

# \*\* PUBLIC DISCLOSURE COPY \*\* 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.

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

A F	or the	<b>2022</b> calendar year, or tax year beginning JUI	1, 2022 and	ending J	UN 30, 2023								
	heck if	C Name of organization			D Employer ide	entifica	tion number						
	Addres	FELIX E. MARTIN JR. FOUNDATION, IN	C										
	Name change	5			26-2193	468							
	Initial return Final	Number and street (or P.O. box if mail is not delive 325 WEST MAIN STREET	rered to street address)	Room/suite 1110	E Telephone nu								
	⊐return/ termin ated		IP or foreign postal code		<b>G</b> Gross receipts \$		8,652,552.						
	Ameno		or revergit poetal ocus		H(a) Is this a gro	up retu							
	Applic	F Name and address of principal officer: ALYSSA	A MANNING		for subordir	•							
	pendir	g SAME AS C ABOVE			H(b) Are all subordinates included? Yes No								
1 1	ax-exe	empt status: X 501(c)(3) 501(c) ( )	(insert no.) 4947(a)(1)	or 527			st. See instructions						
	Vebsit				H(c) Group exer	nption	number						
KF	orm of	organization: X Corporation Trust Ass	ociation Other	<b>L</b> Year	of formation: 2008	М	State of legal domicile: KY						
	rt I	Summary											
	1	Briefly describe the organization's mission or most s	ignificant activities: THE FE	LIX E. M	ARTIN JR.								
Governance		FOUNDATION SEEKS TO ENRICH THE LIVES OF	F THE CITIZENS OF MUHI	ENBERG									
rna	2												
ove	3	Number of voting members of the governing body (F	Part VI, line 1a)			3	7						
	4	Number of independent voting members of the gove	erning body (Part VI, line 1b)			4	7						
8	5	Total number of individuals employed in calendar ye	ar 2022 (Part V, line 2a)			5	0						
Ϋ́Ε		Total number of volunteers (estimate if necessary)				6	10						
Activities &	7 a	Total unrelated business revenue from Part VIII, colu	mn (C), line 12			7a	0.						
_	b	Net unrelated business taxable income from Form 9	90-T, Part I, line 11			7b	0.						
					Prior Year		Current Year						
<u>•</u>					243,1	_	115,100.						
ē						0.	0.						
Revenue		Investment income (Part VIII, column (A), lines 3, 4, a		-233,6		2,669,940.							
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,				0.	0.						
		Total revenue - add lines 8 through 11 (must equal F			9,4		2,785,040.						
		Grants and similar amounts paid (Part IX, column (A)			3,361,3	_	1,820,692.						
		Benefits paid to or for members (Part IX, column (A),				0.	0.						
es		Salaries, other compensation, employee benefits (Pa			0.	0.							
Expenses		Professional fundraising fees (Part IX, column (A), lin				0.	0.						
Ϋ́		Total fundraising expenses (Part IX, column (D), line		0.	960 6	901 467							
_		Other expenses (Part IX, column (A), lines 11a-11d,			860,6 4,221,9		891,467. 2,712,159.						
		Total expenses. Add lines 13-17 (must equal Part IX, Revenue less expenses. Subtract line 18 from line 1:			-4,212,5	_	72,881.						
Or Ces		Revenue less expenses. Subtract line 16 from line 1.	<u> </u>	Re	eginning of Current Y	-	End of Year						
its o	20	Total assets (Part X, line 16)			65,415,8		71,185,748.						
Asse Ball	21	Tatal liabilities (Dart V. lias OC)			2,361,2	_	2,244,144.						
Net Assets	22	Net assets or fund balances. Subtract line 21 from li	 ne 20		63,054,6	_	68,941,604.						
	rt II	Signature Block	10 20		, ,		, , , -						
Und	er pena	Ities of perjury, I declare that I have examined this return, ii	ncluding accompanying schedule	s and statem	ents, and to the best	of mv k	nowledge and belief, it is						
		t, and complete. Declaration of preparer (other than officer)				,	,						
Sigi	ı	Signature of officer			Date								
Her		ALYSSA MANNING, PRESIDENT											
		Type or print name and title											
		Print/Type preparer's name	Preparer's signature		Date Che	ck	PTIN						
Paid		AMY DOSIK	<u> </u>		if self	-employed	P00890743						
Prep	arer	Firm's name CHERRY BEKAERT ADVISORY LL			Firm's Ell		3-2730877						
Use	Only	Firm's address 101 SOUTH 5TH STREET STE 2	100										
		LOUISVILLE, KY 40202			Phone no	.888-5	587-1719						
140	tha IE	25 discuss this return with the preparer shown above	2 Cas instructions				X Ves No						

26-2193468

Pa	Statement of Program Service Accomplishments	
	Check if Schedule O contains a response or note to any line in this Part III	X
1	Briefly describe the organization's mission:	
	THE FELIX E. MARTIN JR. FOUNDATION SEEKS TO ENRICH THE LIVES OF THE	
	CITIZENS OF MUHLENBERG COUNTY, KENTUCKY BY PROVIDING SUPPORT TO	
	QUALIFIED ORGANIZATIONS TO MEET EDUCATIONAL, CIVIC AND CULTURAL NEEDS	
	OF THE COUNTY, BOTH TODAY AND FOR GENERATIONS TO COME.	
2	Did the organization undertake any significant program services during the year which were not listed on the	
	prior Form 990 or 990-EZ?	Yes X No
	If "Yes," describe these new services on Schedule O.	
3	Did the organization cease conducting, or make significant changes in how it conducts, any program services?	Yes X No
-	If "Yes," describe these changes on Schedule O.	
4	Describe the organization's program service accomplishments for each of its three largest program services, as measured by	evnences
7	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total experience of the section 501(c)(4) organizations are required to report the amount of grants and allocations to others, the section 501(c)(4) organizations are required to report the amount of grants and allocations to other section 501(c)(4) organizations are required to report the amount of grants and allocations to other section 501(c)(4) organizations are required to report the amount of grants and allocations to other section 501(c)(4) organizations are required to report the amount of grants are required to report the section 501(c)(4) organizations are required to report the section 501(c)(4) organizations are required to report the section 501(c)(4) organization 501(	•
		rpenses, and
4-	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,836,713. including grants of \$1,820,692. ) (Revenue \$ ) GRANTS GIVEN TO CHARITABLE AND GOVERNMENTAL ORGANIZATIONS TO ENRICH THE	)
	LIVES OF THE CITIZENS IN MUHLENBERG COUNTY.	
4b	(Code:) (Expenses \$ 156 , 385. including grants of \$) (Revenue \$	1
710	EARLY CHILDHOOD DEVELOPMENT:	,
	THE FOUNDATION EARLY CHILDHOOD DEVELOPMENT PROGRAM (SOAR) FOCUSES ON	
	HELPING MUHLENBERG CHILDREN ARRIVE AT KINDERGARTEN READY TO LEARN, SOAR	
	HOSTS MULTIPLE PROGRAMS AND EVENTS FOCUSED PRIMARILY ON EARLY CHILDHOOD	
	LITERACY.	
4c	(Code:) (Expenses \$ 91 , 471. including grants of \$) (Revenue \$	)
	POST-SECONDARY SUCCESS	
	THE POST-SECONDARY SUCCESS PROGRAM (MUHLENBERG ACHIEVES) STRIVES TO	
	INCREASE EDUCATIONAL ATTAINMENT OUTCOMES AND SUPPORT WORKFORCE	
	DEVELOPMENT IN MUHLENBERG COUNTY, BY PROVIDING PROGRAMS AND RESOURCES	
	FOR STUDENTS FROM KINDERGARTEN THROUGH ADULTHOOD TO INCREASE ACCESS AND	
	ENCOURAGE ENROLLMENT IN COLLEGE AND CAREER TRAINING.	
4d	1 5	
	(Expenses \$ 31,200. including grants of \$ ) (Revenue \$	)
4e	Total program service expenses 2,115,769.	

