to \$60,000 renovation. If approved, the project would begin as soon as funding becomes available. Our estimated time line is as follows:

March 2021: JCPEF accepts grant award and executes contract with Louisville Metro.

April-June 2021: JCPEF reports donation of funds to JCPS; equipment is ordered and installed upon arrival. June 2021: Complete all grant reporting requirements.

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

Johnsontown Road will use NDF funding to purchase the following pieces of equipment:

- One Revolution Spinner (\$4,639 per unit x 1 = \$4,639)
- Twelve Stepping Stones (\$280 per unit x 12 = \$3,360)
- One 48" Tall Double Wide KB Slides (\$1,350 per unit x 1 = \$1,350)
- One 64" Tall Spiral Slide ( $$5,972 \times 1 = $5,972$ )
- One Stand n Spin Spinner (\$1,031 per unit x 1 = \$1,031)
- Two Nu-Edge Stacked Timber Balance Beams (\$1,824 per unit x 2 = \$3,648)

Total: \$20,000

The costs above represent the price of the equipment only. Johnsontown Road will use school funds to pay for related freight and installation costs of approximately \$7,418. The school plans to complete the new playground in the spring of 2021 once NDF funding is available. It has raised \$32,000 to date (cash-in-hand) and has a pending request into the Rondo Foundation for an additional \$8,000.

The school plans to spend all funding raised at the same time as the NDF funds, if awarded. If the Rondo Foundation request is not funded, we will remove two free-standing items from our playground design to reduce the cost of the playground to approximately \$52,000.

Once completed, the new playground area will feature additional slides, climbing equipment, swings, an arched bridge, and more. A rendering of the planned renovation is included in the attachments.

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

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 playground renovation will specifically benefit Johnsontown Road's 293 students in grades kindergarten through five by providing accessible playground equipment that they can safely use during the school day. New playground equipment will help students develop muscle tone, develop relationships with peers, and have increased opportunity for gross motor play and engaging physical activity. All students spend 20 minutes per day engaged in wellness activities. Johnsontown Road's physical education (PE) teacher will also use the equipment for PE classes.

The measurable outcome for this project is as follows:

- The new playground equipment will increase the amount of time Johnsontown Road Elementary School students spend each day engaged in physical activity.

This playground project will also benefit neighbors near the school. The playground will remain unfenced, help beautify the area, and create a welcoming and attractive area adjacent to the school's bordering neighborhoods.

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.

Johnsontown Road strives to be a good community partner and looks forward to the opportunity to beautify this space with a renovated and expanded playground. The Southeast Christian Church SW Campus donated \$5,000 to support this playground project.

The school also has existing partnerships with Landmark, which traditionally provides volunteers for outdoor spring cleanups around our campus. If there is a need for upkeep of the new playground space or areas immediately surrounding the playground, we anticipate Landmark will again step up to help us with that.

Dynacraft, a world class supplier of complex assemblies and services, provides volunteers twice per week who come teach students engineering and science lessons. They are a longtime supporter of the school and have offered to assist with playground amenities (e.g. trashcans and benches) if needed once the renovation is complete.

In addition, Johnsontown Road has an active and thriving Parent Teacher Association (PTA). This group was involved in the initial playground renovation planning process and supports the project. The PTA has approximately 200 members and supports the school through fund raising efforts and general involvement.

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

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

Program/Project Expenses	Column 1 Proposed Metro Funds	Column 2 Non- Metro Funds	Column (1+2)=3 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	\$20,000	\$32,000	\$52,000
K: Capital Project			
L: Other Expenses (See Detailed List on Page 8)			
*TOTAL PROGRAM/PROJECT FUNDS	\$20,000	\$32,000	\$52,000
% of Program Budget	38 %	62 %	100%

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

Other State, Federal or Local Government	
United Way	
Private Contributions (do not include individual donor names)	32,000
Fees Collected from Program Participants	
Other (please specify)	
Total Revenue for Columns 2 Expenses **	32,000

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

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

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

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 Donor\*/Type of Contribution Total Value of In-Kind (to match Program Budget Line Item. Volunteer Contribution & Other In Kind) \* DONOR INFORMATION REFERS TO WHO MADE THE IN KIND CONTRIBUTION. VOLUNTEERS NEED NOT BE LISTED INDIVIDUALLY, BUT GROUPED TOGETHER ON ONE LINE AS A TOTAL NOTING HOW MANY HOURS PER **PERSON PER WEEK** Agency Fiscal Year Start Date: July 1, 2020Does your Agency anticipate a significant increase or decrease in your budget from the current fiscal year to the budget projected for next fiscal year? NO YES 🗀 If YES, please explain:

#### **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**

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

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

Board Member Dr. Alex Gerassimides is the spouse of Mayor Greg Fischer.

#### **SECTION 8 – CERTIFICATIONS & ASSURANCES**

I certify under the penalty of law the information in this application (including, without limitation, "Certifications and Assurances") is accurate to the best of my knowledge. I am aware my organization will not be eligible for funding if investigation at any time shows falsification. If falsification is shown after funding has been approved, any allocations already received and expended are subject to be repaid. I further certify that I am legally authorized to sign this application for the applying organization and have initialed each page of the application.

Signature of Legal Signatory:		In KA			Date:	2/2/21
Legal Signatory: (please print	): Fran	ıklin Jelsma			Title:	Chair, JCPEF
Phone: 502.485.6501		Extension:	NA	Email:	abby.piper@j	efferson.kyschools.us

# IRS Exempt Status Determination Letter

Internal Revenue Service District Director Department of the Treasury

Date:

CANDER OF THE PROPERTY OF THE

JUL 19 1983

Jefferson County Public Education
Foundation, Inc.
416 West Jefferson

Employer Identification Number:
61-1021128
Accounting Period Ending:
June 30
Form 990 Required: K Yes No

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

Dear Applicant:

Louisville, KY 40202

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

00015796

BODC: TE

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



034020

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

Dear TAXPAYER:

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

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

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

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

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

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

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

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

extrapostar in the

Sincerely yours,

S. A. Martin, Operations Manager Accounts Management Operations

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# **Current Year Projected Budget**

# Jefferson County Public Education Foundation FY 2021 Tentative Operating Budget

	Budget 2021	Actuals 2020
Revenue		
Corporate	\$80,631	54,276 LGE, GE, Metro United Way, etc.
Foundation	\$250,000	432,355 NCFL, CFL, CES
Government	\$53,204	80,966 Metro
Individual/Local	\$180,765	393,827 Various
Investment Income	\$120,000	-104,016
<b>Total Revenue</b>	\$684,600	\$857,408 Includes programs
		using carryover dollars

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Fν	ne	ns	00

Total Expense	\$684,600	726,366
Teacher Recognition Programs	\$51,600	51,000
JCPS Program/School Based	\$350,000	335,291
		Scholarships paid in July
Student Scholarships	\$135,000	130,427 Includes \$85,000
Operating/Board Expense	\$35,000	48,916
New Initiatives	\$60,000	101,266
<b>Educational Initiatives</b>	\$53,000	59,467
Expenses		

# **Current Financial Statement**

1/14/2021 2:23:22 PM

#### Jefferson County Public Education Foundation, Inc. Financial Report

July 1, 2020 through December 31, 2020

December Investment activity-stmt not received)

		FUNDS	Beginning Balance	Total Receipts	Total Expenses
0F2X1	0F2X	SHORT TERM/NON-JCPS	61,416.18	12,275.00	8,786.47
0F2X1	0F2X 0F2X	DUBOIS ACADEMY	4,078.99		
OF2XJ	OF2X	SHORT TERM/JCPS	143,371.78		
0F2XJ	OF2X	STATE OF THE DISTRICT	11,000.00		-
OF2XY	0F2X 0F2X	SHORT TERM/CE&S	1,870.66		
OF3XB	OF2X OF2X	SHORT TERM - BOOK BUGGY	5,287.36		
		DESIGNATED	227,024.97		
0F2X4	0F2X4	KINDERGARTEN CAMP	7,834.53	=	
0F2X5	0F2X5	IDEA FESTIVAL	1,923.15		
0F2X7	0F2X7	ARTS EDUCATION	546.78		
0F2XG	0F2XG	GENETECH	1,060.69		
OF2XL	OF2XL	LOUISVILLE EDU & EMPLY PARTNERSHIP	0.00		
0F3XM	OF3XM	EVERY 1 READS MORE	10,044.45		
0F4XT	0F4XT	TEACHER EXCELLENCE AWARDS	6,266.82		
OF6X	0F6X	METRO GOVERNMENT	13,204.28		
0F7X2	0F7X2	STREET ACADEMY	1,810.00	•	
0F7X6	0F7X6	ZEON SETTLEMENT	8,247.57		
0F7X7	OF7X7	ROY BIRMINGHAM MEMORIAL	3,606.00		
0F7X9	0F7X9	ADVANCE PLACEMENT TEACHER TRAINING	0.00		
0F7XD	0F7XD	RUSSELL GARTH LEADERSHIP	2,907.12		
OF7XE	OF7XE	SAM RECHTER	8,556.46		
OF7XF	OF7XF	FRYSC	3,643.39		
0F7XG	0F7XG	THORNTON SCHOLARSHIP	200.00		
OF7XN	OF7XN	WYATT DEBATE SCHOLARSHIP	54,370.33	44,736.73	31,796.22
OF8XN	OF8XN	NCFL/ADULT ED	8,000.00		311.86
0F8S1	OF8XS	NCFL/ADULT ED (AMERICANA/MCFERRAN)	52,932.72		1,987.43
OF8XS	OF8XS	NCFL/DAWSON ORMAN & ADULT ED	35,437.34	0.00	0.00
0F8X2	OF8X2	EXEC. DIRECTOR INNOVATIONS FUND	10,890.62	0.00	0.00
OF8XB	OF8XB	BOARD MEETING FUND	306.18	0.00	0.00
OF8XE	OF8XE	EXCEL AWARDS/LG&E - WHAS11	14,515.22	0.00	1,000.00
OF90F	OF90F	FORD NGL INITIATIVES	2,002.12	0.00	0.00
0F94F	0F94F	FORD ACADEMIES	440.58	0.00	0.00
0F96F	OF96F	FORD IMPLEMENTATION	88.70	0.00	0.00
0F9XW	0F9XW	Elaine Whelan Literacy Fund	975.91	0.00	0.00
RESTRIC	TED PROGRA	M FUND BALANCE 10-31-2020	476,835.93	68,204.23	70,864.55
0F51D	0F51D	DAVID L. JONES VOCAL (NON-INVEST)	476.04	0.00	0.00
0F5XA	OF5XA	CENTRAL HS SCHOLARSHIPS	441.00	0.00	0.00
OF5XB	OF5XB	CHRIS NELLIGAN SCHOLARSHIP	4,096.03	0.00	0.00
0F5XC	0F5XC	CUMMINGS SCHOOL FUND SCHOLARSHIP	8,032.98	0.00	500.00
0F5XG	0F5XG	MOORE ALUMNI SCHOLARSHIP	4,581.43	50.00	625.00
OF5XI	OF5XI	MINOR DANIELS SCHOLARSHIP	62,013.35	9,035.96	36,000.00
OF5XJ	0F5XJ	STEPHANIE KREMER SCHOLARSHIP	500.00		0.00
0F5XK	OF5XK	GORDON FOOD SERVICE SCHOLARSHIP	3,594.93	0.00	0.00
OF5XL	OF5XL	TUGS AT YOUR HEART SCHOLARSHIP	1,025.00		0.00
0F5XM	0F5XM	YOUTH ACHIEVEMENT SCHOLARSHIP	56,767.97	0.00	1,000.00

OF5XN	0F5XN	STEVE M. MAJORS SCHOLARSHIP	1,900.00	0.00	0.00
OF5XP	OF5XP	J.C. AND DOYLE CANTRELL SCHOLARSHIP	50.00	0.00	0.00
0F5XQ	0F5XQ	DOMINIQUE KEMP JR. SCHOLARSHIP	1,000.00	0.00	1,000.00
OF5XR	0F5XR	DIVERSITY EQUITY POVERTY SCHOLARSHI	385.00	0.00	0.00
OF5XS	OF5XS	SHAWNEE ALUMNI SCHOLARSHIP	3,644.99	0.00	0.00
0F5XV	0F5XV	VALLEY HIGH ALUMNI SCHOLARSHIP	1,206.44	0.00	0.00
0F5XW	0F5XW	OLIVER DANIEL WINN HOSA SCHOLARSHIP	1,000.00	0.00	0.00
OF5XY	OF5XY	NBCT SCHOLARSHIP	0.00	2,500.00	0.00
OF8X3	0F8X3	HUFF MEMORIAL TRUST SCHOLARSHIPS	59,708.88	0.00	50,000.00
SCHO	LARSHIPS - N	ON INVESTMENT	210,424.04	11,585.96	89,125.00
TOTAL RE	STRICTED FUI	NDS	687,259.97	79,790.19	159,989.55
OF8XO	0F8XO	OPERATING	11,232.65	2,500.00	13,463.64
OF8X1	0F8X1	EXECUTIVE DIRECTOR SALARY OPERATING	456.29	0.00	0.00
0F7X1	0F7X1	UNRESTRICTED	2,255.32	4,310.50	1,340.00
TOTAL UN	RESTRICTED	FUNDS	13,944.26	6,810.50	14,803.64
INVESTMI					
0F51W	OFHXI	OLIVER DANIEL HOSA SCHOLARSHIP	22,305.82	2,684.00	0.00
0F5XD	0FHXI	DAVID L. JONES VOCAL SCHOLARSHIP	26,174.55	3,107.35	0.00
0F5XU	0FHXI	LOUISVILLE GOES TO COLLEGE SCHOOL	22,407.68	2,683.53	0.00
0F8XG	0FHXI	GREATER LOUISVILLE EDU PROJECT	16,745.49	1,977.07	0.00
0FHX	OFHXI	HUFF TRUST MEMORIAL SCHOLARSHIPS	1,201,702.60	169,067.12	0.00
TOTAL IN	ESTMENT BA	ALANCE 9-30-2020	1,289,336.14	179,519.07	0.00
Total Fund	i Ralanco		1.990.540.37	266.119.76	174.793.19
: Otal i ulit	a valatice		#,JJU,J4U.J/	~~U,113./U	±/4,/33.13

#### (excludes

### Remaining Balance

64,904.71 3,971.97 137,444.20 11,000.00 0.00 5,287.36 222,608.24 7,834.53 1,923.15 546.78 1,060.69 0.00 7,345.14 6,266.82 8,398.78 1,810.00 7,867.57 3,606.00 0.00 2,907.12 8,556.46 3,643.39 200.00 67,310.84 7,688.14 50,945.29 35,437.34 10,890.62 306.18 13,515.22 2,002.12 440.58 88.70 975.91 474,175.61 476.04 441.00 4,096.03 7,532.98 4,006.43 35,049.31 500.00 3,594.93

> 1,025.00 55,767.97

1,900.00 50.00 0.00 385.00 3,644.99 1,206.44 1,000.00 2,500.00 9,708.88 132,885.00

#### 607,060.61

269.01 456.29 5,225.82 **5,951.12** 

24,989.82 29,281.90 25,091.21 18,722.56 1,370,769.72 1,468,855.21

#### 2,081,866.94

Reconciles to Munis Financial Reports

# Most Recent IRS Form 990

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.

