EXTENDED TO MAY 17, 2021

(Rev. January 2020) Department of the Treasury Internal Revenue Service

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

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

Open to Public Inspection

Taxexempt status:	A Fo	r the 20	019 calendar year, or tax year beginning ປັ	JL 1, 2019 and	ending J	UN 30, 2020		
Number of voting members of the governing body (Part VI, line 1b) Secretary Secretar	B Che	eck if blicable:	C Name of organization			D Employer iden	tification number	
Number of voting members of the governing body (Part VI, line 1b) Secretary Secretar	\Box	Address	FELIX E. MARTIN JR. FOUNDATION I	NC				
Number and street (of P.O. box if mail is not delivered to street address) Room/suite E Telephone number 502-562-7505		Name				26-2193468	}	
Section Sect		Initial		ivered to street address)	Room/suite			
City or town, state or province, country, and ZIP or foreign postal code Action Country City or town, state or province, country, and ZIP or foreign postal code Action City or town, state or province, country, and ZIP or foreign postal code Action City or town, state or province, country, and ZIP or foreign postal code Action City or town, state or province, country, and ZIP or foreign postal code Action City or town, state or province, country, and ZIP or foreign postal code Action City or town, state or province, country, and ZIP or foreign postal code Action City or town, state or province, country, and ZIP or foreign postal code Action City or town, state or province, country, and ZIP or foreign postal code Action City or town, state or province, country, and ZIP or foreign postal code Action City or town, state or province, country, and ZIP or foreign postal code Action City or town, state or province, country, and ZIP or foreign postal code Action City or town, state or province, country, and ZIP or foreign postal code Action City or town, state or province, country, and ZIP or foreign postal code Action City or town, state or province City or town, state or province City or town, state or province City or town City or Cit	F	Final	•	,				
COUISVILLE, KY 40202	t	termin-						362.
F Name and address of principal officer:ALYSSA MANNING SAME AS C ABOVE Ves No.		Amended		c. :c.o.g.: pcc.a. ccac				
Taxexempt status: X S01(c)(3) S01(c) M (insert no.) 4947(a)(1) or S27 M(insert no.) M(insert n			,	SA MANNING				No
Taxexempt status: X 501(c)(3) 501(c)()	þ	pending						No
Website: WWW.FELIXMARTINFOUNDATION.ORG	I Ta:	x-exem	ot status: X 501(c)(3) 501(c) ()		or 527	7 ' '		
Part Summary						-	•	,
1 Briefly describe the organization's mission or most significant activities: THE FELIX E. MARTIN JR. FOUNDATION SEEKS TO ENRICH THE LIVES OF THE CITIZENS OF MUHLENBERG 2 Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. 3 Number of voting members of the governing body (Part VI, line 1a) 3 4 Number of independent voting members of the governing body (Part VI, line 1b) 4 5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 6 Total number of volunteers (estimate if necessary) 6 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7 a (C) 7 a (C) 7 a Total unrelated business taxable income from Form 990-T, line 39 Prior Year Current Year Prior Year Current	K For	rm of org	ganization: x Corporation Trust As	sociation Other	L Year			e: KY
FOUNDATION SEEKS TO ENRICH THE LIVES OF THE CITIZENS OF MUHLENBERG Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) Number of independent voting members of the governing body (Part VI, line 1b) Number of independent voting members of the governing body (Part VI, line 1b) Total number of volunteers (estimate if necessary) Total number of volunteers (estimate if necessary) Net unrelated business revenue from Part VIII, column (C), line 12 b Net unrelated business taxable income from Porm 990-T, line 39 Contributions and grants (Part VIII, line 1h) Prior Year Current Year Current Year Current Year Current Year Current Year 10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 Investment income (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 12 Total revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 13 Grants and similar amounts paid (Part IX, column (A), line 12) 14 Benefits paid to or for members (Part IX, column (A), line 4) 15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 16 Professional fundraising fees (Part IX, column (A), line 25) 17 Other expenses (Part IX, column (A), line 25) 18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 19 Revenue less expenses. Subtract line 18 from line 12 -2, 655, 099, 457, 145	Par	t I S	ummary				•	
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19 Revenue less expenses. Subtract line 18 from line 12								
Beginning of Current Year End of Year	_ o	19 Re	venue less expenses. Subtract line 18 from line	12				165.
#=	ts ol				Be			668
20 Total assets (Part X, line 16) 63,126,775. 59,689,667	Bala		, , , , , , , , , , , , , , , , , , , ,					
21 Total liabilities (Part X, line 26) 5,229,008. 1,536,465	Ind A							
22 Net assets or fund balances. Subtract line 21 from line 20	Z⊈ 2			line 20		57,897,76	07. 58,153,	202.
Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is				including accompanying echodulo	e and etatom	onte and to the heet of	f my knowledge and helief	it ic
true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.							in my knowledge and beller,	, 11 13
Table, correct, and complete. Declaration of preparer (other than officer) is based on an information of which preparer has any knowledge.	11 110, 00	orroot, a	The complete. Declaration of preparer (other than office	n j is based on an information of wi	ποιτ ρι οραι σι	Thas any knowledge.		
Sign Signature of officer Date	Sian		Signature of officer			I Date		
Here ALYSSA MANNING, PRESIDENT			ALYSSA MANNING PRESIDENT					
Type or print name and title	Here							
Print/Type preparer's name Preparer's signature Date Check PTIN		Pr		Prenarer's signature		Date Check	PTIN	
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Preparer Firm's name MCM CPAS & ADVISORS LLP Firm's EIN 27-1235638			<u>'</u>		<u> </u>	1 1 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2 2	ipioyou	
Use Only Firm's address 462 S. FOURTH ST., SUITE 2600				2600		7 IIIII 3 EIIV		
LOUISVILLE, KY 40202-3445 Phone no.(502)749-1900		"				Phone no (502)749-1900	
	May t	he IRS				11 110110 110.1		No