# Form 990 (2022) FELIX E. MARTIN JR. 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)?			
	If "Yes," complete Schedule A	1_	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors? See instructions	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		Х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect			
	during the tax year? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Rev. Proc. 98-19? If "Yes," complete Schedule C, Part III	5		Х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		Х
10	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	10	Х	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X,			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a	Х	
b	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total			
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		X
С	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	11c		Х
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			١.,
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		X
e	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses		х	
40-	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	Λ	
1Za	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete	40-		x
<b>h</b>	Schedule D, Parts XI and XII	12a		
D	Was the organization included in consolidated, independent audited financial statements for the tax year?	12b	х	
13	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional  Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		х
14a	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	14a		х
b		1.14		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		х
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	16		х
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. See instructions	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		х
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	19		Х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes." complete Schedule I, Parts I and II	21	Х	

Form 990 (2022) FELIX E. MARTIN JR. FOUNDATION, INC

Part 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		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5, about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	Х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		Х
	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		Х
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,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			
	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 the Schedule L, Part IV,			
	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		х
	"Yes," complete Schedule L, Part IV	28a		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		
C	A 35% controlled entity of one or more individuals and/or organizations described in line 28a or 28b? If	28c		x
29	"Yes," complete Schedule L, Part IV	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation	29		
30		30		x
31	contributions? If "Yes," complete Schedule M  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? <i>If</i> "Yes," <i>complete</i>			
<b>52</b>	, ,	32		x
33	Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	- 52		
00	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		x
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes." complete Schedule R, Part V, line 2	36		х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		х
38	Did the organization complete Schedule O and provide explanations on Schedule O for Part VI, lines 11b and 19?			
	Note: All Form 990 filers are required to complete Schedule O	38	Х	
Pai	t V Statements Regarding Other IRS Filings and Tax Compliance			
	Check if Schedule O contains a response or note to any line in this Part V			
			Yes	No
1a	Enter the number reported in box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	X	

022) FELIX E. MARTIN JR. FOUNDATION, INC

Statements Regarding Other IRS Filings and Tax Compliance (continued) Form 990 (2022) **Part V** Sta

22 Enter the number of employees reported on Form W3, Transmittal of Wage and Tax Statements, field to the Localized view reining with or within the year covered by this return  1 b If at least one is reported on line 2a, clid the organization file all required federal employment tax returns?  2 b Jo H through resized have uncertained business greats income of \$1,000 or more during the year?  3 a Jo H through resized have uncertained business greats income of \$1,000 or more during the year?  3 a Jo H through resized have uncertained business greats income of \$1,000 or more during the submitted \$2 a Jo				Yes	No
b If all least one is reported on line 2a, did the organization file all required redeal employment tax returns?  3a Did the organization have unrelated business gross income of \$1,000 or more during the year?  3a b If Yes, 1 and it file a form 900 517 of this year If 1 1/1 No 10 in the 5g, provide an explanation on Schedule O  3b Different and the strength of the year of 1 1/1 No 10 in the 5g, provide an explanation on Schedule O  3b Different and the strength of the year of 1 1/1 No 10 in the 5g, provide an explanation on Schedule O  3b Different and the strength of 1 1/1 No 10 in the 5g, provide an explanation on Schedule O  3b Different and the strength of 1 1/1 No 10 in the 5g, provide an explanation on Schedule O  3b Different and the strength of 1 1/1 No 10 in the 5g, provide an explanation on Schedule O  3b Different and 1 1/1 No 10 in 1 In 1 No 10 in 1	<b>2</b> a				
30 bit the organization have unrelated business gross income of \$1,000 or more during the year?  41 bit "Yes," has it filted a Form 990-Tr of this year? If "Wo," to line 30, provide an explenation on Schedule O  42 At any time during the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (seutoh as a bank account, securities account, or other financial account for the financial account of the foreign country. See instructions for filing requirements for FinCEH Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  52 Was the organization has the foreign country. See instructions for filing requirements for FinCEH Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  53 Was the organization to a prohibited tas shelter transaction?  54 Was the organization has organization that it was or is a party to a prohibited tax shelter transaction?  55 c.  56 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?  56 organizations that may receive deductible as charitable contributions?  57 Organizations that may receive deductible contributions under section 170(c).  58 Dit "Yes," did the organization include with every splicitation an express statement that such contributions or gifts were not tax deductible?  58 Organizations that may receive deductible contributions under section 170(c).  59 Dit "Yes," indicate the number of Forms 8282 filed during the year  50 Dit "Yes," indicate the number of Forms 8282 filed during the year  50 Dit the organization received a contribution of qualified intelectual property, did the organization file Form 8899 as required?  50 Dit the organization received a contribution of qualified intelectual property, did the organization file Form 8899 as required?  51 Did the organization received a contribution of provided substitutions under section 49689  52 Section 40 Di		filed for the calendar year ending with or within the year covered by this return			
b If Vess, * has it field a form 990-T for this year? If 'No' to line 3b, provide an explanation on Schedule O  A and you fouring the calendary year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?  4 b If 'Yes,* enter the name of the foreign country See instructions for filling requirements for FiniCNEN Form 114, Report of Foreign Bank and Financial Accounts (*BAR).  50 Was the organization a party to a prohibited tax shelfer transaction at any time during the tax year?  50 Id any taxebule party notify the organization file Form 888617?  51 Wes 'to line 6a of 5b, did the organization file Form 888617?  52 In 'Yes,* 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  52 In 'Yes,* 'did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  53 Organizations that may receive deductible contributions under section 170(c).  54 If Yes,* 'did the organization notify the donor of the value of the goods or services provided?  55 In If Yes,* 'did the organization notify the donor of the value of the goods or services provided?  56 In the organization receive algorithm is expressed party as contribution and party for goods and services provided to the payor?  56 If the organization receive any pay premiums, directly, to pay premiums on a personal benefit contract?  57 In If the organization receive any pay premiums, directly, to pay premiums on a personal benefit contract?  58 If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?  59 A Sponsoring organization was pay premiums, directly, to pay premiums on a personal benefit contract?  79 If the organization received a contribution of cars, boats, airplanes, or other veh	b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b		
4a Al any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial accounts?  5b If "yea," enter the name of the foreign country  5ce instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).  5a Was the organization aparty to a prohibeted tax shelter transaction at any time during the tax year?  5b If any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?  5c If "Yee's to line for 40 St, did the organization for foreign 888617.  5b If "Yes," did the organization have annual gross receipts that are normally greater than \$100,000, and did the organization social any contributions that were not tax eductibles a charitable contributions?  6c If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductibles a charitable contribution and party for goods and services provided to the payor?  7c If If Yes," did the organization notify the donor of the value of the goods or services provided?  7c If If Yes, and the organization notify the donor of the value of the goods or services provided?  7c If If Yes, and the organization notify the donor of the value of the goods or services provided?  7c If If Yes, and the organization receive any hand, directly or indirectly, to pay premiums on a personal benefit contract?  7c If If the organization receive any hand, directly or indirectly, to pay premiums on a personal benefit contract?  7e If the organization receive any hand, directly or indirectly, to pay premiums on a personal benefit contract?  7d If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-0?  7d Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the appro			3a		X
financial account in a foreign country (such as a bank account, securities account, or other financial account)?  b if Yes, "inter the name of the foreign country See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAF).  b id any statel penty notify the organization has that it was or is a party to a prohibited tax shefter transaction?  b Did any statel penty notify the organization has that it was or is a party to a prohibited tax shefter transaction?  b Did any statel penty notify the organization file Form B888-17?  c If Yes' to line Sa or Sb, did the organization file Form B888-17?  b Did any statel penty notify the organization for include with every solicitation an express statement that such contributions or gifts were not tax deductible as charitable contributions?  b If Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?  organizations that may receive deductible contributions under section 170(c).  b If the organization receive a payment in excess of \$75 made party as a contribution and party for goods and services provided to the payor?  b If Yes," did the organization notify the donor of the value of the goods or services provided?  b If the semination receive a payment in excess of \$75 made party as a contribution of understation of the semination of the s			3b		
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	17	Section 501(c)(21) organizations. Did the trust, or any disqualified or other person engage in any activities			
If "Yes," complete Form 6069.		that would result in the imposition of an excise tax under section 4951, 4952 or 4953?	17		

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

	Check if Schedule O contains a response or note to any line in this Part VI			Х
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			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		Х
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		Х
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
	inio socione di significa di sala policio non logali sa ay allo internali notali de codo,		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?	10a		Х
	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
b	Describe on Schedule O the process, if any, used by the organization to review this Form 990.			
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	on Schedule O how this was done	12c	Х	
13	Did the organization have a written whistleblower policy?	13	Х	
14	Did the organization have a written document retention and destruction policy?	14	Х	
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			
а	The organization's CEO, Executive Director, or top management official	15a		Х
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process on Schedule O. See instructions.			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	taxable entity during the year?	16a		Х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's			
	exempt status with respect to such arrangements?	16b		
Sec	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filedKY			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (section 501(c)(3))	onlv)	availal	ole
. =	for public inspection. Indicate how you made these available. Check all that apply.			
	X Own website Another's website X Upon request Other (explain on Schedule O)			
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	l finan	cial	
	statements available to the public during the tax year.			
20	State the name, address, and telephone number of the person who possesses the organization's books and records			
5	TOMMY REYNOLDS - 502-855-6950			
	325 W. MAIN STREET, SUITE 1110, LOUISVILLE, KY 40202			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
  - List all of the organization's current key employees, if any. See the 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, box 6 of Form 1099-MISC, and/or box 1 of Form 1099-NEC) of more than \$100,000 from the organization and any related organizations.