Depa	rtment e	of the Treasury enue Service	► Go to www.irs.gov/Form990 for instructions and	the lates	t information.	Inspection			
					JUN 30, 2020				
В	heck if pplicab	in i	forganization ERSON COUNTY PUBLIC EDUCATION	-	D Employer Identificat	ion number			
	Addre	1	DATION, INC.						
F	Name	, <u> </u>	usiness as		61-1021128	}			
	Initial			Room/suite					
F	Final	ח ם ו	BOX 35368	, iooniyouni	502-212-31	12			
	termi ated		own, state or province, country, and ZIP or foreign postal code		G Gross receipts \$	795,606.			
Γ	Amen		SVILLE, KY 40202		H(a) Is this a group retu				
T	Appli		nd address of principal officer: LYNN HUETHER		for subordinates?	harmen barriera			
	pendi			40219	•				
1 7	ax-ex		X 501(c)(3) 501(c) ( ) ◀ (insert no.) 4947(a)(1) c	or 52	7 If "No," attach a list	t. (see instructions)			
		ite: N/A			H(c) Group exemption n	number >			
			X Corporation	L Year	r of formation; 1983 M S	tate of legal domicile; KY			
	art I	Summary							
	1		e the organization's mission or most significant activities: SUPPOY PUBLIC SCHOOLS	ORT OF	F JEFFERSON CO	UNTY,			
Governance	2		x 🕨 🔲 if the organization discontinued its operations or dispos	ed of more	e than 25% of its net assets	S,			
Š	3				3	19			
	4	Number of inc	lependent voting members of the governing body (Part VI, line 1b)			19			
δ. 62	5		of individuals employed in calendar year 2019 (Part V, line 2a)			0			
Ę	6	Total number	of volunteers (estimate if necessary)		6	0			
Activities &	7 a	Total unrelate	d business revenue from Part VIII, column (C), line 12		7a	0.			
_	ь	Net unrelated	business taxable income from Form 990-T, line 39		7b	0.			
	ŀ			<u> </u>	Prior Year	Current Year			
ف	8	Contributions	and grants (Part VIII, line 1h)		693,954.	362,564.			
딞	9	Program servi	ce revenue (Part VIII, line 2g)		0.	35,756.			
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)							
	11	Other revenue	(Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	0.			
	12		- add lines 8 through 11 (must equal Part VIII, column (A), line 12)		729,732.	398,320.			
	13		milar amounts paid (Part IX, column (A), lines 1-3)		640,001.	649,818.			
	14	•	to or for members (Part IX, column (A), line 4)	0.	0.				
ŝ	15		r compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.			
Expenses	16a		undraising fees (Part IX, column (A), line 11e)	A 1	U•	0.			
8	b		ing expenses (Part IX, column (D), line 25)		131,584.				
-	J ''		es (Part IX, column (A), lines 11a-11d, 11f-24e)		771,585.	109,844.			
	1		s, Add lines 13-17 (must equal Part IX, column (A), line 25)		-41,853.	759,662. -361,342.			
	19	Hevenue less	expenses. Subtract line 18 from line 12						
sets or	20	Total assets (f	3-4 V line 46)		2,331,850.	End of Year 1,989,673.			
ASSE	21	Total assets (f	Part X, line 16)	······	0.	0.			
Net/	1		fund balances. Subtract line 21 from line 20	······	2,331,850.	1,989,673.			
	irt II	7 2 7			2/002/0001	2/303/0/00			
Und	er nen:		I declare that I have examined this return, including accompanying schedules	and statem	nents, and to the best of my kn	owledge and belief, it is			
			Declaration of preparer (other than officer) is based on all information of wh		· ·	,			
Sign	n	Signature	e of officer		Date				
	Here LYNN HUETHER, SECRETARY/TREASURER								
		Type or p	orint name and title						
		Print/Type pre	parer's name Preparer's signature		Date Check	PTIN			
Paid	l	1	M FINN, CPA		self-employed	₽00814819			
Pre	arer	Firm's name	▶ MONROE SHINE & CO., INC. CPA'S		Firm's EIN ▶ 35	5-1515068			
Use	Use Only Firm's address ▶ PO BOX 22039								
			LOUISVILLE, KY 40252-9804		Phone no. 502-	-423-0311			
May	the I	RS discuss this	s return with the preparer shown above? (see instructions)			X Yes No			

### JEFFERSON COUNTY PUBLIC EDUCATION Form 990 (2019) FOUNDATION, INC. Part III | Statement of Program Service Accomplishments 61-1021128 Page 2 Check if Schedule O contains a response or note to any line in this Part III ..... Briefly describe the organization's mission: SUPPORT OF JEFFERSON COUNTY, KENTUCKY PUBLIC SCHOOLS Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? If "Yes," describe these new services on Schedule O. If "Yes," describe these changes on Schedule O. Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported. 649,818. ) (Revenue \$ 717,233. including grants of \$ (Code: ) (Expenses \$ 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. including grants of \$ (Code: \_\_\_\_\_\_) (Expenses \$ \_\_\_\_ 4c (Code: \_\_\_\_ including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_ \_\_\_\_\_ ) (Expenses \$ \_\_\_\_ 4d Other program services (Describe on Schedule O.) including grants of \$ 717,233. Total program service expenses

Form 990 (2019)

#### JEFFERSON COUNTY PUBLIC EDUCATION

Form 990 (2019) 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)? X If "Yes," complete Schedule A ...... X Is the organization required to complete Schedule B, Schedule of Contributors? 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 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect X during the tax year? If "Yes," complete Schedule C, Part II 4 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 98-197 If "Yes," complete Schedule C, Part III X 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 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 X 7 Did the organization maintain collections of works of art, historical treasures, or other similar assets? # "Yes," complete X A Schedule D, Part III 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? X If "Yes," complete Schedule D, Part IV ...... 9 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? If "Yes," complete Schedule D, Part V X 10 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X as applicable. a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, X Part VI 11a b Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total X assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII X 11c d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 11d e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X ..... 11e Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses X the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X ........... 11f 12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete X Schedule D, Parts XI and XII b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 12b Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E 13 14a Did the organization maintain an office, employees, or agents outside of the United States? 14a b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 X 14b or more? If "Yes," complete Schedule F, Parts I and IV 15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any X foreign organization? If "Yes," complete Schedule F, Parts II and IV 15 16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV X 16 17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I X 17 18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 18 X 1c and 8a? If "Yes," complete Schedule G, Part II 19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III X 20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H ..... 20a b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I. Parts I and II

61-1021128

Page 3

Form 990 (2019)

#### JEFFERSON COUNTY PUBLIC EDUCATION

61-1021128

Page 4

FOUNDATION, INC.

Pa	rt IV   Checklist of Required Schedules (continued)				
			Yes	No	
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	1			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete	1			
	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			l	
	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		<b></b>	
C	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			İ	
	any tax-exempt bonds?	24c	<b> </b>		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d	<u> </u>	<del> </del>	
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	054		х	
00	Schedule L, Part I	25b			
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current				
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		х	
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,	20	<u> </u>		
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			ĺ	
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		х	
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV				
20	instructions, for applicable filing thresholds, conditions, and exceptions):				
2	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			ĺ	
•	"Yes," complete Schedule L, Part IV	28a		x	
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х	
	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? #				
_	"Yes, " complete Schedule L, Part IV	28c		х	
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation				
	contributions? If "Yes," complete Schedule M	30		X	
31	Did the organization liquidate, terminate, or dissolve and cease operations? 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	1			
	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			l	
	Part V, line 1	34		X	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity	1		l	
	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?			l	
	If "Yes," complete Schedule R, Part V, line 2	36	ļ	X	
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization	1			
	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?		v		
Pai	Note: All Form 990 filers are required to complete Schedule O  t V   Statements Regarding Other IRS Filings and Tax Compliance	38	Х		
	Check if Schedule O contains a response or note to any line in this Part V	*******	V	┟╁┤	
4 -	Enter the number reported in Box 3 of Form 1096. Enter ·0· if not applicable	13725	Yes	No	
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable  Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable  1b	-			
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming		1			
C	(gambling) winnings to prize winners?	10		1	
93200	(Maintaining) 48 Minining to prize 48 Ministers:	Form	990	(2019	

### JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC.

	990 (2019) FOUNDATION, INC. 61-1021:	128	P	age 5
Pai	rt V Statements Regarding Other IRS Filings and Tax Compliance (continued)			
_	Estado do Arra de Caracterio d	10830	Yes	No
<b>2a</b>	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			
	juli di		**	
D	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	100	775.45
2	Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	3a	. 11.4	х
	Did the organization have unrelated business gross income of \$1,000 or more during the year?  If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b		
	If "Yes," has it filed a Form 990-1 for this year? If "No" to line 3b, provide an explanation on Schedule O  At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a	<u> </u>		
-44	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		х
h	If "Yes," enter the name of the foreign country		(14/4)	
	See instructions for filling requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a	200	Х
	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			
	any contributions that were not tax deductible as charitable contributions?	6a		х
b	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).			14:19
	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		Х
	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		1.00	
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	<b>7</b> f		
9	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g		
h	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			
	sponsoring organization have excess business holdings at any time during the year?	8		
9	Sponsoring organizations maintaining donor advised funds.			No Associate
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		
b	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			
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities			
11	Section 501(c)(12) organizations. Enter:			
	Gross income from members or shareholders 11a			
b	Gross income from other sources (Do not net amounts due or paid to other sources against			
	amounts due or received from them.)			1 1 1
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a	1104 (1994)	2 1 a 35 5 .
b	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.	-97.502	1,127,3	4.450
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		1 20
	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			
	organization is licensed to issue qualified health plans			l vši
	Enter the amount of reserves on hand		1.35	х
14a		14a		┢╧━
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14b		<b></b>
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	15		х
	excess parachute payment(s) during the year?  If "Yes," see instructions and file Form 4720, Schedule N.	-13	1776	
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		x
10	if "Yes," complete Form 4720, Schedule O.	.0	4 Pag	1,000
	ii 100, compose form 4/20, comedule o.	Form	990	(2019)

Form <b>Pa</b>	JEFFERSON COUNTY PUBLIC EDUCATION 1990 (2019) FOUNDATION, INC. 1t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	rough	61-102 7b below, and for	1128 a'No' r	P espons	age 6
	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes on Schedule C	. See i	nstructions.			
	Check if Schedule O contains a response or note to any line in this Part VI					X
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	1	9		
	If there are material differences in voting rights among members of the governing body, or if the governing	1				
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.	ŀ				
b	Enter the number of voting members included on line 1a, above, who are independent	1b	1	9		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship	with a	any other		0.5	
	officer, director, trustee, or key employee?			2		X
3	Did the organization delegate control over management duties customarily performed by or under th	e direc	supervision			
	of officers, directors, trustees, or key employees to a management company or other person?				<u> </u>	X
4	Did the organization make any significant changes to its governing documents since the prior Form §					X
5	Did the organization become aware during the year of a significant diversion of the organization's ass	ets?	***************************************	. 5		X
6	Did the organization have members or stockholders?			6		X
7a	Did the organization have members, stockholders, or other persons who had the power to elect or all	point	one or			l
	more members of the governing body?			7a	<u> </u>	X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s	tockho	ders, or			
	persons other than the governing body?			7b		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year	r by the	following:	2-40/4		(a)0 A (
а	The governing body?			8a	X	<u> </u>
b	Each committee with authority to act on behalf of the governing body?		******************	8b	X	
9	is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea			ļ		
	organization's mailing address? If "Yes." provide the names and addresses on Schedule O			. 9	<u> </u>	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Re	venue	Code.)		,	<del></del>
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such ch	apters	, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b	<u> </u>	ļ
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod	y befor	e filing the form?	11a		X
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			, e Asya		1.0
	Did the organization have a written conflict of interest policy? If "No," go to line 13					X
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			. 12b	<u> </u>	
C	Did the organization regularly and consistently monitor and enforce compliance with the policy? If $^{*}$	es, " d	escrib <del>e</del>			l
	in Schedule O how this was done			12c		
13	Did the organization have a written whistleblower policy?		•••••	13		X
14	Did the organization have a written document retention and destruction policy?			14		X
15	Did the process for determining compensation of the following persons include a review and approve	l by inc	dependent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?				435.3	
	The organization's CEO, Executive Director, or top management official			15a		X
ь	Other officers or key employees of the organization			15b	3.835480	X
	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 arranger			1.1000		
_	taxable entity during the year?			16a	37753	X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua	•	•			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ					1
200	exempt status with respect to such arrangements?			16b	<u> </u>	
	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed NONE		T/011	0)		1.1.
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, a	1a <del>9</del> 90	· (Section 501(c)(	s)s only)	availa	DIE
	for public inspection. Indicate how you made these available. Check all that apply.  Own website Another's website X Upon request Other (explain		hadata O'			
19	Own website Another's website Value on request Other (explain Describe on Schedule O whether (and if so, how) the organization made its governing documents, or			nd finan	cial	
		. IIIIOI C	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	I LOUIS THE FOLLOWING	w IGG	

LYNN HUETHER, TREASURER - 502-212-3112
3620 FERN VALLEY ROAD, LOUISVILLE, KY 40219

932006 01-20-20

Form 990 (2019)

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

statements available to the public during the tax year.

932007 01-20-20

#### JEFFERSON COUNTY PUBLIC EDUCATION

Form 990 (2019) FOUNDATION, INC. 61-1021128

[Part VII] Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated

### Employees, and Independent Contractors Employees, and Independent Contractors

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

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

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

Page 7

Form 990 (2019)

- 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.

  See instructions for the order in which to list the persons above.

(A) Name and title	(B) Average hours per	box	not cl	Pos heck i	more rson i	than o	าลก	( <b>D</b> ) Reportable compensation	(E) Reportable compensation	(F) Estimated amount of
	week (list any hours for related organizations below line)	stee or director	Institutional trustee	Officer		Highest compensated employee		from the organization (W-2/1099-MISC)	from related organizations (W·2/1099·MISC)	other compensation from the organization and related organizations
(1) JAMES R ALLEN	1.00									
IMMBDIATE PAST CHAIR		X	_	X	_	<u> </u>		0.	0.	0.
(2) ROBERT J. ARNOLD	1.00	1						_	_	
MEMBER		X			<u> </u>	_		0.	0.	0.
(3) VIK CHADHA	1.00							_	_	_
MEMBER		X		_		<u> </u>		0.	0.	0.
(4) ALEX CORNISH	1.00					ļ		_		
MEMBER		X	_		<u> </u>			0.	0.	0.
(5) DR. ALEX GERASSIMIDES, MD	1.00	1			l				_	_
MEMBER		X		Щ	L	<u> </u>	_	0.	0.	0.
(6) AUDWIN HELTON	1.00									
VICE CHAIRMAN		X		X	L	<u> </u>	_	0.	0.	0.
(7) HENRY HEUSER JR	1.00	١				1				
SECRETARY TREASURER		X	_	X		<u> </u>		0.	0.	0.
(8) LYNN HUETHER	1.00							_		
MEMBER		X	_		<u> </u>	<u> </u>		0.	0.	0.
(9) FRANKLIN JELSMA	1.00	<b>.</b> _		l						
CHAIRMAN		X	_	X	<u> </u>	┞	_	0.	0.	0.
(10) KEVIN JOYNT	1.00	l								
MEMBER		X	_		ļ	┞—	<u> </u>	0.	0.	0.
(11) MITCH RUB	1.00	<b> </b>				l				
MEMBER	<del>                                     </del>	X	_	<u> </u>	_	<u> </u>		0.	0.	0.
(12) JOSEPH SEILER	1.00	١.,				l		,		,
MEMBER	1 00	X		ļ	<u> </u>	├	-	0.	0.	0.
(13) KEN SELVAGGI	1.00	١						,		,
MEMBER	+	X	<b>—</b>	<del> </del>	<u> </u>	├-		0.	0.	0.
(14) MARK SHIRKNESS	1.00	┨						۸ .	_	_
MEMBER	1 1 00	X	<b>-</b>	_	_	├-		0.	0.	0.
(15) KEVIN SHURN MEMBER	1.00	x				1		0.	0.	_
MKMKKW		<b>↓</b> △	<u> </u>	<u> </u>	<u> </u>	<u> </u>	<del>                                     </del>	0.	<u> </u>	0.
	1 00			ı		1			į.	B .
(16) CARL THOMAS	1.00							_	_	n
	1.00	x						0.	0.	0.

JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC. 61-1021128 Page 8 Form 990 (2019) Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued) (A) (B) (C) (D) (E) (F) Position Average Name and title Reportable Reportable **Estimated** (do not check more than one box, unless person is both an officer and a director/trustee) hours per compensation compensation amount of week from from related other (list any the organizations compensation hours for organization (W-2/1099-MISC) from the related (W-2/1099-MISC) organization trustee organizations and related below organizations line) (18) MEREDITH ERICKSON 1.00 MEMBER 0. 0. 0. (19) ELIZABETH MAYS 1.00 MEMBER X 0. 0. 0. (20) JEFF ULIGIAN 1.00 MEMBER 0. 0. 0. 1.00 (21) JANNIE BROUSSARD 0 0. 0. 1.00 (22) VIDYA RAVICHANDRAN MEMBER 0. 0. 0. (23) TIFFANY ROBINSON 1.00 MEMBER 0. 0. 0. (24) MALCOM CHANCEY, JR 1.00 MEMBER X 0. 0. 0. 0. 1b Subtotal 0. 0. c Total from continuation sheets to Part VII, Section A 0. 0. 0. d Total (add lines 1b and 1c) 2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable 0 compensation from the organization Yes No 3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization X and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes." complete Schedule J for such person X Section B. Independent Contractors Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from

	the organization. Report compensation for the calenda	r year ending with or v	vithin the organization's tax year.	
	(A) Name and business address	******	(B)	(C)
	Name and business address	NONE	Description of services	Compensation
				:
2	Total number of independent contractors (including bu	t not limited to those I	sted above) who received more than	
	\$100,000 of compensation from the organization	0		
				_ ^^^

JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC.

Fom	n <b>9</b> 9	0 (	2019) FOUNDATION, I	NC.			61-1021	128 Page <b>9</b>
Pa	rt \	VIII	Statement of Revenue					
			Check if Schedule O contains a response	or note to any line	e in this Part VIII (A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
Contributions, Gifts, Grants and Other Similar Amounts	1	b c d e f	Federated campaigns  Membership dues  Fundraising events  Related organizations  Government grants (contributions)  All other contributions, gifts, grants, and similar amounts not included above  Noncash contributions included in lines 1a-1f  Total, Add lines 1a-1f	362,564.	362,564.			
Program Service Revenue		a b c d	All other program service revenue	Business Code				
			Total. Add lines 2a-2f					
Other Revenue	3 4 5		Investment income (including dividends, intere other similar amounts)  Income from investment of tax-exempt bond p Royalties	roceeds	31,191.			31,191.
		a	Gross rents  Gross rents  Ga  Less: rental expenses  6b	(ii) Personal				
	7	d	Rental income or (loss)  Net rental income or (loss)  Gross amount from sales of assets other than inventory  7a 401,851.	(ii) Other				
			Less: cost or other basis and sales expenses Gain or (loss)  7a 401,851.  7b 397,286.  7c 4,565.					
	8	d	Net gain or (loss)  Gross income from fundraising events (not including \$ of contributions reported on line 1c). See	<u> </u>	4,565.			4,565.
	9	C	Part IV, line 18  Less: direct expenses  Net income or (loss) from fundraising events  Gross income from gaming activities. See	†				
	40	С	Part IV, line 19 9a Less: direct expenses 9b Net income or (loss) from gaming activities	7				
	10	b	Gross sales of inventory, less returns and allowances 10a Less: cost of goods sold 10b Net Income or (loss) from sales of inventory					
Miscellaneous Revenue	11	a b		Business Code				
		e	All other revenue		200 200			
93200	12		Total revenue. See instructions	<b>D</b>	398,320.	0.	0.	35,756. Form <b>990</b> (2019)

Form 990 (2019) FOUNDATION, INC. 61-1021128 Page 10
Part IX | Statement of Functional Expenses

	Check if Schedule O contains a respons include amounts reported on lines 6b,	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
	9b, and 10b of Part VIII. ants and other assistance to domestic organizations		expenses	general expenses	expenses
	d domestic governments. See Part IV, line 21	649,818.	649,818.		
	rants and other assistance to domestic	010,0101	019/010:		
	dividuals Cas Dark IV line 00				
	rants and other assistance to foreign				
-					
_	ganizations, foreign governments, and foreign				
	dividuals. See Part IV, lines 15 and 16				
	enefits paid to or for members			MARIA III. 1998	
	empensation of current officers, directors,				
	stees, and key employees				
	mpensation not included above to disqualified				
	rsons (as defined under section 4958(f)(1)) and				
	rsons described in section 4958(c)(3)(B)				
	her salaries and wages				***
	nsion plan accruals and contributions (include				
	ction 401(k) and 403(b) employer contributions)				
	her employee benefits				
10 Pa	yroll taxes				
11 Fe	es for services (nonemployees):				
a Ma	anagement				
b Le	gal				
	counting	23,726.		23,726.	
	bbying				
	ofessional fundraising services. See Part IV, line 17				
f inv	vestment management fees	13,261.		13,261.	
	her. (If line 11g amount exceeds 10% of line 25,				
-	umn (A) amount, list line 11g expenses on Sch O.)			İ	
	vertising and promotion				
	fice expenses				
14 Info	ormation technology	612.		612.	
	yalties				
	ccupancy				
	avel				
	yments of travel or entertainment expenses				
	any federal, state, or local public officials				
	onferences, conventions, and meetings	39,686.	39,686.		
		33,0001	33,0004		
	erest				
	yments to affiliates				
	preciation, depletion, and amortization	2,212.		2,212.	
	surance	6,616.		4,414.	
24 Oth abo	ner expenses. Itemize expenses not covered by (List miscellaneous expenses on line 24e. If				
line	24e amount exceeds 10% of line 25, column (A)				
	ount, list line 24e expenses on Schedule 0.)	10 000	10 000	Principal Control of the Control	
	UDGES	18,200.	18,200.		
*********	JES AND FEES	5,907.	5,907.		
	JPPLIES	3,622.	3,622.		
	ANK SERVICE CHARGES	2,618.		2,618.	
	other expenses		<b>—</b>		
	tal functional expenses. Add lines 1 through 24e	759,662.	717,233.	42,429.	0
6 Joi	nt costs. Complete this line only if the organization				
rep	orted in column (B) joint costs from a combined	İ			
edu	cational campaign and fundraising solicitation.	ĺ	l		
-	ck here if following SOP 98-2 (ASC 958-720)	I			

Form 990 (2019) FOUNDATION, INC. 61-1021128 Page 11

Pai	rt X	<u> </u>	La continua de la Dant V			F
		Check if Schedule O contains a response or note t	to any line in this Part A	(A) Beginning of year	******	(B) End of year
	1	Cash - non-interest-bearing			1	
	2	Savings and temporary cash investments		1,022,756.	2	714,802.
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		4		
	5	Loans and other receivables from any current or fo	ormer officer, director,			
		trustee, key employee, creator or founder, substar	ntial contributor, or 35%			
		controlled entity or family member of any of these	persons		5	
	6	Loans and other receivables from other disqualifie	d persons (as defined		10 A. S. S.	
		under section 4958(f)(1)), and persons described in		6		
S.	7	Notes and loans receivable, net	***************************************		7	
Assets	8	Inventories for sale or use			8	
۲	9	Prepaid expenses and deferred charges			9	
	10a	Land, buildings, and equipment: cost or other			1	
		basis. Complete Part Vi of Schedule D	10a		1.45	
	b	Less: accumulated depreciation	10b		10c	
	11	Investments - publicly traded securities		1,309,094.	11	1,274,871.
	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			16	1,989,673.
	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 Pa	art IV of Schedule D		21	
Ş	22	Loans and other payables to any current or former	r officer, director,		34,74	
litie		trustee, key employee, creator or founder, substar	ntial contributor, or 35%			
Liabilities		controlled entity or family member of any of these	persons		22	
=	23	Secured mortgages and notes payable to unrelate	ed third parties		23	
	24	Unsecured notes and loans payable to unrelated t	hird parties		24	
	25	Other liabilities (including federal income tax, paya				
		parties, and other liabilities not included on lines 1	7-24). Complete Part X			
		of Schedule D	***************************************		25	
	26	Total liabilities, Add lines 17 through 25		<u> </u>	26	0.
		Organizations that follow FASB ASC 958, check	chere 🕨 🔀			
ces		and complete lines 27, 28, 32, and 33.		60.000	204 1777	04 540
lan	27	Net assets without donor restrictions	60,072.	27	24,549.	
ä	28	Net assets with donor restrictions	2,271,778.	28	1,965,124.	
Ē		Organizations that do not follow FASB ASC 958				
ŭ.		and complete lines 29 through 33.				And the second of the second of the second
S	29	Capital stock or trust principal, or current funds			29	·
sse	30	Paid-in or capital surplus, or land, building, or equi			30	
Net Assets or Fund Balan	31	Retained earnings, endowment, accumulated inco			31	1 000 073
ž	32	Total net assets or fund balances		2,331,850.	32	1,989,673.
	33	Total liabilities and net assets/fund balances		2,331,850.	33	1,989,673.

Form **990** (2019)

JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC.

61	-1	02	11	28	Page 12

	1 990 (2019) FOUNDATION, INC.	61-1	021128	Page 1	2		
Pa	rt XI Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI			<u> </u>	L		
1	Total revenue (must equal Part VIII, column (A), line 12)	1-1-		<u>,320.</u>			
2	Total expenses (must equal Part IX, column (A), line 25)	2		,662,	_		
3							
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	2,331				
5	Net unrealized gains (losses) on investments	5	19	,165	<u>.</u>		
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 on Schedule O)	9		0.	_		
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32,						
	column (B))	10	1,989	<u>,673.</u>	<u>.</u>		
Pa	rt XIII Financial Statements and Reporting				_		
	Check if Schedule O contains a response or note to any line in this Part XII				<b>-</b>		
			Company 1	Yes No			
1	Accounting method used to prepare the Form 990; X Cash Accrual Other		_		9		
	If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule	O.		HW 3788			
<b>2</b> a	Were the organization's financial statements compiled or reviewed by an independent accountant?	•••••	2a	X	_		
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	on a			Ä		
	separate basis, consolidated basis, or both:						
	Separate basis Consolidated basis Both consolidated and separate basis		1.00				
b	Were the organization's financial statements audited by an independent accountant?		2b	X			
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate	basis,					
	consolidated basis, or both:						
	X Separate basis Consolidated basis Both consolidated and separate basis				i d		
C	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,					
	review, or compilation of its financial statements and selection of an independent accountant?		2c	X			
	If the organization changed either its oversight process or selection process during the tax year, explain on Sch	edule O.	1,484	ESYA, POLIC			
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					
	Act and OMB Circular A-133?	******	3a	X			
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requi						
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		Зь				
			Form 9	90 (201	9)		

### 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

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

➤ Attach to Form 990 or Form 990-EZ.

► Go to www.irs.gov/Form990 for instructions and the latest information.

2019 Open to Public

OMB No. 1545-0047

Name of the organization JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC.

Inspection
Employer identification number

61-1021128

Pa	art I Reason for Public Charity Status (All organizations must complete this part.) See instructions.									
Γhe	organ	ization is not a private found	ation because it is: (F	or lines 1 through 12. cl	neck only o	one box.)				
1		A church, convention of chu	•	. <del>-</del>			VAVI).			
	$\exists$	A school described in secti					NN-7-			
2	$\vdash$						21			
3	느	A hospital or a cooperative						Ab - 1		
4	Ш	A medical research organiza	ation operated in cor	njunction with a hospital	described	in sectio	n 170(b)(1)(A)(III). Enter	the nospital's name,		
		city, and state:								
5		An organization operated for	r the benefit of a col	lege or university owned	or operate	ed by a go	vernmental unit describe	ed in		
		section 170(b)(1)(A)(iv). (Complete Part II.)								
6		A federal, state, or local gov	ernment or governm	ental unit described in	section 17	O(b)(1)(A)	(v).			
7	X	An organization that normal	-					public described in		
		section 170(b)(1)(A)(vi). (Co			•					
		A community trust describe	•	1)(A)(vi) (Complete Parl	- II A					
8	H	An agricultural research org	• • • •			d in coniu	nction with a land-grant	college		
0	ـــــا									
		or university or a non-land-g	rant college of agrict	unure (see manuchons).	Ciliei lilei	iailio, City	and state of the college	O		
		university:						-1		
10		An organization that normal	• • • • • • • • • • • • • • • • • • • •							
		activities related to its exem								
		income and unrelated busin	iess taxable income	(less section 511 tax) fro	m busines	ses acquii	ed by the organization a	itter June 30, 1975.		
		See section 509(a)(2). (Cor	nplete Part III.)							
11	Ш	An organization organized a	and operated exclusi	vely to test for public sal	ety. See	section 50	19(a)(4).			
12		An organization organized a	and operated exclusi	vely for the benefit of, to	perform th	ne function	ns of, or to carry out the	purposes of one or		
		more publicly supported org	ganizations describe	d in section 509(a)(1) o	r section 5	509(a)(2).	See section 509(a)(3). (	Check the box in		
		lines 12a through 12d that of	describes the type of	supporting organization	and comp	plete lines	12e, 12f, and 12g.			
а		Type I. A supporting orga	inization operated, si	upervised, or controlled	by its supp	orted orga	anization(s), typically by	giving		
		the supported organization								
		organization. You must c								
b	Г	Type II. A supporting orga	•		ion with its	s supporte	d organization(s), by hay	rina		
_	L	control or management of								
		organization(s). You mus			ino poloci	io a lat col	in or or manage the capp			
_		Type III functionally inte	•		in connect	ion with a	and functionally integrate	d with		
C	L							M WILLIAM		
		its supported organization						ration(a)		
d	L	Type ill non-functionally								
		that is not functionally int	-					/eness		
		requirement (see instructi	•							
е	L	Check this box if the orga					Type I, Type II, Type III			
		functionally integrated, or	Type III non-function	nally integrated supporti	ng organiza	ation.				
f	Ente	er the number of supported o	organizations							
9		vide the following information			fivile the oras	nization listed	L 6.3 A	(vi) Amount of other		
	,	i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10	in your governi	ng document?	(v) Amount of monetary support (see instructions)	support (see instructions)		
		Organization		above (see instructions))	Yes	No	adprost (doo stott dotter)	одруг, с (200 ж. а. а. а. а. а. а. а.		
			grand and property of the same		1 70 74 75	1.5 F3 (8)		<u> </u>		

Schedule A (Form 990 or 990-EZ) 2019 FOUNDATION, INC.