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

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

(A)	(B)				C)	.,,,	-	(D)	(E)	(F)
Name and title	Average hours per week	box	not c	Pos heck i ss per	itior more rson i	than o s both or/trus	an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC/ 1099-NEC)	organizations (W-2/1099-MISC/ 1099-NEC)	compensation from the organization and related organizations
(1) ALYSSA MANNING	40.00									
PRESIDENT/SECRETARY	0.00			Х				0.	142,174.	11,836.
(2) LANIE GARDNER	1.00									
DIRECTOR	0.00	Х						0.	0.	0.
(3) CANDANCE BRAKE	1.00									_
DIRECTOR (START 1/23)	0.00	Х				_		0.	0.	0.
(4) MIMI ZINNIEL	1.00	-							_	_
DIRECTOR	0.00	Х						0.	0.	0.
(5) PAUL SCHULTE	1.00								_	_
DIRECTOR (ENDED 12/22)	0.00	Х				_		0.	0.	0.
(6) SARA HEMINGWAY	1.00									
TREASURER(ENDED 12/22)/DIRECTOR	0.00	Х		Х				0.	0.	0.
(7) MIKE MERCER	1.00								_	2
DIRECTOR/TREASURER (START 1/23)	0.00	Х		Х				0.	0.	0.
(8) MARK CAMPISANO	1.00	х		x						0
VICE CHAIR (9) BARBIE HUNT	0.00 2.00	Λ		^				0.	0.	0.
CHAIR	0.00	X		х				0.	0.	0.
CHAIR	0.00			Α				0.	0.	<u> </u>
		•								
										000

232007 12-13-22 Form **990** (2022)

Section A. Officers, Directors, Trust	tees, Key Emp	oloy	ees,	anc	Hiç	ghes	st C	ompensated Employee	s (continued)				
(A)	(B)			(0				(D)	(E)			(F)	
Name and title	Average	(do		Posi		<b>)</b> than o	one	Reportable	Reportable	•	Es	timate	∍d
	hours per	box	, unles	ss per	son i	s both	n an	compensation	compensation	on	an	nount	of
	week		cer an	id a di	recto	r/trus	tee)	from	from related			other	
	(list any	Individual trustee or director						the	organization			pensa	
	hours for related	or di	96			ated		organization	(W-2/1099-MI			om th	
	organizations	ustee	trust		gy.	bens		(W-2/1099-MISC/	1099-NEC)	'		anizat	
	below	ual tr	ional		ploye	t com		1099-NEC)				d relat anizati	
	line)	divid	Institutional trustee	Officer	Key employee	Highest compensated employee	Former				orga	ai iizati	0115
	,	드	드	0	ž	工品	Œ			-			
-													
1b Subtotal	I.	l						0.	142,	174.		11.	836.
c Total from continuation sheets to Part VII	Section A						•	0.	,	0.			0.
d Total (add lines 1b and 1c)								0.	142,	174.		11	836.
Total number of individuals (including but no								ceived more than \$100					
compensation from the organization	or minica to th	000	11010	u u	,010	, , ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	010	ocived more than \$100,	ood of reportable	J			0
our periodicin nom the organization												Yes	No
3 Did the organization list any <b>former</b> officer,	director truste	e k	ev e	empl	ove	e or	hia	hest compensated empl	lovee on	-			
line 1a? If "Yes," complete Schedule J for su	•		•	•	•		_		•		3		х
4 For any individual listed on line 1a, is the su													
and related organizations greater than \$150											4	х	
5 Did any person listed on line 1a receive or a													
rendered to the organization? If "Yes." com	•				•			•			5		х
Section B. Independent Contractors	prote ocheant	<i>,</i> 0 /	<i>31</i> 30	1011	2013	011							
Complete this table for your five highest cor	mpensated ind	lepe	nder	nt co	ontra	acto	rs th	nat received more than \$	100.000 of com	pensa <sup>1</sup>	tion fro	om	
the organization. Report compensation for t													
(A)				<u> </u>				(B)			(0	<u></u>	
Name and business	address	NO	NE					Description of s	ervices	С	ompe		n
2 Total number of independent contractors (ir	ncluding but no	ot lin	nited	d to t	thos	se lis	ted	above) who received mo	ore than				
\$100,000 of compensation from the organiz	zation				(	0							

Form 990 (2022) FELIX E. M.
Part VIII Statement of Revenue

			Check if Schedule O	onta	ins a r	esponse	or note to any lin	e in this Part VIII			
								(A)	(B)	(C)	(D)
								Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under
									Tariotion Tovorido	Business revenue	sections 512 - 514
ts ts	1	а	Federated campaigns			1a					
ran		b	Membership dues			1b					
Ω, Œ		С	Fundraising events			1c					
ar /			Related organizations			1d					
s, G			Government grants (contri			1e					
Ši			All other contributions, gifts,		Г						
the			similar amounts not included			1f	115,100.				
ξĒ		g	Noncash contributions included in			1g \$					
Contributions, Gifts, Grants and Other Similar Amounts		_	Total. Add lines 1a-1f					115,100.			
							Business Code				
o l	2	а									
Ş		b									
Ser		С									
am Ser		d									
Program Service Revenue		е									
F.		f	All other program service	reven	nue						
			Total. Add lines 2a-2f								
	3		Investment income (includ	ling c	dividen	ds, intere	est, and				
			other similar amounts)					1,437,982.			1,437,982.
	4		Income from investment of								
	5		Royalties								
					(i)	Real	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
			Rental income or (loss)	6с							
			Net rental income or (loss)								
	7		Gross amount from sales of		(i) Se	curities	(ii) Other				
			assets other than inventory	7a	7,09	99,470.					
		b	Less: cost or other basis			-					
ē				7b	5,8	67,512.					
en		С				31,958.					
ther Revenue			Net gain or (loss)					1,231,958.			1,231,958.
ē	8		Gross income from fundraising								
됩			including \$		-	of					
			contributions reported on			e					
			Part IV, line 18		,						
		b	Less: direct expenses								
			Net income or (loss) from								
	9		Gross income from gamin								
			Part IV, line 19								
		b	Less: direct expenses								
			Net income or (loss) from								
	10		Gross sales of inventory, I								
			and allowances				3				
		b	Less: cost of goods sold								
			Net income or (loss) from				<u></u>				
			· · ·				Business Code				
Miscellaneous Revenue	11	а									
ane Due		b									
elk eve		С									
isc Be		d	All other revenue								
2			Total. Add lines 11a-11d								
	12		Total revenue. See instruction					2,785,040.	0.	0.	2,669,940.

# Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

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

	Check if Schedule O contains a respons	se or note to any line in t	his Part IX	1	
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	( <b>D</b> ) Fundraising expenses
1	Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	1,820,692.	1,820,692.		
2	Grants and other assistance to domestic individuals. See Part IV, line 22				
3	Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 5	Benefits paid to or for members  Compensation of current officers, directors,				
6	trustees, and key employees  Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 8	Other salaries and wages  Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 10 11	Other employee benefits  Payroll taxes  Fees for services (nonemployees):				
a b	Management	363,970.		363,970.	
c d	Accounting	990.		990.	
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	211,679.		211,679.	
g	Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch 0.)	3,026. 2,227.	2,008.	1,018.	
12 13 14	Advertising and promotion  Office expenses  Information technology	1,012.	506.	506.	
15 16	Royalties Occupancy	4,126.	2,063.	2,063.	
17 18	Travel Payments of travel or entertainment expenses	12,502.	6,251.	6,251.	
19 20	for any federal, state, or local public officials Conferences, conventions, and meetings  Interest	2,148.	1,074.	1,074.	
21 22	Payments to affiliates  Depreciation, depletion, and amortization	5,356.		5,356.	
23 24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A), amount, list line 24e expenses on Schedule O.)	1,118.	559.	559.	
a b	EARLY CHILD DEVELOPMENT POST SECONDARY SUCCESS	156,385. 91,471.	156,385. 91,471.		
c d	GED LEARN & EARN	19,950. 10,950.	19,950. 10,950.		
e <u>25</u>	All other expenses  Total functional expenses. Add lines 1 through 24e	4,557. 2,712,159.	1,633. 2,115,769.	2,924. 596,390.	0.
26	Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.  Check here if following SOP 98-2 (ASC 958-720)				
00004	1 10-13-99				Form <b>990</b> (2022

Form 990 (2022)
Part X Balance Sheet

		Check if Schedule O contains a response or no	te to an	y line in this Part X			
					<b>(A)</b> Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing			596,654.	1	236,150.
	2	Savings and temporary cash investments			641,720.	2	596,205.
	3	Pledges and grants receivable, net				3	
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current o					
	_	trustee, key employee, creator or founder, subs		' '			
		controlled entity or family member of any of the	·		5		
	6	Loans and other receivables from other disqual		_			
		under section 4958(f)(1)), and persons describe		6			
10	7	Notes and loans receivable, net			480,000.	7	320,000.
Assets	8	Inventories for sale or use			,	8	,
Ass	9					9	
	l	Land, buildings, and equipment: cost or other					
	104	basis. Complete Part VI of Schedule D	102	134,687.			
	h	Less: accumulated depreciation		53,088.	83,861.	10c	81,599.
	11	Investments - publicly traded securities			63,613,592.	11	69,951,794.
	12	Investments - other securities. See Part IV, line			00,020,052.	12	05,502,752.
	13				13		
	14	Investments - program-related. See Part IV, line	·····				
		Intangible assets Other assets See Best IV line 11			14		
	15	Other assets. See Part IV, line 11			65,415,827.	15	71,185,748.
	16	Total assets. Add lines 1 through 15 (must equ		115,272.	16	101,819.	
	17	Accounts payable and accrued expenses		2,245,937.	17	2,142,325.	
	18	Grants payable		2,245,557,	18	2,142,323.	
	19	Deferred revenue				19	
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete				21	
es	22	Loans and other payables to any current or form					
Liabilities		trustee, key employee, creator or founder, subs					
<u>ia</u> .		controlled entity or family member of any of the				22	
_	23	Secured mortgages and notes payable to unrel		· · · · · · · · · · · · · · · · · · ·		23	
	24	Unsecured notes and loans payable to unrelate				24	
	25	Other liabilities (including federal income tax, pa					
		parties, and other liabilities not included on line	,	·			
		of Schedule D			2 261 200	25	2,244,144.
	26	Total liabilities. Add lines 17 through 25		v	2,361,209.	26	2,244,144.
S		Organizations that follow FASB ASC 958, che	eck her	e X			
၁င		and complete lines 27, 28, 32, and 33.			62 054 610		60 041 604
a	27				63,054,618.	27	68,941,604.
Ä	28	Net assets with donor restrictions				28	
Ĕ		Organizations that do not follow FASB ASC 9	958, che	eck here			
Net Assets or Fund Balances		and complete lines 29 through 33.					
ţ	29	Capital stock or trust principal, or current funds				29	
SSe	30	Paid-in or capital surplus, or land, building, or e				30	
ید	31	Retained earnings, endowment, accumulated in			62 054 640	31	60 044 604
Ž	32	Total net assets or fund balances			63,054,618.	32	68,941,604.
	33	Total liabilities and net assets/fund balances			65,415,827.	33	71,185,748.