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

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization falled to qualify under Part III. If the organization falls to qualify under the tests listed below, please complete Part III.)

Se	ction A. Public Support						
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	847,608.	3461275.	969,691.	693,954.	362,564.	6335092.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge				···		
4	Total. Add lines 1 through 3	847,608.	3461275.	969,691.	693,954.	362,564.	6335092.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)		i vir singave				3430490.
6	Public support. Subtract line 5 from line 4.	A CONTRACTOR OF THE STATE OF TH					2904602.
Se	ction B. Total Support						
Cale	ndar year (or fiscal year beginning in) 📂	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	847,608.	3461275.	969,691.	693,954.	362,564.	6335092.
8	Gross income from interest,					1	
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	136.	275.	20,742.	35,778.	35,756.	92,687.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10				an Carlotte Parket and	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	6427779.
12	Gross receipts from related activities,	etc. (see instruction	ons)		*******************	12	·····
13	First five years. If the Form 990 is for	r the organization's	first, second, thir	d, fourth, or fifth ta	x year as a section	n 501(c)(3)	
Sec	organization, check this box and storetion C. Computation of Publi						<b>&gt;</b>
14	Public support percentage for 2019 (I	ine 6, column (f) di	vided by line 11. c	olumn (f))		14	45.19 %
	Public support percentage from 2018					15	46.65 %
	33 1/3% support test - 2019. If the o					ore, check this bo	x and
	stop here. The organization qualifies						
t	33 1/3% support test - 2018. If the	organization did no	t check a box on l	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check th	is box
	and stop here. The organization qual						
178	10% -facts-and-circumstances test	- 2019. If the org	anization did not d				
	and if the organization meets the "fac						
	meets the "facts-and-circumstances"						
t	10% -facts-and-circumstances test	- 2018. If the org	anization did not d	heck a box on line	13, 16a, 16b, or	7a, and line 15 is	10% or
	more, and if the organization meets the						
	organization meets the "facts-and-circ	cumstances" test.	The organization o	ualifies as a public	ly supported orga	nization	<b>&gt;</b>
18	Private foundation. If the organization	n did not check a	box on line 13, 16	a, 16b, 17a, or 17b	, check this box a	nd see instructions	s <b>&gt;</b>
							or 990-EZ) 2019

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Schedule A (Form 990 or 990-EZ) 2019 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 falled to qualify under Part II. If the organization fails to

Sec	ction A. Public Support	now, please comp	Diete Fait II.)				
	ndar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Gifts, grants, contributions, and		10/00/				
•	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions,						
~	merchandise sold or services per-		1				
	formed, 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-						ļ
	iness under section 513						1
4	Tax revenues levied for the organ-	į					
	ization's benefit and either paid to						
_	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
	Total. Add lines 1 through 5						
78	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
t	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						
(	Add lines 7a and 7b			r Say Balaka alak S.			Set .
	Public support. (Subtract line 7c from line 6.)	The second secon				4 1 4 14 14	· 1
-	ction B. Total Support		T		1 /		1
	ndar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	Amounts from line 6				<u> </u>		
108	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
ŧ	Unrelated business taxable income						
	(less section 511 taxes) from businesses						1
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is	ĺ					
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, third	d, fourth, or fifth ta	ax year as a section	501(c)(3) organ	nization,
	check this box and stop here						
Se	ction C. Computation of Publi	c Support Per	rcentage				
15	Public support percentage for 2019 (li	ine 8, column (f), c	divided by line 13, o	olumn (f))		15	%
	Public support percentage from 2018					16	%
Se	ction D. Computation of Inves	tment Income	e Percentage				
17	Investment income percentage for 20	119 (line 10c, colu	mn (f), divided by li	ne 13, column (f))		17	%
18	Investment income percentage from 2					18	%
19:	33 1/3% support tests - 2019. If the			on line 14, and line	15 is more than 3	3 1/3%, and line	e 17 is not
	more than 33 1/3%, check this box ar						▶□
ı	33 1/3% support tests - 2018. If the						6, and
	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization						

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#### 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 No Yes 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. За 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 3b 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. 30 4a Was any supported organization not organized in the United States ("foreign supported organization")? ff "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. 4b 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) 40 purposes. 5a Did the organization add, substitute, or remove any supported organizations during the tax year? /f "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 5a 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 5b designated in the organization's organizing document? 5c 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 filling 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 (as 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). 8 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. 9a 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. 9b 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. 90 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. 10a 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.)

	JEFFERSON COUNTY PUBLIC EDUCATION		_	
	edule A (Form 990 or 990-EZ) 2019 FOUNDATION, INC.	61-102112	8 Pa	age 5
Pai	rt IV   Supporting Organizations (continued)		·	
		Mark recording	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)		1.729	A SECTION
	below, the governing body of a supported organization?	11a	-	<b> </b>
	A family member of a person described in (a) above?	11b		ļ
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a. b. or c. provide detail in Part VI.	11c	1	<u> </u>
sec	tion B. Type I Supporting Organizations		T.Z.	
		Trial Services	Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or	10.15		
	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	124 198		
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	<b>1</b>	1 1 1 2 1	755571
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
200	supervised, or controlled the supporting organization.		<u> </u>	L
Sec	tion C. Type II Supporting Organizations		Yes	No
	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors		1	- 34-65
1	or trustees of each of the organization's supported organization(s)? If *No,* describe in Part VI how control			
				\$100 K
	or management of the supporting organization was vested in the same persons that controlled or managed			
Sec	the supported organization(s). ction D. All Type III Supporting Organizations			4
	, , , , , , , , , , , , , , , , , , ,	***************************************	Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
'	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	and the second s			TANKS
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), dld the organization's supported organizations have a			
•	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
Sec	ction E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in	structions).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
C	The organization supported a governmental entity. Describe in Part VI how you supported a government en	tity (see instructions	s)(s)(s	
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	TS. GE	Walte	
	that these activities constituted substantially all of its activities.	2a	S 9395 1	
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	<u>2b</u>	*	1,000
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		r and
	trustees of each of the supported organizations? Provide details in Part VI.	3a	1	1

**b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each

	edule A (Form 990 or 990-EZ) 2019 FOUNDATION, INC.			-1021128 Page 6
	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			rt VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete Se	ections A through E.	
Sec	tion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
_2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
_4	Add lines 1 through 3.	4		
_5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sec	tion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1		
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
	Average monthly cash balances	16		
	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sec	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5		5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions).	6		
7	Check here if the current year is the organization's first as a non-functional	ly integrat	ed Type III supporting organi	zation (see
	instructions).	· -		•

Schedule A (Form 990 or 990-EZ) 2019

61-1021128 Page 7 Schedule A (Form 990 or 990 EZ) 2019 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 2 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 Amounts paid to acquire exempt-use assets Qualified set-aside amounts (prior IRS approval required) 6 Other distributions (describe in Part VI). See instructions. Total annual distributions. Add lines 1 through 6. 8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions. 9 Distributable amount for 2019 from Section C, line 6 10 Line 8 amount divided by line 9 amount (iii) Underdistributions Distributable Section E - Distribution Allocations (see instructions) **Excess Distributions** Pre-2019 Amount for 2019 1 Distributable amount for 2019 from Section C, line 6 2 Underdistributions, if any, for years prior to 2019 (reasonable cause required explain in Part VI). See instructions. Excess distributions carryover, if any, to 2019 a From 2014 b From 2015 c From 2016 d From 2017 e From 2018 f Total of lines 3a through e g Applied to underdistributions of prior years h Applied to 2019 distributable amount Carryover from 2014 not applied (see instructions) Remainder. Subtract lines 3g, 3h, and 3i from 3f. 4 Distributions for 2019 from Section D, line 7: a Applied to underdistributions of prior years b Applied to 2019 distributable amount c Remainder. Subtract lines 4a and 4b from 4. Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions. Excess distributions carryover to 2020. Add lines 3j and 4c. 8 Breakdown of line 7: a Excess from 2015 b Excess from 2016 c Excess from 2017 d Excess from 2018 e Excess from 2019

Schedule A (Form 990 or 990-EZ) 2019

Schedule A	Form 990 or 990-E	Z) 2019	FOUNDA	TION,	INC.					61-102	1128	Page 8
Part VI	Part IV, Section A line 1; Part IV, Sec Section D, lines 5	I Inform , lines 1, 2 ction D, lin , 6, and 8;	<b>ation.</b> Pr , 3b, 3c, 4t es 2 and 3;	ovide the e o, 4c, 5a, 6, Part IV, Se	xplanations 9a, 9b, 9c, ection E, line	required I 11a, 11b, es 1c, 2a, and 6. Als	by Part II, lir and 11c; P 2b, 3a, and o complete	ne 10; Part II, II art IV, Section 3b; Part V, line this part for ar	Ine 17a or 1 B, lines 1 a e 1; Part V, ny additiona	7b; Part III, li ind 2; Part IV Section B, lin	ne 12; , Section e 1e; Par	C, rt V,
	(See instructions.)								***************************************			
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61-1021128

### Schedule A

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

2019

\*\* Do Not File \*\*

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

Contributor's Name	Total Contributions	Excess Contributions
ES FOUNDATION	1,522,145.	1,393,589
HEENS FOUNDATION	250,000.	121,444
GRAHAM BROWN FOUNDATION	550,436.	421,880
OU COMMUNITY FOUNDATION	417,690.	289,134
OUISVILLE METRO GOVERNMENT	166,256.	37,700
ALAN L. HUFF AND RUTH D. HUFF REVOCABLE TRUST	1,068,505.	939,949
NATIONAL CENTER FOR FAMILIES LEARNING	355,350.	226,794
	:	
		***************************************
otal Excess Contributions to Schedule A, Part II, Line 5		3,430,490

Schedule B

(Form 990, 990-EZ, or 990-PF) Department of the Treasury Internal Revenue Service **Schedule of Contributors** 

Attach to Form 990, Form 990-EZ, or Form 990-PF.
 Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2019

Name of the organization

JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC.

Employer identification number

61-1021128

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

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

LHA For Paperwork Reduction Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.

certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	Page 2
Name of organization	Employer identification number
JEFFERSON COUNTY PUBLIC EDUCATION	
FOINDATION. INC.	61-1021128

JEFFE:	rganization RSON COUNTY PUBLIC EDUCATION		Employer identification number
	ATION, INC.		61-1021128
Part I	Contributors (see instructions). Use duplicate copies of Part I if additions	i space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
1	LOUISVILLE COMMUNITY FOUNDATION  325 W MAIN STREET STE 1110  LOUISVILLE, KY 40202	\$ 63,6	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) ns Type of contribution
2	LOUISVILLE METRO GOVERNMENT  601 W JEFFERSON ST  LOUISVILLE, KY 40202	\$35,3	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) Type of contribution
3	PNC BANK, TRUSTEE, HERMAN NETTLEROTH FUND  300 FIFTH AVENUE, 29TH FLOOR PITTSBURG, PA 15222	\$\$	Person X Payroll  Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
4	LG&E AND KU  220 W MAIN STREET  LOUISVILLE, KY 40202	\$13,0	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
5	NCFL 325 W MAIN STREET STE LOUISVILLE, KY 40202	\$ 12,5	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contribution	(d) s Type of contribution
6	NWEA  121 NW EVERETT STREET  PORTLAND, OR 97209	\$15,0	Person X Payroll

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)	Page 2
Name of organization	Employer identification number
JEFFERSON COUNTY PUBLIC EDUCATION	
FOUNDATION, INC.	61-1021128

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed. (a) (b) (d) Name, address, and ZIP + 4 No. **Total contributions** Type of contribution 7 UNCF X Person Payroll 1805 7TH STREET, NW 46,096. Noncash (Complete Part II for WASHINGTON, DC 20001 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 8 BB&T X Person Payroll 223 W. NASH STREET 25,000. Noncash (Complete Part II for WILSON, NC 27893 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 9 CMA FOUNDATION X Person Payroll 19,988. 35 MUSIC SQUARE EAST SUITE 201 Noncash (Complete Part II for NASHVILLE, TN 37203 noncash contributions.) (a) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution 10 PAPA JOHNS FOUNDATION Person Payroll 501 SILVERSIDE ROAD, SUITE 123 12,500. Noncash (Complete Part II for WILMINGTON, DE 19809 noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.) (a) (b) (c) (d) No. Name, address, and ZIP + 4 **Total contributions** Type of contribution Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2019)		Page \$
Name of o	rganization RSON COUNTY PUBLIC EDUCATION ATION, INC.		Employer identification number $61-1021128$
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	
		<b>=</b>   <b>\$</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	Dota received
		<u> </u>	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate (See instructions.)	I Data raccinad
		<b>=</b>   <b>\$</b>	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate (See instructions.)	I Data received
		<b></b>   <b>\$</b>	
(a) No.	(b)	(c) FMV (or estimate)	(d)

Description of noncash property given

(b)

Description of noncash property given

from

Part I

(a)

No.

from

Part I

(See instructions.)

(c)

FMV (or estimate)

(See instructions.)

Date received

(d)

Date received

Schedule I	B (Form 990, 990-EZ, or 990-PF) (2019)		Page 4
	rganization		Employer identification number
	RSON COUNTY PUBLIC EDUCA	ATION	
	ATION, INC.	(	$\begin{array}{c c} & 61-1021128 \\ \hline \text{(on 501(c)(7), (8), or (10) that total more than $1,000$ for the year} \end{array}$
rait III	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,	) through (e) and the following line entry. charitable, etc., contributions of \$1,000 or les	For organizations
(a) No.	Use duplicate copies of Part III if additional	space is needed.	
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	www.		****
-		(a) Tuesday of ailt	
		(e) Transfer of gift	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
ſ			
(a) No.			
from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
	***************************************		
İ			
Ì		(e) Transfer of gift	
		,,	
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I	(-, -, -, -, -, -, -, -, -, -, -, -, -, -		
ļ			
		(e) Transfer of gift	
	Transferee's name, address, a	nd 7IP + 4	Relationship of transferor to transferee
ļ	reandle, do o name, adaredo, a	100 801 ( 7	Troubleman of Carlotors to Carlotors
(a) No.			
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
}		(e) Transfer of gift	
		fal timilatat at Site	
ļ	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee

### SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

### **Supplemental Financial Statements**

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

➤ Attach to Form 990.