Form **990** (2022)

Form	990 (2022) FELIX E. MARTIN JR. FOUNDATION, INC	26-219346	8	Pag	ge 12
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> .		
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	,785,	040.
2	Total expenses (must equal Part IX, column (A), line 25)	2	2	,712,	159.
3	Revenue less expenses. Subtract line 2 from line 1	3		72,	881.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	63	,054,	618.
5	Net unrealized gains (losses) on investments	5	5	,814,	105.
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	68	,941,	604.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII		<u></u>		X
				Yes	No
1	Accounting method used to prepare the Form 990: Cash X Accrual Other				
	If the organization changed its method of accounting from a prior year or checked "Other," explain on Schedule O	).			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		Х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed of	n a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate I	oasis,			
	consolidated basis, or both:				
	Separate basis X Consolidated basis Both consolidated and separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	audit,			
	review, or compilation of its financial statements and selection of an independent accountant?		2c	Х	
	If the organization changed either its oversight process or selection process during the tax year, explain on Sched				
За	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the				
	Uniform Guidance, 2 C.F.R. Part 200, Subpart F?		За		х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the require				
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

Form **990** (2022)

#### **SCHEDULE A**

(Form 990)

Total

Department of the Treasury Internal Revenue Service

# **Public Charity Status and Public Support**

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

Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

**ZUZZ**Open to Public

Inspection

**Employer identification number** Name of the organization FELIX E. MARTIN JR. FOUNDATION, INC 26-2193468 Reason for Public Charity Status. (All organizations must complete this part.) See instructions. Part I The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, city, and state: An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or 10 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions, subject to certain exceptions; and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) 11 An organization organized and operated exclusively to test for public safety. See section 509(a)(4). X An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box on lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. Enter the number of supported organizations Provide the following information about the supported organization(s). (iv) Is the organization listed in your governing document? (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other (described on lines 1-10 organization support (see instructions) support (see instructions) No Yes above (see instructions)) COMMUNITY FOUNDATION OF LOUISVILLE, INC. 31-0997017 7 Х 43,000

0.

43,000

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

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

Sec	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")						
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						
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						
6	Public support. Subtract line 5 from line 4.						
Sec	tion B. Total Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
7	Amounts from line 4						
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
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.)						
	<b>Total support.</b> Add lines 7 through 10						
	Gross receipts from related activities,	· · · · · · · · · · · · · · · · · · ·				12	
13	First 5 years. If the Form 990 is for the	•		•	•		
800	organization, check this box and stor						
	etion C. Computation of Publi			(6)			
	Public support percentage for 2022 (I					14	<u>%</u>
	Public support percentage from 2021 33 1/3% support test - 2022. If the o					15	<u>%</u>
Ioa							
h	<b>stop here.</b> The organization qualifies <b>33 1/3% support test - 2021.</b> If the o		~			or more, check thi	
b	and <b>stop here.</b> The organization qual						
172	10% -facts-and-circumstances test	· · · · · · · · · · · · · · · · · · ·				and line 14 is 10% (	
114	and if the organization meets the fact						
	meets the facts-and-circumstances te			=	· ·	VI HOW THE OIGHILL	
h	10% -facts-and-circumstances test	-	-	*		 17a_and line 15 is :	10% or
J	more, and if the organization meets the	-				•	1070 01
	organization meets the facts-and-circu				-		
18	Private foundation. If the organization		-				
		314 1151 011601 4	~ C. C. C. III IO 10, 10	a, . o.o., . r a, o. 171	-, -, -, -, -, -, -, -, -, -, -, -, -, -	00000.0000010	

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

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

Sed	ction A. Public Support	slow, picase comp	oicte i art ii.j				
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Gifts, grants, contributions, and membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services per- 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-						
_	iness under section 513						
4	Tax revenues levied for the organ- 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						
6	Total. Add lines 1 through 5						
	Amounts included on lines 1, 2, and 3 received from disqualified persons						
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	Add lines 7a and 7b						
8	Public support. (Subtract line 7c from line 6.)						
	ndar year (or fiscal year beginning in)	(a) 2018	<b>(b)</b> 2019	(c) 2020	(d) 2021	(e) 2022	(f) Total
	Amounts from line 6	(a) 2010	(6) 2019	(6) 2020	(4) 2021	(6) 2022	(i) iotai
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
c	Add lines 10a and 10b						
	Net income from unrelated business activities not included on line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First 5 years. If the Form 990 is for the	J		,	•	( ) ( )	· —
	check this box and stop here						
	ction C. Computation of Publi					<del> </del>	
	Public support percentage for 2022 (li	, ,,,	•	column (f))		15	%
	Public support percentage from 2021					16	%
	ction D. Computation of Inves			. 10 1 (0)		14-1	
	Investment income percentage for 20					17	%
	Investment income percentage from 2					18	% 7 in
198	33 1/3% support tests - 2022. If the						
b	more than 33 1/3%, check this box ar 33 1/3% support tests - 2021. If the	organization did r	not check a box or	line 14 or line 19a	a, and line 16 is m	ore than 33 1/3%, a	and
	line 18 is not more than 33 1/3%, che	ck this box and st	<b>top here.</b> The orga	anization qualifies a	as a publicly supp	orted organization	
20	Private foundation. If the organization	n did not check a	hox on line 14 19	a or 19h check th	nis hox and see in	structions	

Page 4

# Part IV Supporting Organizations

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

### Section A. All Supporting Organizations

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

		Yes	No
	1	Х	
	2		Х
	3a		Х
	3b		
	3с		
	4a		Х
	4b		
	4c		
	70		
	5a		Х
	5b		
	5с		
	6	Х	
	7		Х
	8		Х
	9a		Х
	9b		Х
	9c		Х
	10a		Х
	10b		
ulo	A (Form	~ QQA)	2022

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Pai	TIV   Supporting Organizations (continued)			
			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 on lines 11b and			
	11c below, the governing body of a supported organization?	11a		X
b	A family member of a person described on line 11a above?	11b		X
С	A 35% controlled entity of a person described on line 11a or 11b above? If "Yes" to line 11a, 11b, or 11c, provide			
	detail in Part VI.	11c		Х
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or			
	more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers,			
	directors, or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s)			
	effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove officers, directors, or trustees were allocated among the			
	supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	1	х	
2	Did the organization operate for the benefit of any supported organization other than the supported			
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		х
Sec	tion C. Type II Supporting Organizations		· · · · ·	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
•	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	, ,			
	or management of the supporting organization was vested in the same persons that controlled or managed	1		
Sec	the supported organization(s). tion D. All Type III Supporting Organizations	<u> </u>		
			Yes	No
4	Did the expenization provide to each of its supported expenizations, by the last day of the fifth month of the		163	140
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	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
_	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described on line 2, above, did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
<u> </u>	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions)			
а	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.			
С	The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see in	struction	s).	
2	Activities Test. Answer lines 2a and 2b 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			
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described on line 2a, above, 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.	2b		
3	Parent of Supported Organizations. Answer lines 3a and 3b below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? If "Yes" or "No" provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.	3b		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supporti	ng Organi	zations	
1	Check here if the organization satisfied the Integral Part Test as a qualifyi	ng trust on N	ov. 20, 1970 ( explain in	Part VI). See instructions.
	All other Type III non-functionally integrated supporting organizations must		•	
Sect	ion 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		
	ion B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
	Average monthly cash balances	1b		
	Fair market value of other non-exempt-use assets	1c		
	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 0.015 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 0.035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1		
2	Enter 0.85 of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	Income tax imposed in prior year	5		
6	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-function	ally integrated	d Type III supporting orga	anization (see
	inate actional	, 5	5 9-	`