➤ Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047 Open to Public Inspection

JEFFERSON COUNTY PUBLIC EDUCATION Name of the organization

Employer identification number

Pa	t I Organizations Maintaining Donor Advised I	Funds or Other Similar Funds or A	Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6	5.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in writ	•	
	are the organization's property, subject to the organization's exc	clusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advi	isors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or de	onor advisor, or for any other purpose confe	erring
	impermissible private benefit?		Yes No
Pa	t II   Conservation Easements. Complete if the organ	nization answered "Yes" on Form 990, Part I	V, line 7.
1	Purpose(s) of conservation easements held by the organization	(check all that apply).	
	Preservation of land for public use (for example, recreation	n or education) Preservation of a his	storically important land area
	Protection of natural habitat	Preservation of a ce	rtified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualified	d conservation contribution in the form of a c	conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b			
c	Number of conservation easements on a certified historic struct	ure included in (a)	2c
d	Number of conservation easements included in (c) acquired afte	er 7/25/06, and not on a historic structure	
	listed in the National Register	····	2d
3	Number of conservation easements modified, transferred, release	sed, extinguished, or terminated by the orga	nization during the tax
	year ▶		
4	Number of states where property subject to conservation easen	nent is located >	
5	Does the organization have a written policy regarding the period	lic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it ho	olds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, har	ndling of violations, and enforcing conservat	tion easements during the year
	***************************************		
7	Amount of expenses incurred in monitoring, inspecting, handling	g of violations, and enforcing conservation e	easements during the year
	<b>&gt;</b> \$		
8	Does each conservation easement reported on line 2(d) above s		· · · · · · · · · · · · · · · · · · ·
	and section 170(h)(4)(B)(ii)?		
9	In Part XIII, describe how the organization reports conservation	easements in its revenue and expense state	ement and
	balance sheet, and include, if applicable, the text of the footnote	e to the organization's financial statements t	that describes the
	organization's accounting for conservation easements.		S
Pa	t III Organizations Maintaining Collections of A	-	Similar Assets.
	Complete if the organization answered "Yes" on Form 99		
1a	If the organization elected, as permitted under FASB ASC 958, r	•	
	of art, historical treasures, or other similar assets held for public		ance of public
	service, provide in Part XIII the text of the footnote to its financia		
b	If the organization elected, as permitted under FASB ASC 958, t	•	
	art, historical treasures, or other similar assets held for public ex	chibition, education, or research in furtheran	ce of public service,
	provide the following amounts relating to these items:		
	(i) Revenue included on Form 990, Part VIII, line 1		<b>.</b> .
_			
2	If the organization received or held works of art, historical treasu	<u> </u>	, provide
	the following amounts required to be reported under FASB ASC		<b>.</b> .
a	Revenue included on Form 990, Part VIII, line 1		• \$
<u>b</u>	Assets included in Form 990, Part X	***************************************	🕨 \$

		ION, INC.				61 - 10			e 2
Pa	rt III   Organizations Maintaining C	ollections of Art	t, Historical Tre	easures, or Othe	er Simila	r Assets	(continu	ued)	
3	Using the organization's acquisition, accessi	on, and other records	s, check any of the f	following that make s	significant	use of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or exc	hange program					
b	Scholarly research	е	Other						
C	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	ne organization's exe	mpt purpo	se in Part	XIII.		
5	During the year, did the organization solicit o	•		•					
	to be sold to raise funds rather than to be ma						Yes		No
Pai	t IV Escrow and Custodial Arran								
	reported an amount on Form 990, Par		o.ga.naa			-, · · · · · · · · · · · · · ·			
10	Is the organization an agent, trustee, custodi		any for contribution	s or other assets not	included				
ıa	on Form 990, Part X?						Yes		No
	If "Yes," explain the arrangement in Part XIII	and complete the fell	louring table:	***************************************	• • • • • • • • • • • • • • • • • • • •		7 162	السسا	140
D	ii 165, explain the allangement in Part Alli	and complete the los	lowing table.		F	f	Amount		
_	Parieulas balance				-	<u> </u>	Amount		******
	Beginning balance							····	
	Additions during the year								
	Distributions during the year				1				
	Ending balance				<u>L1</u> f	L	٦,,		
	Did the organization include an amount on Fo						_ Yes		No
Pai	If "Yes," explain the arrangement in Part XIII.								
Fai	t V Endowment Funds. Complete				1		4.55		
		(a) Current year	(b) Prior year	(c) Two years back	<del></del>	years back	(e) Four	<u>/ears da</u>	CK
	Beginning of year balance	1,216,488.	1,112,536.	<del></del>	<del></del>				
	Contributions	05.015		163.	1,0	68,505.	ļ		
	Net investment earnings, gains, and losses	35,215.	103,952.	43,854.	ļ	14.		***************************************	
d	Grants or scholarships			<u> </u>		<del></del>			
e	Other expenditures for facilities				Ì		1		
	and programs								
f	Administrative expenses								
g	End of year balance	1,251,703.	1,216,488.	1,112,536.	1,0	68,519.			
2	Provide the estimated percentage of the curr	ent year end balance	(line 1g, column (a)	)) held as:					
а	Board designated or quasi-endowment		%						
b	Permanent endowment	%	<del></del>						
		%							
	The percentages on lines 2a, 2b, and 2c show	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held ar	nd administered for t	he organiz	ation	_		
	by:							Yes I	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		X
ь	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?		•••••	*****************	3b	$\Box$	
4	Describe in Part XIII the intended uses of the			***************************************	* . *	*************	<del></del>		
	t VI Land, Buildings, and Equipm						<del></del>	***************************************	
L	Complete if the organization answered	d "Yes" on Form 990	. Part IV. line 11a. S	See Form 990, Part X	. line 10.				
	Description of property	(a) Cost or o		<del></del>	Accumulat	ed	(d) Book	value	
		basis (investr			epreciation		(,		
1a	Land			<b>1.</b> 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.		35.54			
	Buildings								
-	Leasehold improvements	···				<u> </u>			
	Equipment								
	Other	B							
	. Add lines 1a through 1e. (Column (d) must e		X column (R) line 1	0c)				ı	0.
		9991 JULI 33V. FALL		<b></b>	********	<u> </u>			

Schedule D (Form 990) 2019

Schedule D	(Form 990) 2019	FOUNDATION,	INC.	61	-1021128 Page 3
Part VII	Investments - C	ther Securities.			
	Complete if the orga	nization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.	
(a) Descrip	tion of security or catego	ITY (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1) Financia	al derivatives				
(2) Closely	held equity interests				
(3) Other					
(A)	***				
(B)					
(C)	·				·····
(D)					
(E)					
(F)					
(G)	<u> </u>				
<u>(H)</u>					
		Part X, col. (B) line 12.)			
Part VIII	Investments - P	_			
	Complete If the organ	nization answered "Yes"		11c. See Form 990, Part X, line 13.	
	(a) Description of in	nvestment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(1)					
(2)					
(3)					
(4)		· · · · · · · · · · · · · · · · · · ·			
(5)					
(6)	···				
<u>(7)</u>					
(8)					
(9)					
	) must equal Form 990,	Part X, col. (B) line 13.)		The state of the s	
Part IX	Other Assets.				
	Complete if the organ	<del></del>		11d. See Form 990, Part X, line 15.	1 0.5
		(a)	Description		(b) Book value
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
			<del></del>		
(8)					
(9)					
Part X	<i>mn (b) must equal For</i> <b>Other Liabilitie</b> s	m 990. Part X. col. (B) line	15.)	···········	
FaitA			F 000 P-+ W P	14 446 O F 000 D-4 V P 0F	,
		nization answered "Yes" scription of liability	on Form 990, Part IV, line	11e or 11f. See Form 990, Part X, line 25	(b) Book value
1.		scription of hability			(b) Book value
	eral income taxes				<u> </u>
(2)					
(3)					
(4)				***	
(5)					
(6)					
(7)					
(8)					
(9)					
		m 990. Part X. col. (B) line			<u> </u>
				the organization's financial statements t	
organiza	ation's liability for unce	ertain tax positions under	FASB ASC 740. Check he	re if the text of the footnote has been pr	ovided in Part XIII X

Schedule D (Form 990) 2019

JEFFERSON COUNTY PUBLIC EDUCATION
Schedule D (Form 990) 2019 FOUNDATION, INC.

-	edule D (Form 990) 2019 FOUNDATION, INC.	anta With E	lovanija maji Da	61-10	21128	Page 4
Pai	rt XI Reconciliation of Revenue per Audited Financial Statem  Complete if the organization answered "Yes" on Form 990, Part IV, line 12		evenue per ke	turn.		
1				1	404	224.
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	***************************************	*************************		<u> </u>	223.
	Net unrealized gains (losses) on investments	2a	19,165.			
	Donated services and use of facilities					
	Recoveries of prior year grants			1983 is 1985 a		
	Other (Describe in Part XIII.)					
	Add lines 2a through 2d			2e	19,	165.
3	Subtract line 2e from line 1			3		059.
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	***************************************	***************************************	50.00		
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	13,261.			
	Other (Describe in Part XIII.)					
	Add lines 4a and 4b			4c	13,	261.
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			5	398,	320.
Pa	rt XII Reconciliation of Expenses per Audited Financial Staten	nents With	Expenses per F	leturn.		
	Complete if the organization answered "Yes" on Form 990, Part IV, line 12	?a.				
1	Total expenses and losses per audited financial statements			1	746,	401.
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:					
а	Donated services and use of facilities	2a				
b	Prior year adjustments	2b				
c	Other losses	2c				
d	Other (Describe in Part XIII.)	2d				
e	Add lines 2a through 2d	***************************************		2e		0.
3	Subtract line 2e from line 1	*********		3	746,	<u>401.</u>
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:					
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	13,261.			
b	Other (Describe in Part XIII.)	46		A354		
C	Add lines 4a and 4b		*********	4c	13,	<u> 261.</u>
_5_	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I. line 18.)			5	759,	662.
Pai	rt XIII Supplemental Information.					·
lines	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any ad			, Fait A, i	rie z, rait XI	
PAF	RT V, LINE 4:					
TO	FUND SCHOLARSHIP PROGRAMS					
PAF	RT X, LINE 2:					······································
THE	FOUNDATION HAS IMPLEMENTED THE ACCOUNTING	G GUIDA	NCE FOR UN	CERTA	INTY I	<u> </u>
INC	COME TAXES. UNDER THAT GUIDANCE, TAX POSI	TIONS N	EED TO BE	RECOG	NIZED	<u>IN</u>
THE	E FINANCIAL STATEMENTS WHEN IT IS MORE-LIK	ELY-THA	N-NOT THE	POSIT	ION WI	<u>LL</u>
BE	SUSTAINED UPON EXAMINATION BY THE TAX AUT	HORITIE	S. AS OF	JUNE	30,	<del></del>
202	0, THE FOUNDATION HAS NO UNCERTAIN TAX PO	SITIONS	THAT QUAL	IFY F	'OR	
EIT	THER RECOGNITION OR DISCLOSURE IN THE FINA	NCIAL S	TATEMENTS.	THE	1	
FOU	UNDATION FILES FEDERAL INCOME TAX RETURNS.	THE F	OUNDATION	IS NO	)T	
	RENTLY BEING EXAMINED AND MANAGEMENT BELI	EVES IT	S TAX-EXEM		ATUS D (Form 9	90) 2019

O ala ad da l	n /r	000) 0040		JEFFERSON	COUNTY	PUBLIC	EDUCATION		61 1001100	
Part XII	Su	pplementa	Inform	FOUNDATIO	d)				61-1021128	Page 5
				R EXAMINA						
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SCHEDULE (Form 990)

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

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

OMB No. 1545-0047	2019	Open to Public Inspection

Employer identification number

▶ Attach to Form 990.

▶ Go to www.irs.gov/Form990 for the latest information.

JEFFERSON COUNTY PUBLIC EDUCATION

Name of the organization Department of the Treasury Internal Revenue Service

61-1021128 X Yes Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection General Information on Grants and Assistance INC. criteria used to award the grants or assistance? FOUNDATION, Part

2 | Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. Part

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
JEFFERSON COUNTY PUBLIC SCHOOLS 3332 NEWBURG ROAD LOUISVILLE, KY 40232	61-6001316		340,190.	0.	воок		TO FUND VARIOUS EDUCATIONAL PROGRAMS
COMMUNITY POUNDATION 325 W MAIN ST STE 1110 LOUISVILLE, KY 40202	31-0997017		26,927.	•0	0. BOOK		READING AND SCHOLARSHIP PROGRAMS
DOLLYWOOD FOUNDATION 111 DOLLYWOOD LANE PIGEON FORGE, TN 37863	62-1348105		21,754.	0.	ВООК		INAGINATION LIBRARY
SOWING SEEDS WITH PAITH INC 2925 BANK ST LOUISVILLE, KY 40212	81-4862518		14,842.	•0	воок		TO FUND VARIOUS EDUCATIONAL PROGRAMS
BLACK COMMUNITY DEVELOPMENT CORP 2840 HIKES LANE LOUISVILLE, KY 40218-1665	61-1233686		10,368.	•0	0. BOOK		TUTORING PROGRAM
UNIVERSITY OF CINCINNATI 500 UNIVERSITY HALL PO BOX 210641 CINCINNATI, OH 45221-0641	31-6000989		5,000.	0.	0. BOOK		SCHOLARSHIPS
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government ord	anizations listed in the	ŀ				<b>A</b>

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

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

Schedule I (Form 990) (2019)

Page 2 Schedule I (Form 990) (2019) (f) Description of noncash assistance 61-1021128 (e) Method of valuation (book, FMV, appraisal, other) Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. (Form 990) (2019) FOUNDATION, INC.
Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed. THE BOARD APPROVES THE DISBURSEMENT OF FUNDS TO VARIOUS PROGRAMS THE (d) Amount of non-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance ORGANIZATION SUPPORTS PART I, LINE 2: Schedule I (Form 990) (2019) 932102 10-26-19 Part III

### **SCHEDULE 0**

(Form 990 or 990-EZ)

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.

OMB No. 1545-0047 Open to Public

Department of the Treasury Internal Revenue Service

Go to www.irs.gov/Form990 for the latest information. Inspection JEFFERSON COUNTY PUBLIC EDUCATION Name of the organization Employer identification number FOUNDATION, INC. 61-1021128 FORM 990, PART VI, SECTION B, LINE 11B: THE SECRETARY/TREASURER REVIEWS THE 990 BEFORE FILING AND THE BOARD REVIEWS A COPY OF THE 990 AFTER IT IS FILED. FORM 990, PART VI, SECTION C, LINE 19: THESE DOCUMENTS ARE MADE AVAILABLE UPON REQUEST. PART XII, LINE C THIS PURPOSE HAS NOT CHANGED FROM THE PRIOR YEAR.

0070 50	IRS e-file Signature Authorization		OMB No. 1545-1878
Form 8879-EO	for an Exempt Organization		
	For calendar year 2019, or fiscal year beginning JUL 1 , 2019, and ending JUN 30 .	20 <u>20</u>	2019
Department of the Treasury Internal Revenue Service	<ul> <li>Do not send to the IRS. Keep for your records.</li> <li>Go to www.irs.gov/Form8879EO for the latest information.</li> </ul>	l	
Name of exempt organization	GO to www.irs.gov/Pormoo/seco to the latest information.	Employer i	dentification number
JEFFERSON COU	VTY PUBLIC EDUCATION		
FOUNDATION, II	3	61-10	21128
Name and title of officer			
LYNN HUETHER			
SECRETARY/TRE	ASURER Return and Return Information (Whole Dollars Only)		
			. If
on line 1a, 2a, 3a, 4a, or 5	rn for which you are using this Form 8879·EO and enter the applicable amount, if any, fron a, below, and the amount on that line for the return being filed with this form was blank, th ank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable	nen leave lii	ne 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b _	398,320.
2a Form 990-EZ check he		2b _	
3a Form 1120-POL check	here b Total tax (Form 1120-POL, line 22)	3b _	
4a Form 990-PF check he	, , , , , , , , , , , , , ,	4b _	
5a Form 8868 check here	b Balance Due (Form 8868, line 3c)	5b _	
Part II Declarat	on and Signature Authorization of Officer	***************************************	
intermediate service provice (a) an acknowledgement of the date of any refund. If a debit) entry to the financial return, and the financial ins 1-888-353-4537 no later the processing of the electronic payment. I have selected a organization's consent to example of the consent t		e IRS and the restronic fur ion's federa freasury Firesolve issued	to receive from the IRS turn or refund, and (c) and withdrawal (direct al taxes owed on this nancial Agent at volved in the les related to the pplicable, the
is being filed with enter my PIN on  As an officer of t	on the organization's tax year 2019 electronically filed return. If I have indicated within this a state agency(ies) regulating charities as part of the IRS Fed/State program, I also author the return's disclosure consent screen.  The organization, I will enter my PIN as my signature on the organization's tax year 2019 elections return that a copy of the return is being filed with a state agency(ies) regulating chariti	orize the af ectronically	t a copy of the return orementioned ERO to r filed return. If I have
	this return that a copy of the return is being filed with a state agency(les) regulating charm ter my PIN on the return's disclosure consent screen.	es as part	of the IRS Fed/State
Officer's signature	Date ▶		
Part III Certifica	tion and Authentication		
L	ur six-digit electronic filing identification		
•	your five-digit self-selected PIN. 35590152311  Do not enter all zeros		
•	neric entry is my PIN, which is my signature on the 2019 electronically filed return for the cg this return in accordance with the requirements of Pub. 4163, Modernized e-File (MeF)	_	
ERO's signature MONRO	DE SHINE & CO., INC. CPA'S Date ▶		
	ERO Must Retain This Form - See Instructions		
	Do Not Submit This Form to the IRS Unless Requested To Do S	io	

# **Articles of Incorporation**

EL 301 au 957 ORIGINAL COPY FILED SECRETARY OF STATE OF KENTUCKY FRANKIORT, KINTUCKY

ARTICLES OF INCORPORATION

JEFFERSON COUNTY PUBLIC EDUCATION FOUNDAT

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

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

 $\sim 301 \times 957$ 

### 301 3058

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.

301 isi 70

### ARTICLE IV

### Members

The corporation shall have no members.

### ARTICLE V

### Directors

The corporation shall be governed by a Board of Directors consisting of not less than five (5) members and not more than fifteen (15), the exact number and the terms of each to be set in the manner provided for in the Bylaws. The initial Board of Directors of the corporation shall consist of nine (9) persons who shall serve until the first annual election of Directors or until their successors are elected and qualify. The names and addresses of said directors are: Mary Helen Byck, Byck's, Louisville Galleria, Louisville, Kentucky 40202; Joan Riehm, Humana, Inc. Riverfront Plaza, Louisville, Kentucky 40202; I.W. Hughes, Brown & Williamson Tobacco Corporation, 1600 W. Hill Street, Louisville, Kentucky 40210; Orson Oliver, Bank of Louisville, 500 W. Broadway, Louisville, Kentucky 40202; Woodford R. Porter, 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.

301 - 52

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

### ARTICLE IX

### Exemption From Liability and Indemnification

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

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

### ARTICLE X

#### Dissolution

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

Upon dissolution of the corporation, the Board of Directors shall, after paying or making provisions for the payment of, all liabilities of the corporation, dispose of all corporate assets to such organizations organized and operated exclusively for charitable, educational, or scientific purposes as shall at the time qualify as an exempt organization or organizations under Section 501(c)(3) of the Internal Revenue Code of 1954, or its successor, or to such organizations described under Section 170(c)(1) Internal Revenue Code of 1954, or its successor, as the 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	acknowle	edged 1	by the	Incor	porator	at
Loreson	IL.	, Ke	entucky,	this4	day	of /	Merch	
1984.						,		
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COMMONWEALTH OF KENTUCKY )

COUNTY OF THEFTON

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 Later County Public Edition of March, 1933.

My commission expires:

res: 7777

Notary Public

THIS INSTRUMENT WAS PREPARED BY

G. Alexander Hamilton WYATT, TARRANT & COMBS

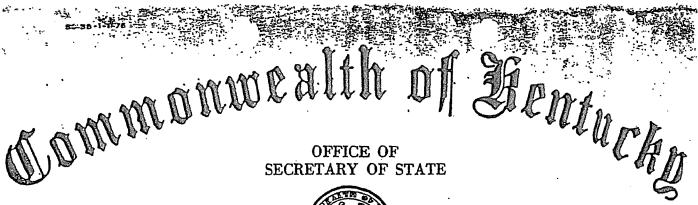
Citizens Plaza

Louisville, Kentucky 40202

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1503 HAR 21 HI 10: 33

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FRANCES JONES MILLS
Secretary



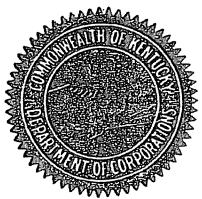
FRANKFORT, KENTUCKY

# 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
	MALCOIM B. CHANCEY, JR.
NAME	416 WEST JEFFERSON
STREET ADDRESS	LOUISVILLE, KENTUCKY
CITY, STATE	

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



SECRETARY OF STATE

Issued this 14TH day of MARCH, 1983

at Frankfort, Kentucky.

Thores fore //

ASSISTANT SECRETARY OF STATE

# Cost Estimates from Proposed Vendor and Playground Renderings

### Proposal



Prepared by:

Bluegrass Recreation Sales and Installation, LLC 434 Quirks Run Rd Danville KY 40422 502-609-1996 Jennifer Birge

\$20,000.00

Date:		1	Proposal number:
January 15, 2020			200115-1A
This proposal is valid for 30 days		'	
Proposal prepared for:			Terms:
Johnsontown Road Elementary			net 30
7201 Johnsontown Road			
Louisville, KY 40272			
Products and Services:	Unit Price:	Qty.:	Ext. Price:
Playground Expansion			
Revolution Spinner	\$4,639.00	1	\$4,639.00
Stepping Stones	\$280.00	12	\$3,360.00
48" Tall Double Wide KB Slide	\$1,350.00	1	\$1,350.00
64" Tall Spiral Slide	\$5,972.00	1	\$5,972.00
Stand N Spin	\$1,031.00	1	\$1,031.00
Nu-Edge Stacked Timber Balance Beam	\$1,824.00	2	\$3,648.00
	1		

Total:

Installation charges assume no rock that cannot be reasonably removed with common hand tools. If heavy rock is encountered, additional charges may apply. Deposit may be required.