Schedule A (Form 990) 2022

Par	t V Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations <sub>(continu</sub>	ed)	
Secti	on D - Distributions		•		Current Year
1	Amounts paid to supported organizations to accomplish exer	mpt purposes		1	
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported			
	organizations, in excess of income from activity		2		
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	3	3	
4	Amounts paid to acquire exempt-use assets		4		
5	Qualified set-aside amounts (prior IRS approval required - pro	ovide details in Part VI)		5	
6	Other distributions (describe in Part VI). See instructions.			6	
7	Total annual distributions. Add lines 1 through 6.			7	
8	Distributions to attentive supported organizations to which the	ne organization is responsive			
	(provide details in Part VI). See instructions.			8	
9	Distributable amount for 2022 from Section C, line 6			9	
10	Line 8 amount divided by line 9 amount	T		10	
Secti	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistribution Pre-2022	s	(iii) Distributable Amount for 2022
_1_	Distributable amount for 2022 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2022 (reason-				
	able cause required - explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2022				
<u>a</u>	From 2017				
b	From 2018				
<u>C</u>	From 2019				
<u>d</u>	From 2020				
	From 2021				
	Total of lines 3a through 3e				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
<u> </u>	Carryover from 2017 not applied (see instructions)				
	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.				
4	Distributions for 2022 from Section D,				
	line 7: \$				
	Applied to underdistributions of prior years				
	Applied to 2022 distributable amount				
	Remainder. Subtract lines 4a and 4b from line 4.				
5	Remaining underdistributions for years prior to 2022, if				
	any. Subtract lines 3g and 4a from line 2. For result greater				
	than zero, explain in <b>Part VI.</b> See instructions.  Remaining underdistributions for 2022. Subtract lines 3h				
6	3				
	and 4b from line 1. For result greater than zero, explain in				
	Part VI. See instructions.  Excess distributions carryover to 2023. Add lines 3				
7	and 4c.				
8	Breakdown of line 7:				
	Excess from 2018				
	Excess from 2019				
	Excess from 2020				
	Excess from 2021				
	Excess from 2022				

Schedule A (Form 990) 2022

Part VI Supplemental Information. Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)
PART IV, SECTION A, LINE 6
THE FELIX E. MARTIN JR. FOUNDATION PROVIDES SUPPORT TO OTHER
GOVERNMENTAL AND 501(C)(3) ORGANIZATIONS ON BEHALF OF THE COMMUNITY
FOUNDATION OF LOUISVILLE, THE SUPPORTED ORGANIZATION. THE GRANTS PAID
TO THESE ORGANIZATIONS ON BEHALF OF THE COMMUNITY FOUNDATION OF
LOUISVILLE MEET THE OPERATIONAL TEST AS DESCRIBED IN TREAS. REG.
1.509(A)-4(E)(2).

# Schedule B

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

# **Schedule of Contributors**

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

OMB No. 1545-0047

2022

Employer identification number

FEI	26-2193468					
Organization type (check o	ne):					
Filers of:	Section:					
Form 990 or 990-EZ	X 501(c)( <sup>3</sup> ) (enter number) organization					
	4947(a)(1) nonexempt charitable trust <b>not</b> 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 <b>General Rule</b> or a <b>Special Rule</b> .						
Note: Only a section 501(c)	(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rul	e. See instructions.				
General Rule						
	n filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling one contributor. Complete Parts I and II. See instructions for determining a contributor's	· · ·				
Special Rules						
sections 509(a)(1) contributor, during	n described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support that 170(b)(1)(A)(vi), that checked Schedule A (Form 990), Part II, line 13, 16a, or 16b, and the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Figure 1. Complete Parts I and II.	d that received from any one				
For an organization	n described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from a	any one				
literary, or education	the year, total contributions of more than \$1,000 exclusively for religious, charitable, so onal purposes, or for the prevention of cruelty to children or animals. Complete Parts I (e ) instead of the contributor name and address), 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 <b>General Rule</b> applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year\$						
ū	nat isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Fo	**				
	2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, g requirements of Schedule B (Form 990).	Part I, line 2, to certify				
LHA For Paperwork Reducti	on Act Notice, see the instructions for Form 990, 990-EZ, or 990-PF.	Schedule B (Form 990) (2022)				

Name of organization

Employer identification number

FELIX E. MARTIN JR. FOUNDATION, INC

26-2193468

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$60,000.	Person X Payroll Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$5,000.	Person X Payroll  Noncash  (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash Complete Part II for noncash contributions.)

FELIX E. MARTIN JR. FOUNDATION, INC

26-2193468

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if a	dditional space is needed.	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	
(a) No. from Part I	(b)  Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
		\$	

Name of or	rganization		Employer identification number		
FELIX E.	MARTIN JR. FOUNDATION, INC		26-2193468		
Part III		through <b>(e) and</b> the following line entinaritable, etc., contributions of <b>\$1,000 or I</b>	ction 501(c)(7), (8), or (10) that total more than \$1,000 for the year y. For organizations ess for the year. (Enter this info. once.) \$		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
		(e) Transfer of gif			
	Transferee's name, address, an		Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	(e) Transfer o  Transferee's name, address, and ZIP + 4		er of gift  Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, an	(e) Transfer of giff	sfer of gift  Relationship of transferor to transferee		
(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held		
	Transferee's name, address, an	(e) Transfer of giff	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.

Name of the organization

FELIX E. MARTIN JR. FOUNDATION, INC

**Employer identification number** 

26-2193468 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the Part I organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate value of contributions to (during year) 2 3 Aggregate value of grants from (during year) Aggregate value at end of year 4 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (for example, recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year. Held at the End of the Tax Year Total number of conservation easements 2a Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) 2c Number of conservation easements included in (c) acquired after July 25,2006, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? \_\_\_\_\_\_ 6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements. Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8. 1a If the organization elected, as permitted under FASB ASC 958, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide in Part XIII the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under FASB ASC 958, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under FASB ASC 958 relating to these items: Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

Par	t III   Organizations Maintaining C	ollections of Art	t, Historical Tre	asures, or Othe	er Similar A	ssets	(contin	ued)	
3	Using the organization's acquisition, accession	on, and other records	s, check any of the f	ollowing that make	significant use	of its			
	collection items (check all that apply):								
а	Public exhibition	d	Loan or excl	hange program					
b	Scholarly research	е							
С	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explain	how they further th	e organization's exe	empt purpose ir	n Part XI	II.		
5	During the year, did the organization solicit o								
	to be sold to raise funds rather than to be ma						Yes		No
Par	t IV Escrow and Custodial Arran					art IV, lin	e 9, or		
	reported an amount on Form 990, Part X, line 21.								
1a	Is the organization an agent, trustee, custodi	an or other intermedi	ary for contributions	s or other assets no	t included				
	on Form 990, Part X?						Yes		No
b	If "Yes," explain the arrangement in Part XIII								
		·	· ·			P	Amount		
С	Beginning balance				1c				
d	Additions during the year								
е	Distributions during the year								
f	Ending balance								
2a	Did the organization include an amount on Fo						Yes		No
b	If "Yes," explain the arrangement in Part XIII.	Check here if the ex	planation has been p	provided on Part XII	I				
Par		f the organization an	swered "Yes" on Fo	rm 990, Part IV, line	10.				
		(a) Current year	(b) Prior year	(c) Two years back	(d) Three years	back (	<b>(e)</b> Four	years ba	ack
1a	Beginning of year balance	63,054,618.	75,610,323.	58,153,202.	57,897,	767.	58,	024,5	56.
b	Contributions	115,100.	243,112.	2,000.					
С	Net investment earnings, gains, and losses	8,484,045.	-8,576,833.	19,453,119.	1,824,	529.	5,	297,2	23.
d	Grants or scholarships	1,820,692.	3,361,371.	1,168,224.	804,	240.	4,	627,3	02.
е	Other expenditures for facilities								
	and programs	211,679.	249,887.	246,458.	219,	799.		202,0	99.
f	Administrative expenses	679,788.	610,726.	583,316.	545,	055.		594,6	11.
g	End of year balance	68,941,604.	63,054,618.	75,610,323.	58,153,	202.	57,	897,7	67.
2	Provide the estimated percentage of the curr	ent year end balance	e (line 1g, column (a)	) held as:					
а	Board designated or quasi-endowment	100	_%						
b	Permanent endowment0000	%							
С	Term endowment0000	%							
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%.							
За	Are there endowment funds not in the posse	ssion of the organiza	tion that are held an	d administered for	the		_		
	organization by:							Yes	No
	(i) Unrelated organizations						3a(i)		X
	(ii) Related organizations						3a(ii)		X
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as require	ed on Schedule R?				3b		
4	Describe in Part XIII the intended uses of the		wment funds.						
Par	t VI Land, Buildings, and Equipm	ent.							
	Complete if the organization answered	d "Yes" on Form 990	, Part IV, line 11a. S	ee Form 990, Part >	(, line 10.				
	Description of property	(a) Cost or or basis (investm	( , , , , , , , , , , , , , , , , , , ,	', '	Accumulated epreciation	(4	d) Bool	value	
1a	Land			12,500.				12,5	00.
b	Buildings			116,772.	49,736			67,0	36.
С	Leasehold improvements								
d	Equipment								
	Other			5,415.	3,352			2,0	63.
Total	. Add lines 1a through 1e. (Column (d) must e		X. column (B). line 10	Oc.)				81,5	99.
	- · · · · · · · · · · · · · · · · · · ·								

Schedule D (Form 990) 2022 FELIX E. MARTIN J	R. FOUNDATION, INC	2	6-2193468	Page <sup>(</sup>
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market	value
(1) Financial derivatives				
(2) Closely held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes" of				
(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market	value
<u>(1)</u>				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes" o		11d. See Form 990, Part X, line 15.		
(a) L	Description		(b) Book	value
			<b></b>	
(2)			<del>                                     </del>	
(3)			<del>                                     </del>	
			<del>                                     </del>	
(5)			<del>                                     </del>	
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line  Part X Other Liabilities.	<u>15.)</u>		<u> </u>	
	on Form 000 Dort IV line:	11 a av 11f Caa Farm 000 Part V lina 25		
Complete if the organization answered "Yes" of	on Form 990, Part IV, line	The or Th. See Form 990, Part X, line 25		
1. (a) Description of liability			(b) Book	value
(1) Federal income taxes				
(2)			<del> </del>	
(3)			<del> </del>	
(4)			<del> </del>	
(5)			<del> </del>	
<u>(6)</u>			<del> </del>	
173			1	

Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) 2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the X organization's liability for uncertain tax positions under FASB ASC 740. Check here if the text of the footnote has been provided in Part XIII

(8) (9)

Sche	dule D (Form 990) 2022 FELIX E. MARTIN JR. FOUNDATION, INC		26-2193468	Page
Par	t XI Reconciliation of Revenue per Audited Financial State	ments With Rever	nue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total revenue, gains, and other support per audited financial statements		1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:	1 1		
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
С	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII.)	1 4 - 1		
е	Add lines 2a through 2d		2e	
3	Subtract line 2e from line 1		3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)	4b		
С	Add lines 4a and 4b		4c	
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		5	
Pai	t XII Reconciliation of Expenses per Audited Financial State	ements With Expe	nses per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a.		
1	Total expenses and losses per audited financial statements		1	
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			
С	Other losses			
d	Other (Describe in Part XIII.)			
	Add lines <b>2a</b> through <b>2d</b>	·	2e	
3	Subtract line 2e from line 1			
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:			
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII.)			
	Add lines 4a and 4b		4c	
	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			
	T XIII Supplemental Information.			
	de the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; F	Part IV lines 1h and 2h	· Part V line 4· Part X line 2· Par	+ XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any		, r art v, iii c 4, r art X, iii c 2, r ar	t XI,
111103	20 and 40, and 1 at An, lines 20 and 40. Also complete this part to provide any	additional information.		
РАВТ	X, LINE 2:			
	Α, ΠΙΝΟ Δ.			
тнг	FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION	ON 501(C)(3)		
	TOOMDITION IS DALMIT INON THEBRING INCOME TIMES ONDER SHOTIC	511 501(0)(3)		
ח ידר	HE INTERNAL REVENUE CODE (CODE). ADDITIONALLY, THE FOUNDAT	TON HAS BEEN		
	IN INTERNAL REVENCE CODE (CODE), INDUITIONNELL, INDICONDITION	TON INTO BEEN		
הביתיבו	RMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE	FOUNDATION		
DETE	RMINED BI THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE	FOUNDATION		
WT MU	TN MUE CONMEYE OF CECHTON FOO/A) OF MUE CODE			
MIIU	IN THE CONTEXT OF SECTION 509(A) OF THE CODE.			
	, 100, 1010, 1	. DOGETHEONG		
WHEN	APPLICABLE, THE FOUNDATION RECOGNIZES UNCERTAIN INCOME TAX	X POSITIONS		
	G TWD "VODE 1 TWD V TWD			
USIN	G THE "MORE-LIKELY-THAN-NOT" APPROACH AS DEFINED IN THE ASC	. NO		
LIAB	ILLITY FOR UNCERTAIN TAX POSITIONS HAS BEEN RECORDED IN THE			
ACCO	MPANYING CONSOLIDATED FINANCIAL STATEMENTS.			

Schedule D (Form 990) 2022	FELIX E.	MARTIN JR.	FOUNDATION,	INC	26-2193468	Page 5
Schedule D (Form 990) 2022 Part XIII Supplemental Infor	mation (cor	ntinued)				<u> </u>

### SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

Attach to Form 990.

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

Open to Public

OMB No. 1545-0047

Inspection **Employer identification number** 

FELIX E. MART.	IN JR. FOUNDAT	TION, INC					26-2193468
Part I General Information on Grants a	nd Assistance						
1 Does the organization maintain records t	to substantiate the	amount of the grants	or assistance, the	grantees' eligibility	for the grants or assi	stance, and the selection	on
criteria used to award the grants or assis	stance?						No
2 Describe in Part IV the organization's pro	ocedures for monit						
Part II Grants and Other Assistance to					anization answered "\	es" on Form 990, Part	IV, line 21, for any
recipient that received more than	\$5,000. Part II can	be duplicated if addit	ional space is neede	ed.		_	
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
MUHLENBERG COUNTY BOARD OF							
EDUCATION - 510 W. MAIN STREET -							B EDUCATIONAL
POWDERLY, KY 42367	61-6001286	170(C)(1)	1,053,173.	0.			INSTITUTIONS
			,,				
OWENSBORO HEALTH REGIONAL HOSPITAL 1201 PLEASANT VALLEY RD							E21 COMMUNITY HEALTH
OWENSBORO, KY 42303	61-1286361	509(A)(1)	200,000.	0.			SYSTEMS
MUHLENBERG COUNTY FISCAL COURT PO BOX 137 GREENVILLE, KY 42345	61-6013034	170(C)(1)	126,953.	0.			1 GOVERNMENT ENTITY
,							F20 ALCOHOL DRUG AND
HOPE2ALL INC.							SUBSTANCE ABUSE
307 MOSE RAGER BLVD							DEPENDENCY PREVENTION &
DRAKESBORO, KY 42337	20-8274332	509(A)(1)	63,561.	0.			TREATMENT
CITY OF CENTRAL CITY 214 N 1ST ST CENTRAL CITY, KY 42330	61-6001800	170/0//1)	54,297.	0.			W PUBLIC SOCIETY BENEFIT
CENTRAL CITT, RT 42330	01-0001000	170(C)(1)	54,297.	0.			W FUBLIC SUCIETY BENEFIT
MUHLENBERG COUNTY HEALTH DEPARTMENT - PO BOX 148 - CENTRAL CITY KY 42330	61-1139436	170(C)(1)	48,000.	0.			E HEALTH-GENERAL & REHABILITATIVE
2 Enter total number of section 501(c)(3) a	l	1 1 1 1 1	- line 4 telele		1		21
3 Enter total number of other organizations	-						

Part II Continuation of Grants and Other A	Assistance to Doi	mestic Organizations	and Domestic Go	vernments (Sch	edule I (Form 990), Pa	rt II.)	raye
(a) Name and address of organization or government	<b>(b)</b> EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION OF LOUISVILLE							T PHILANTHROPY
DEPOSITORY - 325 W. MAIN SUITE							VOLUNTARISM AND
1110 - LOUISVILLE, KY 40202	31-1140889	509(A)(1)	43,000.	0.			GRANTMAKING
GREATER MUHLENBERG PARKS & RECREATION SYSTEM - PO BOX 169 -							
GREENVILLE, KY 42345	45-4955355	509(A)(1)	42,000.	0.			N32 PARKS AND PLAYGROUNDS
CITY OF GREENVILLE 118 COURT ST., PO BOX 289 GREENVILLE, KY 42345	61-6001834	170(C)(1)	30,633.	0.			W PUBLIC SOCIETY BENEFIT
,			,	-			
MUHLENBERG COUNTY 4-H COUNCIL 3690 ST. RT. 1380 CENTRAL CITY, KY 42330-5512	26-1433761	170(C)(1)	23,125.	0.			052 AGRICULTURAL YOUTH DEVELOPMENT
emining citt, at 12300 3312	20 1133701	270(07(27	25,125.	•			
MADISONVILLE COMMUNITY COLLEGE 100 SCHOOL AVENUE							B EDUCATIONAL
MADISONVILLE, KY 42431	61-1320380	170(C)(1)	19,250.	0.			INSTITUTIONS
MUHLENBERG COUNTY AIRPORT PO BOX 133							
GREENVILLE, KY 42345	61-1192622	170(C)(1)	13,250.	0.			W PUBLIC SOCIETY BENEFIT
MUHLENBERG EXTENSION ARTS ADVISORY COUNCIL - P.O. BOX 513 - POWDERLY,							
KY 42367	27-3112192	509(A)(2)	13,150.	0.			A26 ARTS COUNCIL/AGENCY
MUHLENBERG COMMUNITY THEATRE INC. PO BOX 76							
GREENVILLE, KY 42345	31-1087760	509(A)(2)	10,225.	0.			A65 THEATER
MUHLENBERG COUNTY HIGH SCHOOL BAND BOOSTER CLUB - PO BOX 519 -							
POWDERLY, KY 42367	61-1184135	509(A)(2)	10,000.	0.			B25 SECONDARY/HIGH SCHOOL