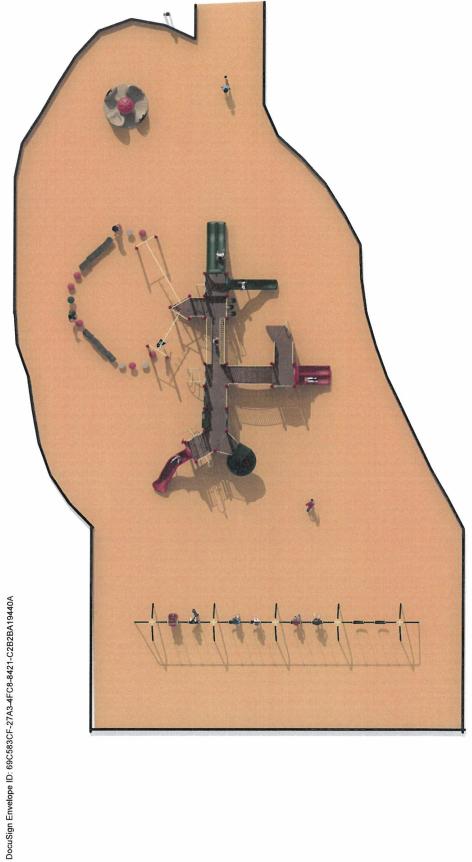






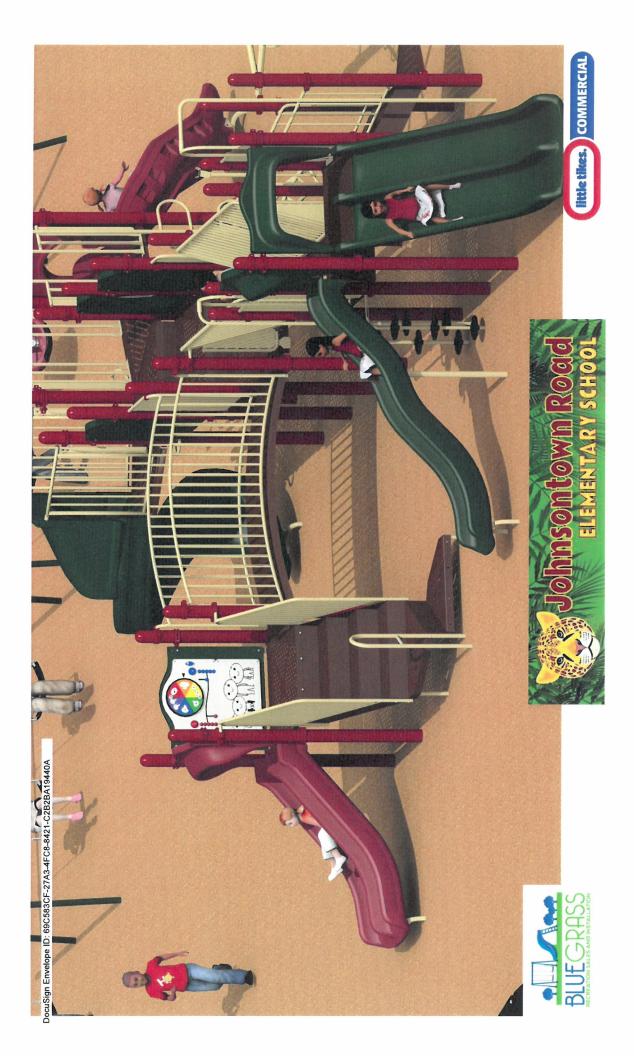








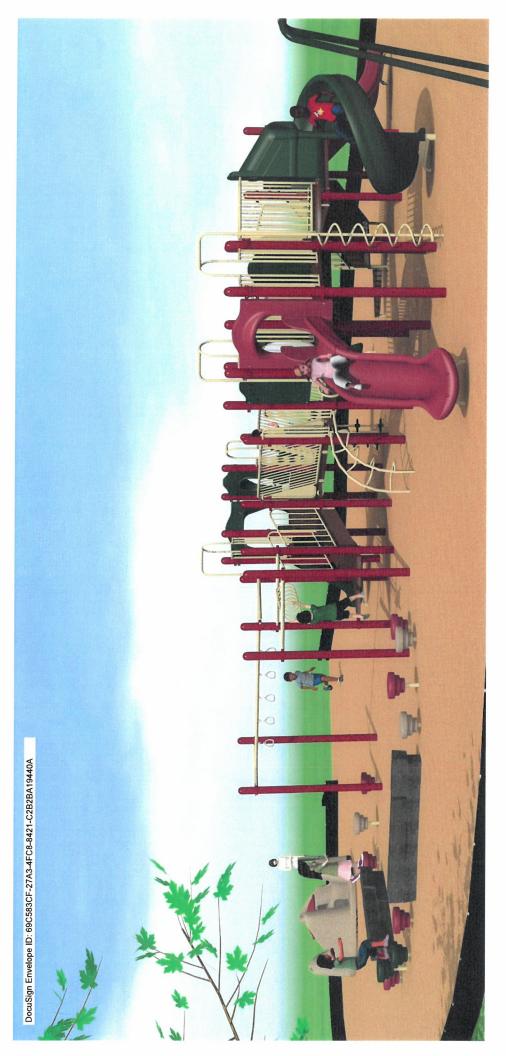
















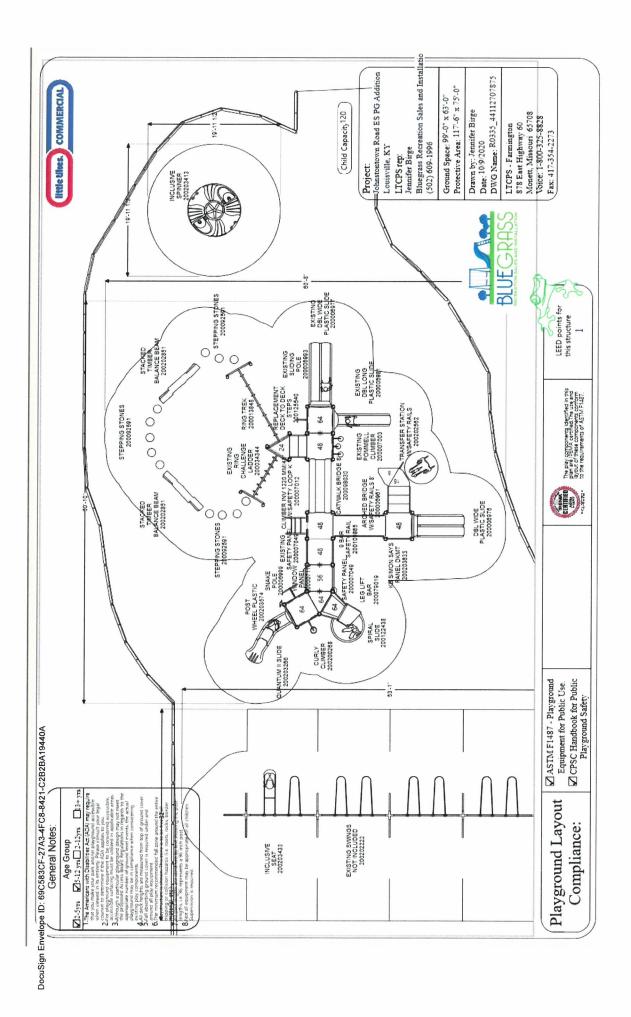












## IRS Form W9

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

#### **Request for Taxpayer Identification Number and Certification**

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

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

		sa actions and alc late.	ot mnorm	auvii.							
	Name (as shown on your income tax return). Name is required on this line; of Jefferson County Public Education Foundation	do not leave this line blank.						<del></del>			
	2 Business name/disregarded entity name, if different from above				***************************************	the terms were			-		
··											
page 3	3 Check appropriate box for federal tax classification of the person whose na following seven boxes.	_	eck only or	ne of th	ce	Exemplertain en	tities,	not in	dividu		
s on	Individual/sole proprietor or C Corporation S Corporation single-member LLC	n	☐ Trus	t/estate	1	empt pa		anda Ge			
tion in	Limited liability company. Enter the tax classification (C=C corporation, S	S=S corporation. P=Partner	ship) ▶			empt pa	iyee c	ode (ii	any)_		
Specific Instructions on page	Note: Check the appropriate box in the line above for the tax classificating LLC if the LLC is classified as a single-member LLC that is disregarded another LLC that is not disregarded from the owner for U.S. federal tax is disregarded from the owner should check the appropriate box for the	on of the single-member over from the owner unless the o ourposes. Otherwise, a sing	vner. Do n	ot chec	3	emption ode (if ar		n FATC	A rep	orting	
60	✓ Other (see instructions) ►				(Ap	plies to acc	counts i	maintaine	d outsid	e the U.	S.)
S	5 Address (number, street, and apt. or suite no.) See instructions.		Requeste	r's nam	e and	address	(opti	ional)			
See	3332 Newburg Road	APPRIL DE LA CONTRACTOR	•								
0)	6 City, state, and ZIP code										
	Louisville, KY 40218										
	7 List account number(s) here (optional)									<del></del>	
Par	t Taxpayer Identification Number (TIN)							***************************************			
nter	your TIN in the appropriate box. The TIN provided must match the na	me given on line 1 to ave	oid I	Social	securi	ty numb	oer				
acku	ip withholding. For individuals, this is generally your social security nu	mber (SSN). However, for	ora [	T				Г	T	T	$\Box$
esiae ntitie	ent alien, sole proprietor, or disregarded entity, see the instructions for es, it is your employer identification number (EIN). If you do not have a	Part I, later. For other				-		-			
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lote:	If the account is in more than one name, see the instructions for line	1. Also see What Name a			er ide	ntificati	on n	umber			
lumb	er To Give the Requester for guidelines on whose number to enter.		Ē	1	Г	Til			T	$\Box$	
				6   1	-	1 0	2	1 1	2	8	
Par	t II Certification				<u></u>						
Inder	penalties of perjury, I certify that:								~		
. I an Ser	e number shown on this form is my correct taxpayer identification num in not subject to backup withholding because: (a) I am exempt from ba vice (IRS) that I am subject to backup withholding as a result of a failu longer subject to backup withholding; and	ckup withholding, or (b)	I have no	t beer	notif	ied by	the I	nterna	l Rev me ti	enue nat I	am
. I an	n a U.S. citizen or other U.S. person (defined below); and										
. The	FATCA code(s) entered on this form (if any) indicating that I am exem	pt from FATCA reporting	g is corre	ct.							
ou ha cquis	ication instructions. You must cross out item 2 above if you have been rave failed to report all interest and dividends on your tax return. For real existion or abandonment of secured property, cancellation of debt, contribution interest and dividends, you are not required to sign the certification,	state transactions, item 2 tions to an individual retire	does not	apply.	For m	ortgage	e inte	erest p	aid,	ents	use
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	neral Instructions	• Form 1099-DIV (div funds)	/idends, i	ncludii	ng tho	se fror	n sto	cks o	r mut	ual	
actic	on references are to the Internal Poyonus Code unless otherwise										

Section references are to the Internal Revenue Code unless otherwise

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

#### Purpose of Form

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

· Form 1099-INT (interest earned or paid)

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

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

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

## **Annual Audit**

#### JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC. LOUISVILLE, KENTUCKY

FINANCIAL STATEMENTS

YEARS ENDED JUNE 30, 2020 AND 2019

#### JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC.

#### **CONTENTS**

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Independent Auditor's Report	3
STATEMENTS OF ASSETS AND NET ASSETS – MODIFIED CASH BASIS	4
STATEMENTS OF REVENUES AND SUPPORT, EXPENSES,	
AND CHANGES IN NET ASSETS – MODIFIED CASH BASIS	5
STATEMENT OF FUNCTIONAL EXPENSES – MODIFIED CASH BASIS	6
STATEMENT OF CASH FLOWS – MODIFIED CASH BASIS	7
NOTES TO FINANCIAL STATEMENTS	8-15



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

#### **Independent Auditor's Report**

Board of Directors

Jefferson County Public Education Foundation, Inc.
Louisville, Kentucky

We have audited the accompanying financial statements of Jefferson County Public Education Foundation, Inc., which comprise the statements of assets and net assets – modified cash basis as of June 30, 2020 and 2019, and the related statements of revenues and support, expenses, and changes in net assets – modified cash basis, functional expenses – modified cash basis, and cash flows – modified 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 modified cash basis of accounting as described in Note 1; this includes determining that the modified 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, 2020 and 2019, and the changes in its net assets for the years then ended in accordance with the modified 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 modified 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 October 7, 2020

Monroe Shine

#### JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC. STATEMENTS OF ASSETS AND NET ASSETS – MODIFIED CASH BASIS YEARS ENDED JUNE 30, 2020 AND 2019

#### **ASSETS**

	<u>2020</u>	<u>2019</u>
Cash and cash equivalents Investments	\$ 714,802 1,274,871	\$ 1,022,756 1,309,094
TOTAL ASSETS	\$ 1,989,673	\$ 2,331,850
NET ASSETS	s	
Without donor restrictions With donor restrictions	24,549 1,965,124	60,072 2,271,778
TOTAL NET ASSETS	\$ 1,989,673	\$ 2,331,850

## JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC. STATEMENTS OF REVENUES AND SUPPORT, EXPENSES, AND CHANGES IN NET ASSETS – MODIFIED CASH BASIS YEAR ENDED JUNE 30, 2020 AND 2019

		2020			2019	
	Without Donor Restrictions	With Donor Restrictions	Total	Without Donor Restrictions	With Donor Restrictions	Total
Revenue and support:						
Contributions	\$ 12,036	\$ 350,528	\$ 362,564	\$ 60,904	\$ 633,050	\$ 693,954
Net investment income	-	41,660	41,660	106	111,569	111,675
Net assets released from restriction	698,842	(698,842)	_	704,397	(704,397)	-
:	710,878	(306,654)	404,224	765,407	40,222	805,629
Expenses:						
Program services	717,845	-	717,845	701,568	-	701,568
Management and general	28,556		28,556	52,147	-	52,147
Fundraising	<b>-</b>	-		5,000	-	5,000
	746,401	•	746,401	758,715	•	758,715
Changes In Net Assets	(35,523	) (306,654)	(342,177)	6,692	40,222	46,914
Total Net Assets, Beginning of Year	60,072	2,271,778	2,331,850	53,380	2,231,556	2,284,936
Total Net Assets, End of Year	\$ 24,549	\$ 1,965,124	\$1,989,673	\$ 60,072	\$ 2,271,778	\$2,331,850

#### JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC. STATEMENTS OF FUNCTIONAL EXPENSES – MODIFIED CASH BASIS YEARS ENDED JUNE 30, 2020 AND 2019

		203	20			20	19	
	Program Services	Management And General	Fundraising	<u>Total</u>	Program Services	Management And General	<u>Fundraising</u>	Total
Gifts, grants, and scholarships	\$614,450	\$ -	\$ -	\$ 614,450	\$ 640,001	\$ -	\$ -	\$ 640,001
Conference supplies	32,273	-	-	32,273	4,205	-	_	4,205
Professional fees	2,500	23,726	-	26,226	1,500	35,958	5,000	42,458
Contract services	51,068	-	-	51,068	22,923	-	-	22,923
Dues and subscriptions	5,907	-	-	5,907	_	-	-	-
Event meals	4,563	-	-	4,563	14,321	-	-	14,321
Supplies	3,622	•	-	3,622	5,975	-	-	5,975
Event venues	2,850	-	-	2,850	2,623	-	-	2,623
Bank service charges	-	2,618	-	2,618	-	4,007	-	4,007
Insurance	-	2,212	-	2,212	-	1,870	_	1,870
Website design	612	-	-	612	-	4,080	-	4,080
State of district meeting	-	-	-	-	<b>9,</b> 991	-	-	9,991
Speaker fees	-	-	-	-	-	5,000	-	5,000
Miscellaneous		*	-		29	1,232	*	1,261
	717,845	28,556	_	746,401	701,568	52,147	5,000	758,715

#### JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC. STATEMENTS OF CASH FLOWS – MODIFIED CASH BASIS YEARS ENDED JUNE 30, 2020 AND 2019

	<u>2020</u>	<u>2019</u>
OPERATING ACTIVITIES		
Change in net assets	\$ (342,177) \$	46,914
Adjustments to reconcile change in net assets		
to net cash used in operating activities:		
Unrealized gain on investments	(19,165)	(88,767)
Realized gain on investments	 (4,565)	(5,612)
Net Cash Used In Operating Activities	(365,907)	(47,465)
INVESTING ACTIVITIES		
Purchase of investments	(343,898)	(151,835)
Proceeds from sale of investments	401,851	101,022
Net Cash Provided By (Used In) Investing Activities	57,953	(50,813)
Net Decrease in Cash and Cash Equivalents	(307,954)	(98,278)
Cash and cash equivalents at beginning of year	1,022,756	1,121,034
Cash and Cash Equivalents at End of Year	\$ 714,802 \$	1,022,756

#### (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 modified 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>Net assets with donor restrictions</u> - Net assets subject to donor-imposed restrictions (donors include other types of contributions, including makers of certain grants).

<u>Net assets without donor restrictions</u> - Net assets not subject to donor-imposed restrictions (donors include other types of contributors, including makers of certain grants).

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

#### Investments

Investments in marketable securities with readily determinable fair values are measured at fair market value in the statement of net assets. The unrealized gains or losses on investments are included in the change in net assets. Gains and losses on the marketable securities are determined based upon the specific securities sold.

#### Revenues and Support

On July 1, 2019, the Organization adopted Financial Accounting Standards Board (FASB) Accounting Standards Update (ASU) 2018-08, Clarifying the Scope and the Accounting Guidance for Contributions Received and Contributions Made. This was applied on a modified prospective basis to agreements that were not completed July 1, 2019, or that were entered into after that date. The adoption did not have any impact on the timing of revenue recognition as of the adoption date and did not result in a cumulative effect adjustment to net assets.

#### (1 - continued)

All contributions are considered available for use without restrictions 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 support with restrictions 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 without restrictions.

The Foundation records multi-year pledges in the period in which the contribution is received under the modified cash basis of accounting.

#### **Expense Allocation**

Directly identifiable expenses are charged to programs and supporting services. Expenses related to more than one function are charged to programs and supporting services on the basis of periodic time and expense studies. Management and general expenses include those expenses that are not directly identifiable with any other specific function but provide for the overall support and direction of the Foundation.

#### **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, 2020, 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. The Foundation is not currently being examined and management believes its tax-exempt status would be upheld under examination.

#### (2) LIQUIDITY

The Foundation's financial assets available within one year of the statement of financial position date for general expenditure are as follows:

	<u>2020</u>	<u>2019</u>
Cash and cash equivalents	\$ 714,802	\$ 1,022,756
Investments	1,274,871	1,309,094
	1,989,673	2,331,850
Less: net assets with board designations	-	(7,240)
Less: net assets with donor restrictions	(1,965,124)	(2,271,778)
	\$ 24,549	\$ 52,832

#### (2 - continued)

As part of the Foundation's liquidity management, it has a policy to structure its financial assets to be available as its general expenditures and other obligations come due. In addition, the Foundation invests cash in excess of daily requirements in short-term investments such as treasury notes, corporate bonds, mutual funds, equities, and exchange traded funds.

#### (3) CASH AND CASH EQUIVALENTS

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

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.

#### (4) INVESTMENTS

Investments consisted of the following at June 30, 2020 and 2019:

	<u>2020</u>	<u>2019</u>
Treasury notes	\$ 25,335	\$ 70,602
Corporate bonds	295,961	284,221
Mutual funds - fixed income	23,060	23,157
Equities	627,392	609,378
Mutual funds - equity	105,985	111,138
Exchange traded funds	 197,138	210,598
Total	\$ 1,274,871	\$ 1,309,094

#### (5) BOARD DESIGNATED NET ASSETS

Net assets without restrictions include an amount designated by the board of directors of \$7,420 as of June 30, 2019. This designation was to fund advanced teacher training and an outreach program called ACT Now to improve students' qualifications for higher education enrollment opportunities. In September of 2019, the board of directors voted to remove this designation.

#### (6) NET ASSETS WITH DONOR RESTRICTIONS

Programs consisted of the following as of June 30:

-	<u>2020</u>	<u>2019</u>
Huff Endowment	\$ 1,251,703	\$ 1,216,488
Dawson Orman	88,370	105,126
Minor Daniels Scholarship	62,013	_
Youth Achievement	56,768	59,768
Wyatt Debate Scholarship Fund	54,370	28,730
Newburg school tech and multicultural programs	27,383	-
David Jones L. Vocal Scholarship	26,651	30,546
Diversity office central office	25,300	-
Frayser playground	22,900	-
Louisville Goes to College	22,408	21,593
Oliver Daniel Winn Scholarship	22,306	23,492
Metro Govt. Grants	13,204	43,535
Adult Education	7,133	39,982
Teacher Excellence Awards	6,267	33,667
Reach Program	924	167,156
Louisville Education and Employment Partnership	286	29,177
Imagination Library	**	136,156
Data Specialist Position Grant	-	52,827
ESL Reading Program	-	50,000
All others	 277,138	 233,535
	\$ 1,965,124	\$ 2,271,778

Net assets with restrictions amounting to \$1,965,124 and \$2,271,778 for 2020 and 2019, 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.

#### (7) CONCENTRATION

During the year ended June 30, 2020, the Foundation received a total of \$109,709 from two donors, which represents 30% of contributions. During the year ended June 30, 2019, the Foundation received a total of \$162,850 from one donor, which represents 23% of contributions.

#### (8) ENDOWMENT

During 2017, the Foundation received a \$1,068,505 contribution to be used as a permanent endowment to fund scholarship programs.

As required by generally accepted accounting principles, net assets associated with endowment funds are classified and reported based on the existence or absence of donor-imposed restrictions.

Absent explicit donor stipulations to the contrary, the Board of Directors of the Foundation has interpreted the Uniform Prudent Management of Institutional Funds Act (UPMIFA) as requiring the preservation of the fair value of the original gift as of the gift date of the donor-restricted endowment funds. As a result of this interpretation, the Foundation classifies as net assets with donor restrictions (a) the original value of gifts donated to the permanent endowment, (b) the original value of subsequent gifts to the permanent endowment, and (c) accumulations to the permanent endowment made in accordance with the direction of the applicable donor gift instrument at the time the accumulation is added to the fund. The remaining portion of the donor-restricted endowment fund that is not classified in permanently restricted net assets is classified as temporarily restricted net assets until those amounts are appropriated for expenditure by the Foundation in a manner consistent with the standard of prudence prescribed by UPMIFA. In accordance with UPMIFA, the Foundation considers the following factors in making a determination to appropriate or accumulate donor-restricted endowment funds: (1) the duration and preservation of the various funds, (2) the purposes of the donor-restricted endowment funds, (3) general economic conditions, (4) the possible effect of inflation and deflation, (5) the expected total return from income and the appreciation of investments, (6) other resources of the Foundation, and (7) the Foundation's investment policies.

Investment Return Objectives, Risk Parameters and Strategies. The Foundation has adopted investment and spending policies, approved by the Board of Directors, for endowment assets. Those policies attempt to provide a predictable stream of funding to programs supported by its endowment funds while also maintaining the purchasing power of those endowment assets over the long-term. Accordingly, the investment process seeks to achieve an after-cost total real rate of return, including investment income as well as capital appreciation, which exceeds the annual distribution with acceptable levels of risk. The Foundation plans to invest endowment assets in a well-diversified asset mix, which includes equity and fixed income securities. The Foundation expects its endowment assets, over time, to achieve a positive rate of return at a rate in excess of inflation. Actual returns in any given year may vary from this amount. Investment risk is measured in terms of the total endowment fund; investment assets and allocation between asset classes and strategies are managed to prevent exposing the fund to unacceptable levels of risk.

Spending Policy. The Foundation has a policy of appropriating for distribution each year of an amount equal to or less than net income on investments. The Foundation expects the current spending policy to allow its endowment funds to grow, which is consistent with the Foundation's objective to maintain the purchasing power of the endowment assets as well as to provide additional real growth through new gifts and investment return.

#### (8 - continued)

Changes in endowment net assets as of June 30, 2020 and 2019 are as follows:

		<u>2019</u>	<u>2018</u>
Endowment net assets with donor restrictions, beginning of year	\$	1,216,488	\$ 1,112,536
Contributions		-	-
Investment income		35,215	103,952
Endowment net assets with donor restrictions, end of year	_\$_	1,251,703	\$ 1,216,488

#### (9) FAIR VALUE MEASUREMENTS

The Foundation has adopted the provisions of ASC 820 Fair Value Measurements, for financial assets and financial liabilities. The Association has no nonfinancial assets or nonfinancial liabilities determined at fair value.

ASC 820 defines fair value as the price that would be received to sell an asset or paid to transfer a liability in an orderly transaction between market participants at the measurement date. ASC 820 establishes a fair value hierarchy that prioritizes the use of inputs used in valuation methodologies into the following three levels:

- Level 1: Inputs to the valuation methodology are quoted prices, unadjusted, for identical assets or liabilities in active markets. A quoted market price in an active market provides the most reliable evidence of fair value and shall be used to measure fair value whenever available.
- Level 2: Inputs to the valuation methodology include quoted market prices for similar assets or liabilities in active markets; inputs to the valuation methodology include quoted market prices for identical or similar assets or liabilities in markets that are not active; or inputs to the valuation methodology that are derived principally from or can be corroborated by observable market data by correlation or other means.

(9 - continued)

Level 3: Inputs to the valuation methodology are unobservable and significant to the fair value measurement. Level 3 assets and liabilities include financial instruments whose value is determined using discounted cash flow methodologies, as well as instruments for which the determination of fair value requires significant management judgment or estimation.

A description of the valuation methodologies used for instruments measured at fair value, as well as the general classification of such instruments pursuant to the valuation hierarchy, is set forth below. The table below presents the balances of assets measured at fair value on a recurring basis as of June 30, 2020 and 2019.

			Carrying	g Val	ue	
	Level 1		Level 2	Le	vel 3	<u>Total</u>
June 30, 2020:						
Assets Measured on a Recurring Basis						
Treasury notes	\$ 25,335	\$	-	\$	-	\$ 25,335
Corporate bonds	-		295,961		-	295,961
Mutual funds - fixed income	23,060		-		-	23,060
Mutual funds - equity	105,985		-		-	105,985
Exchange traded funds	197,138		-		-	197,138
Equities	627,392		-		-	627,392
Total	\$ 978,910	\$	295,961	\$	-	\$ 1,274,871
			Carrying	g Val	ue	
	Level 1		Carryin <sub>i</sub> Level 2		ue vel 3	<u>Total</u>
June 30, 2019:	Level 1					Total
June 30, 2019: Assets Measured on a Recurring Basis	Level 1					Total
-	\$ <b>Level 1</b> 70,602	\$				\$ <b>Total</b> 70,602
Assets Measured on a Recurring Basis		·		Le		\$
Assets Measured on a Recurring Basis  Treasury notes		·	Level 2	Le		\$ 70,602
Assets Measured on a Recurring Basis  Treasury notes Corporate bonds	70,602 -	·	Level 2	Le		\$ 70,602 284,221
Assets Measured on a Recurring Basis  Treasury notes Corporate bonds Mutual funds - fixed income	70,602 - 23,157	·	Level 2	Le		\$ 70,602 284,221 23,157
Assets Measured on a Recurring Basis  Treasury notes Corporate bonds Mutual funds - fixed income Mutual funds - equity	70,602 - 23,157 111,138	·	Level 2	Le		\$ 70,602 284,221 23,157 111,138
Assets Measured on a Recurring Basis  Treasury notes Corporate bonds Mutual funds - fixed income Mutual funds - equity Exchange traded funds	\$ 70,602 - 23,157 111,138 210,598	·	Level 2	Le		70,602 284,221 23,157 111,138 210,598

Treasury notes, Mutual Funds, Exchange traded funds, and Equities. Mutual funds, exchange traded funds, and equities are reported at fair value on a recurring basis. These securities are classified as Level 1 of the valuation hierarchy where quoted market prices from reputable third-party brokers are available in an active market. If quoted market prices are not available, the Foundation obtains fair value measurements from independent pricing services.

#### (9 - continued)

Corporate Bonds. Bonds and treasury notes are reported using level 2 inputs and the fair value measurements consider observable data that may include dealer quotes, market spreads, cash flows, U.S. government and agency yield curves, live trading levels, trade execution data, market consensus prepayment speeds, credit information, and the security's terms and conditions, among other factors.

The Foundation's valuation methodologies may produce a fair value calculation that may not be indicative of net realizable value or reflective of future fair values. While management believes the Foundation's valuation methodologies are appropriate and consistent with other market participants, the use of different methodologies or assumptions to determine the fair value of certain financial instruments could result in a different estimate of fair value at the reporting date.

#### (10) 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 October 7, 2020, the date these financial statements were available to be issued.

As of October 7, 2020, the Foundation is in the process of implementing a risk mitigation strategy as to the impact, if any, of COVID-19 related to all aspects of the Foundation's operations.

(Rev. October 2018) Department of the Treasury

## Request for Taxpayer Identification Number and Certification

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

internal	Hevenue Service Go to www.irs.gov/Formw9 for in:		st information.			
	1 Name (as shown on your income tax return). Name is required on this line; do not leave this line blank.  Sefferson (ounty Public Education Foundation)					
	2 Business name/disregarded entity name, if different from above					
on pag	3 Check appropriate box for federal tax classification of the person whose name is entered on line 1. Check only one of the following seven boxes.  Individual/sole proprietor or C Corporation S Corporation Partnership Trust/estate		4 Exemptions (codes apply only to certain entities, not individuals; see instructions on page 3):			
o e	single-member LLC			Exempt payee code (if any)		
Print or type. See Specific Instructions	Limited liability company. Enter the tax classification (C=C corporation, S=S corporation, P=Partnership)   Note: Check the appropriate box in the line above for the tax classification of the single-member owner. Do not check LLC if the LLC is classified as a single-member LLC that is disregarded from the owner unless the owner of the LLC is another LLC that is not disregarded from the owner for U.S. federal tax purposes. Otherwise, a single-member LLC that is disregarded from the owner, should check the appropriate box for the tax classification of its owner.		Exemption from FATCA reporting code (if any)			
) Dec	W Other (see instructions) > Non - Profit Corporation	<u> </u>		(Applies to accounts maintained outside the U.S.)		
See S	5 Address (number, street, and apt. or suite no.) See instructions. 3332 New hung Road		Requester's name a	nd address (optional)		
"	6 City, state, and ZIP code LOUISUITE, KY 40218					
-	7 List account number(s) here (optional)	A STATE OF THE STA				
	Towns of the Alfred March (PIN)					
Part Enter v	Taxpayer Identification Number (TIN) our TIN in the appropriate box. The TIN provided must match the nan	ne given on line 1 to ave	id Social sec	urity number		
backup	withholding. For individuals, this is generally your social security nun	nber (SSN), However, fo	ra T			
entities	it alien, sole proprietor, or disregarded entity, see the instructions for I , it is your employer identification number (EIN). If you do not have a r	Part I, later. For other number. see <i>How to get</i>	e	-    -		
TIN, late	er.	•	or			
Note: If	f the account is in more than one name, see the instructions for line 1. r To Give the Requester for guidelines on whose number to enter.	. Also see What Name a	nd Employer I	dentification number		
	The state of the s		1611-	110211128		
Part	II Certification					
	penalties of perjury, I certify that:		A CONTRACTOR OF THE PROPERTY O			
<ol> <li>The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me); and</li> <li>I am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding; and</li> </ol>						
3. I am a	a U.S. citizen or other U.S. person (defined below); and					
	ATCA code(s) entered on this form (if any) indicating that I am exemp					
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends. You are not required to sign the certification, but you must provide your correct TIN. See the instructions for Part II, later.						
Sign Here	Signature of U.S. person ▶	Da	nte > 6/4/19			
Gen	eral Instructions /			nose from stocks or mutual		
Section references are to the Internal Revenue Code unless otherwise noted.		Form 1099-MISC (various types of income, prizes, awards, or gross proceeds)				
Future developments. For the latest information about developments related to Form W-9 and its instructions, such as legislation enacted		Form 1099-B (stock or mutual fund sales and certain other transactions by brokers)				
after they were published, go to www.irs.gov/FormW9.		Form 1099-S (proceeds from real estate transactions)				
Purpose of Form		Form 1099-K (merchant card and third party network transactions)				
An individual or entity (Form W-9 requester) who is required to file an information return with the IRS must obtain your correct taxpayer		<ul> <li>Form 1098 (home mortgage interest), 1098-E (student loan interest), 1098-T (tuition)</li> </ul>				
dentification number (TIN) which may be your social security number SSN), individual taxpayer identification number (ITIN), adoption		• Form 1099-C (canceled debt)				
axpayer identification number (ATIN), or employer identification number EIN), to report on an information return the amount paid to you, or other		• Form 1099-A (acquisition or abandonment of secured property)				
amount r	reportable on an information return. Examples of information	Use Form W-9 only if you are a U.S. person (including a resident alien), to provide your correct TIN.				
	nclude, but are not limited to, the following. 099-INT (interest earned or paid)	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.				



## Kentucky Secretary of State Michael G. Adams

### JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC.

File Annual Report

File Statement of Change of Principal Office

File Statement of Change of registered Agent / Registered Address

**Printable Forms** 

**Additional Services** 

Certificates

#### **General Information**

**Organization Number** 

0175787

Name

JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION, INC.

**Profit or Non-Profit** 

N - Non-profit

**Company Type** 

**KCO - Kentucky Corporation** 

Status Standing A - Active

Stanum

G - Good

**State** 

KY

File Date

3/14/1983 3/14/1983

Organization Date
Last Annual Report

2/11/2020

**Principal Office** 

JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION

JAEGER EDUCATION CENTER- ATTN: SAM CORBETT EXEC

3332 NEWBURG RD

LOUISVILLE, KY 40218

**Registered Agent** 

WT & C CORPORATE SERVICES, INC.

400 WEST MARKET STREET

**SUITE 2000** 

LOUISVILLE, KY 40202

#### **Current Officers**

Chairman

Franklin Jelsma

Vice Chairman

James Allen

**Treasurer** 

Lynn Heuther

Director

Audwin Helton

**Director** Henry Heuser

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

**Director** MARY HELEN BYCK

DirectorJOAN RIEHMDirectorI W HUGHESDirectorORSON OLIVER

DirectorWOODFORD R PORTORIncorporatorMALCOLM B CHANCEY JR

#### Images available online

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

Annual Report	2/11/2020	1 page	PDF	
Registered Agent name/address change	1/13/2020 4:48:29 PM	1 page	PDF	
Annual Report	4/19/2019	1 page	PDF	
Annual Report	4/20/2018	1 page	PDF	
Certificate of Assumed Name	2/26/2018	1 page	tiff	PDF
Annual Report	4/20/2017	1 page	PDF	
Principal Office Address Change	5/12/2016 2:58:46 PM	1 page	PDF	
Annual Report	5/12/2016	1 page	PDF	
Annual Report	5/15/2015	1 page	PDF	
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	3/8/2013	1 222	tiff	PDF
change	3/0/2013	1 page	uii	PDF
Annual Report	6/28/2012	1 page	PDF	
Annual Report	7/19/2011	1 page	PDF	
Annual Report	5/28/2010	1 page	PDF	
Annual Report	1/13/2009	1 page	PDF	
Annual Report	3/4/2008	1 page	tiff	PDF
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	PDF
Annual Report	5/21/2001	2 pages	tiff	PDF
Annual Report	10/3/2000	2 pages	tiff	PDF
Annual Report	7/16/1999	2 pages	tiff	PDF
Annual Report	4/24/1998	2 pages	tiff	PDF
Annual Report	7/1/1997	2 pages	tiff	PDF
Annual Report	7/1/1996	2 pages	tiff	PDF
Annual Report	7/1/1995	3 pages	tiff	PDF
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	PDF
Annual Report	7/1/1990	2 pages	tiff	PDF
Annual Report	7/1/1989	2 pages	tiff	PDF

FUTUREUP Active

#### **Activity History**

Filing	File Date	Effective Date	Org. Referenced
Annual report	2/11/2020 5:00:32 PM	2/11/2020 5:00:32 PM	
Registered agent address change	e 1/13/2020 4:48:29 PM	1/13/2020 4:48:29 PM	
Annual report	4/19/2019 9:26:43 AM	4/19/2019 9:26:43 AM	
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	
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	e3/8/2013 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.

DocuSign Envelope ID: 69C583CF-27A3-4FC8-8421-C2B2BA19440A	0/44/0000	•
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

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