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NAACP OF MUHLENBERG COUNTY 226 W MAIN CROSS ST GREENVILLE, KY 42345	91-2157487	509(A)(1)	8,000.	0.			R20 CIVIL RIGHTS ADVOCAC
CITY OF POWDERLY 211 HILLSIDE DRIVE POWDERLY, KY 42367	61-1038155	170(C)(1)	7,550.	0.			W PUBLIC SOCIETY BENEFIT
PENNYRILE ALLIED COMMUNITY SERVICES INC PO BOX 549 - HOPKINSVILLE, KY 42241	61-0862133	509(A)(1)	7,400.	0.			S20 COMMUNITY/NEIGHBORHOOD DEVELOPMENT IMPROVEMENT
CLEATON MISSIONARY BAPTIST CHURCH PO BOX 52 CLEATON, KY 42332	61-1017636	RELIGIOUS ORGANI	6,900.	0.			X RELIGION SPIRITUAL DEVELOPMENT
PHILANTHROPY SOUTHEAST 100 PEACHTREE ST NW STE 2080 ATLANTA, GA 30303	56-0995114	509(A)(1)	6,005.	0.			T03 PROFESSIONAL SOCIETIES & ASSOCIATIONS
KENTUCKY SHAKESPEARE INC 616 MYRTLE STREET LOUISVILLE, KY 40208	61-6036654	509(A)(1)	5,010.	0.			A65 THEATER

Schedule I (Form 990) 2022 FELIX E. MARTIN JR.	FOUNDATION, IN	С			26-2193468	Page 2
Part III Grants and Other Assistance to Domestic Individ Part III can be duplicated if additional space is need	uals. Complete if the ed.	e organization answ	ered "Yes" on Form 9	990, Part IV, line 22.		
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncas	sh assistance
			(1)			
Part IV Supplemental Information. Provide the information	n required in Part I, lin	ie 2; Part III, columr	n (b); and any other ac	dditional information.		
PART I, LINE 2:						
ONCE GRANTS ARE AWARDED (AFTER APPLICATIONS ARE	REVIEWED AND SI	TTE VISITS				
ARE COMPLETED,) ANNUAL PROGRESS REPORTS ARE REQ	UIRED FROM THE					
ORGANIZATIONS. ALSO, DROP IN SITE VISITS ARE DO	NE.					

### SCHEDULE J (Form 990)

**Compensation Information** 

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

Attach to Form 990.

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

2022

OMB No. 1545-0047

Open to Public Inspection

Internal Revenue Service Name of the organization

Department of the Treasury

FELIX E. MARTIN JR. FOUNDATION, INC

Employer identification number

26-2193468

Pa	rt I Questions Regarding Compensation			
			Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	☐ Discretionary spending account ☐ Personal services (such as maid, chauffeur, chef)			
h	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
_	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
	trustees, and officers, including the OEO/Executive Director, regarding the items checked of fine has			
2	Indicate which, if any of the following the organization used to establish the compensation of the organization's			
3	Indicate which, if any, of the following the organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations  Approval by the board or compensation committee			
	During the year slid any mayor listed on Farm 000 Part VIII Coation A line to with magnet to the filing			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:	4-		х
a	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in or receive payment from a supplemental nonqualified retirement plan?	4b		X
С	Participate in or receive payment from an equity-based compensation arrangement?	4c		_ A
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
3	contingent on the revenues of:			
_	•	5a		х
	The organization?			x
D	Any related organization?  If "Yes" on line 5a or 5b, describe in Part III.	5b		
c	,			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	C-		х
	The organization?	6a		X
b	Any related organization?	6b		
_	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	_		v
_	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
	Regulations section 53 4958-6(c)?	l a	ĺ	I

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

Schedule J (Form 990) 2022

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that aren't listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W	V-2 and/or 1099-MIS	C and/or 1099-NEC	other deferred	(D) Nontaxable benefits		
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation			reported as deferred on prior Form 990
(1) ALYSSA MANNING	(i)	0.	0.	0.	0.	0.	0,	0.
PRESIDENT/SECRETARY	(ii)	142,174.	0.	0.	4,239.	7,597.	154,010.	0.
	(i)							
	(ii)							
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Part III   Supplemental Information
Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.
PART I, LINE 3:
THE RELATED ORGANIZATION USES THE FOLLOWING TO ESTABLISH COMPENSATION OF
THE CEO/EXECUTIVE DIRECTOR:
- COMPENSATION COMMITTEE
- FORM 990 OF OTHER ORGANIZATIONS
- COMPENSATION SURVEY OR STUDY
- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

## **SCHEDULE 0** (Form 990)

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 Form 990-EZ.

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

FELIX E. MARTIN JR. FOUNDATION, INC

Inspection **Employer identification number** 26-2193468

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
COUNTY, KENTUCKY BY PROVIDING SUPPORT TO QUALIFIED ORGANIZATIONS TO
MEET EDUCATIONAL, CIVIC AND CULTURAL NEEDS OF THE COUNTY, BOTH TODAY
AND FOR GENERATIONS TO COME.
FORM 990, PART III, LINE 4D, OTHER PROGRAM SERVICES:
COMMUNITY LEADERSHIP:
THE COMMUNITY LEADERSHIP PROGRAM IS DESIGNED TO SUPPORT LEADERSHIP
DEVELOPMENT OPPORTUNITIES FOR ORGANIZATIONS AND ADULTS AND WHO LIVE OR
WORK IN MUHLENBERG COUNTY, KY, AND HAVE DEMONSTRATED A COMMITMENT TO
MAKING A DIFFERENCE IN MUHLENBERG COUNTY.
EXPENSES \$ 19,950. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
GED LEARN & EARN:
THE FOUNDATION'S GED LEARN & EARN PROGRAM SUPPORTS MUHLENBERG RESIDENTS
WHO ARE ACTIVELY WORKING TO OBTAIN THEIR GED THROUGH MADISONVILLE
COMMUNITY COLLEGE'S ADULT EDUCATION CENTER (ACE2).
EXPENSES \$ 10,950. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.
MCC MARTIN SCHOLARS:
THE FOUNDATION'S MARTIN SCHOLARS PROGRAM SUPPORTS ADULT LEARNERS WITH
THEIR RETURN TO MADISONVILLE COMMUNITY COLLEGE TO COMPLETE THEIR
ASSOCIATES DEGREE.

Schedule O (Form 990) 2022 Page 2

Name of the organization **Employer identification number** FELIX E. MARTIN JR. FOUNDATION, INC 26-2193468 EXPENSES \$ 300. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. FORM 990, PART VI, SECTION B, LINE 11B: A DRAFT OF THE RETURN IS REVIEWED FIRST BY INTERNAL MANAGEMENT. AFTER INTERNAL MANAGEMENT HAS REVIEWED THE RETURN AND ANY CHANGES ARE MADE, A DRAFT IS PROVIDED TO THE ENTIRE BOARD. ONCE THE COMMENTS FROM THE BOARD ARE REVIEWED, THE FINAL DRAFT OF THE RETURN IS PREPARED AND SIGNED BY THE PRESIDENT. FORM 990, PART VI, SECTION B, LINE 12C: THE OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO SUBMIT A CONFLICT OF INTEREST STATEMENT ANNUALLY. THESE STATEMENTS ARE REVIEWED BY THE PRESIDENT. FORM 990, PART VI, SECTION B, LINE 15: THE ORGANIZATION DOES NOT HAVE ANY EMPLOYEES CURRENTLY; HOWEVER, THEY FOLLOW THE POLICIES AND PROCEDURES FOR DETERMINING COMPENSATION AS ESTABLISHED BY THE COMMUNITY FOUNDATION OF LOUISVILLE (CFL). CFL HAS A COMPENSATION COMMITTEE THAT ANNUALLY REVIEWS INDUSTRY SURVEY INFORMATION TO DETERMINE A FAIR AND REASONABLE COMPENSATION FOR THE OFFICERS AND KEY EMPLOYEES. A REVIEW/COMPENSATION COMMITTEE COMPRISED OF FELIX E. MARTIN JR. FOUNDATION BOARD MEMBERS REVIEWS CFL'S COMPENSATION RECOMMENDATIONS AND WORKS WITH CFL'S CEO TO SET THE COMPENSATION RATES. COMPENSATION FOR ALL KEY EMPLOYEES IS THEN APPROVED BY THE BOARD OF THE FELIX E. MARTIN JR. FOUNDATION. FORM 990, PART VI, SECTION C, LINE 19:

THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS, CONFLICT OF INTEREST

Schedule O (Form 990) 2022 Page 2 Name of the organization **Employer identification number** FELIX E. MARTIN JR. FOUNDATION, INC 26-2193468 POLICY, AND GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST. FORM 990, PAGE 12, PART XII LINE 2C THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR. FELIX E. MARTIN JR. FOUNDATION, INC. IS AUDITED AS PART OF THE COMMUNITY FOUNDATION OF LOUISVILLE, INC. COMBINED GROUP. FELIX E. MARTIN JR. FOUNDATION, INC. IS INCLUDED IN THE COMMUNITY FOUNDATION OF LOUISVILLE, INC. AND AFFILIATES COMBINED FINANCIAL STATEMENTS. THE COMMUNITY FOUNDATION OF LOUISVILLE, INC. HAS AN AUDIT/FINANCE COMMITTEE THAT OVERSEES THE AUDIT OF THE FINANCIAL STATMENTS AND THE SELECTION OF THE INDEPENDENT AUDITOR FOR THE COMBINED GROUP.

#### **SCHEDULE R** (Form 990)

Name of the organization

Related Organizations and Unrelated Partnerships
Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37. Attach to Form 990.

Department of the Treasury Internal Revenue Service

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

OMB No. 1545-0047

Open to Public Inspection

**Employer identification number** 

FELIX E. MARTIN JR. F	26-2193468					
Part I Identification of Disregarded Entities. Complete	e if the organization answered "Yes"	on Form 990, Part IV, line 33	3.			
(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state of foreign country)	r Total incor	me End-of-year a	ssets Direct o	<b>(f)</b> ontrolling ntity
Part II Identification of Related Tax-Exempt Organizations during the tax year.	tions. Complete if the organization a	nswered "Yes" on Form 990	, Part IV, line 34, b	ecause it had one o	r more related tax-exe	npt
(a) Name, address, and EIN	(b) Primary activity	(c) Legal domicile (state or	(d) Exempt Code	(e) Public charity	(f) Direct controlling	(g) Section 512(b)(13)

(a)  Name, address, and EIN  of related organization	<b>(b)</b> Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr enti	olled
				501(c)(3))		Yes	No
THE COMMUNITY FOUNDATION OF LOUISVILLE					COMMUNITY		
CORPORATE DEPOSITORY, INC 61-11009, 325	FACILITATE INDIVIDUAL				FOUNDATION OF		
W. MAIN STREET, STE 1110, LOUISVILLE, KY	DONORS' CHARITABLE GIVING	KENTUCKY	501(C)(3)	7	LOUISVILLE, INC.		Х
THE COMMUNITY FOUNDATION OF LOUISVILLE					COMMUNITY		
DEPOSITORY, INC 31-1140889, 325 W. MAIN	FACILITATE INDIVIDUAL				FOUNDATION OF		
STREET, STE 1110, LOUISVILLE, KY 40202	DONORS' CHARITABLE GIVING	KENTUCKY	501(C)(3)	7	LOUISVILLE, INC.		X
THE COMMUNITY FOUNDATION OF LOUISVILLE, INC.							
- 31-0997017, 325 W. MAIN STREET, STE 1110,	FACILITATE INDIVIDUAL						
LOUISVILLE, KY 40202	DONORS' CHARITABLE GIVING	KENTUCKY	501(C)(3)	7	N/A		Х
THE REAL ESTATE ASSET LEGACY FOUNDATION OF	TYPE I SUPPORTING				COMMUNITY		
KENTUCKY, INC 26-2417672, 325 W. MAIN	ORGANIZATION - MAINTAIN				FOUNDATION OF		
STREET, STE 1110, LOUISVILLE, KY 40202	AND RECEIVE CONTRIBUTIONS	KENTUCKY	501(C)(3)	11 TYPE 1	LOUISVILLE, INC.		Х

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

Schedule R (Form 990) 2022

Part II Continuation of Identification of Related Tax-Exempt Organizations

(a)  Name, address, and EIN  of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section	(f) Direct controlling entity	Section 5 contr organiz	rolled
				501(c)(3))		Yes	No
LOUISVILLE PRESERVATION FUND, INC	TYPE I SUPPORTING				COMMUNITY		
46-2871014, 323 W. BROADWAY, SUITE 700,	ORGANIZATION - MAINTAIN				FOUNDATION OF		
LOUISVILLE, KY 40202	AND RECEIVE CONTRIBUTIONS	KENTUCKY	501(C)(3)	11 TYPE 1	LOUISVILLE, INC.		Х
	_						

		0 11 20 1	"	D . N . II . O .		
Dort III Ide	entification of Related Organizations Taxable as a Partnership.	Complete if the organization answered	"Yes" on Form 990	, Part IV, line 34,	because it had one or r	more related
org	ganizations treated as a partnership during the tax year.					

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total	Share of end-of-year assets	Disprop	ortionata	Code V-UBI	General c	Percentage
		country)		sections 512-514)			Yes	No	K-1 (Form 1065)	Yes No	<u> </u>
				1					1		

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a)	(b)	(c)	(d)	(e)	(f)	(g)	(h)	(	i)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Type of entity (C corp, S corp, or trust)	Share of total income	Share of end-of-year assets	Percentage ownership		tion b)(13) rolled tity?
		country)		ŕ				Yes	No
	1								
	]								
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	1								
	1								

Note: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

Yes No

Part V Transactions With Related Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

a Recipit of (i) interest, (ii) annuities, (iii) noyalties, or (iv) rent from a controlled entity  b Gift, grant, or capital contribution to related organization(s)  c Gift, grant, or capital contribution to related organization(s)  d Loans or loan guarantees to or for related organization(s)  t Loans or loan guarantees by related organization(s)  f Dividends from related organization(s)  g Sale of assets to related organization(s)  f Dividends from related organization(s)  g Sale of assets to related organization(s)  f Purchase of assets with related organization(s)  f Purchase of assets with related organization(s)  g Sale of assets with related organization(s)  f Lease of facilities, equipment, or other assets to related organization(s)  k Lease of facilities, equipment, or other assets to related organization(s)  g Performance of services or membership or fundraising solicitations for related organization(s)  m Performance of services or membership or fundraising solicitations for related organization(s)  g Palmbursement paid to related organization(s) for expenses  g Reimbursement paid to related organization(s) for expenses  g Reimbursement paid to related organization(s) for expenses  lip W X  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.    V
c Gift, grant, or capital contribution from related organization(s) d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets to related organization(s) f Exchange of assets the related organization(s) f Exchange of assets with related organization(s) f Purchase of assets to related organization(s) f Exchange of assets with related organization(s) f Exchange of assets with related organization(s) f Exchange of assets with related organization(s) f Performance of services or membership or fundraising solicitations for related organization(s) f Performance of services or membership or fundraising solicitations for related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations for related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations for related organization(s) f Performance of services or membership or fundraising solicitations for related organization(s) f Performance of services or membership or fundraising solicitations for related organization(s) f Performance of services or membership or fundraising solicitations for related organization(s) f Performance of services or membership or fundraising solicitations for related organization(s) f Performance of services or membership or fundraising solicitations for related organization(s) f Performance of services or membership or fundraising solicitations for related organization(s) f Performance of services or membership or fundraising solicitations for related organization(s) f Performance of service
d Loans or loan guarantees to or for related organization(s) e Loans or loan guarantees by related organization(s) f Dividends from related organization(s) f Dividends from related organization(s) f Purchase of assets to related organization(s) f Purchase of assets from related organization(s) f Exchange of assets with related organization(s) f Exchange of facilities, equipment, or other assets from related organization(s) f Performance of services or membership or fundraising solicitations for related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations by related organization(s) f Performance of services or membership or fundraising solicitations for related organization(s) f Performance of services or membership or fundraising solicitations for related organization(s) f Performance of services or membership or fundraising solicitations for related organization(s) f Performance of services or membership or fundraising solicitations for related organization(s) f Performance of service
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f Dividends from related organization(s) g Sale of assets to related organization(s) h Purchase of assets from related organization(s) i Exchange of assets with related organization(s) j Lease of facilities, equipment, or other assets to related organization(s) i Performance of services or membership or fundraising solicitations for related organization(s) i Performance of services or membership or fundraising solicitations by related organization(s) in Sharing of facilities, equipment, analing lists, or other assets with related organization(s) in Sharing of facilities, equipment, analing lists, or other assets with related organization(s) in Sharing of paid employees with related organization(s) in Sharing of facilities, equipment, mailing lists, or other assets to related organization(s) in Sharing of facilities, equipment, and sharing the
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j Lease of facilities, equipment, or other assets to related organization(s)  k Lease of facilities, equipment, or other assets from related organization(s)  l Performance of services or membership or fundraising solicitations for related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  n Sharing of paid employees with related organization(s)  p Reimbursement paid to related organization(s) for expenses  q Reimbursement paid by related organization(s) for expenses  q Reimbursement paid by related organization(s) for expenses  q Rother transfer of cash or property to related organization(s)  s Other transfer of cash or property from related organization(s)  1
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Performance of services or membership or fundraising solicitations for related organization(s)  m Performance of services or membership or fundraising solicitations by related organization(s)  n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  n Sharing of paid employees with related organization(s)  p Reimbursement paid to related organization(s) for expenses  q Reimbursement paid by related organization(s) for expenses  r Other transfer of cash or property to related organization(s)  s Other transfer of cash or property form related organization(s)  1
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m Performance of services or membership or fundraising solicitations by related organization(s)  n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)  n Sharing of paid employees with related organization(s)  p Reimbursement paid to related organization(s) for expenses  q Reimbursement paid by related organization(s) for expenses  r Other transfer of cash or property to related organization(s)  s Other transfer of cash or property from related organization(s)  1
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s Other transfer of cash or property from related organization(s)  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
s Other transfer of cash or property from related organization(s)  If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.
Name of related organization Transaction Amount involved Method of determining amount involved
type (a-s)
1)
2)
3)
4)
5)
6)
32163 09-14-22 Schedule R (Form 990) 2022

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	Are all partners sec. 501(c)(3) orgs.?  Yes No	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocation Yes N	General of managing partner?  Yes No	(k) r Percentage ownership