Pa	rt III 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
3		I TES III 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 b	
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total	expenses, and
	revenue, if any, for each program service reported.	
4a	(Code:) (Expenses \$1,177,359. including grants of \$1,142,495.) (Revenue \$)
	GRANTS GIVEN TO CHARITABLE AND GOVERNMENTAL ORGANIZATIONS TO ENRICH THE	
	LIVES OF THE CITIZENS IN MUHLENBERG COUNTY.	
	9	
4b	(Code:) (Expenses \$ 127 , 159 . including grants of \$) (Revenue \$)
	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.	
	ETTEMOT.	
4c	(Code:) (Expenses \$) (Revenue \$))
	POST-SECONDARY SUCCESS:	
	THE FOUNDATION'S POST-SECONDARY SUCCESS PROGRAM (MUHLENBERG ACHIEVES)	
	STRIVES TO INCREASE EDUCATIONAL ATTAINMENT OUTCOMES FOR MUHLENBERG	
	COUNTY STUDENTS, PROVIDING PROGRAMS AND RESOURCES WHICH SUPPORT	
	STUDENTS THROUGH THEIR TRANSITION FROM HIGH SCHOOL TO HIGHER EDUCATION.	
4d	Other program services (Describe on Schedule O.)	
	(Expenses \$ 19,871. including grants of \$) (Revenue \$)
4e	Total program service expenses ▶ 1,362,294.	
		Form 990 (2019)

26-2193468

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?	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 Revenue Procedure 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, 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,	١	١	
	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		Х
С	Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total	44.		x
a	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII 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	11c		_ A
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
۵	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	Х	<u> </u>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	110		
·	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? 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	17		Х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			.,
40	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,"	4.0		₩
00-	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or	20b		
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

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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			
20	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23		x
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	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		<u> </u>
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u> </u>
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			1
	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			1
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If</i> "Yes," <i>complete Schedule L, Part II</i>	26		х
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
21	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			1
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		x
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If			
	"Yes," complete Schedule L, Part IV	28a		х
b	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	28b		Х
С	A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? If			
	"Yes," complete Schedule L, Part IV	28c		Х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		Х
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			x
22	Schedule N, Part II Did the organization own 100% of an entity disregarded as separate from the organization under Regulations	32		
33	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			
٠.	Part V, line 1	34	х	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		<u> </u>
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 in Schedule O for Part VI, lines 11b and 19?	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule 0 t V Statements Regarding Other IRS Filings and Tax Compliance	30	21	
	Check if Schedule O contains a response or note to any line in this Part V			
	· · · · · · · · · · · · · · · · · · ·		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b			
С	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c	Х	<u> </u>

932004 01-20-20

26-2193468

Form 990 (2019) FELIX E. MARTIN JR. FOUNDATION, INC Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

2a Inter the number of amployees reported on Form W-3, Transmittal of Wage and Tax Statements, 2a Interest, 166 for the calendary year anding with or within the year covered by this ratum. b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Where It this sum of lines 1s and 2a is greater than 250, you may be required for the Privacy of the Control of the Contro					Yes	No
field for the calendary year ending with or within the year covered by this return.	22	Enter the number of employees reported on Form W.3. Transmittal of Wage and Tay Statements	1		res	No
b If a least one is reported on line 2a, did the organization file all required federal employment tax returns? Note: If this sum of lines 1 and 2a is greater than 250, you may be required to A-file (see instructions) 3a Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a Did the organization have an unrelated business gross income of \$1,000 or more during the year? 3b Did 17 vs. 1 vita is titled a Form 900 of the 19 vs. 10 vs. 20 p. provides an explanation on Schedule O 3c Did 17 vs. 1 vita is titled a Form 900 of the 19 vs. 20 p. provides an explanation on Schedule O 3c Did 17 vs. 1 vita is the 14 or more 900 of the 19 p. provides an explanation on Schedule O 3c Did 17 vs. 1 vita is the 14 p. p. 10 vs. 1 v	Zu	· · · · · · · · · · · · · · · · · · ·	2 a 0			
Note: if the sum of lines 14 and 26 is greater than 250, you may be required to e-file (see instructions) 3a	b	· · · · · · · · · · · · · · · · · · ·		2h		
3a Dit the organization have unrelated business gross income of \$1,000 or more during the year? 4b if 11''es', 'instant at filled a Form 930-Tor this year? I'wo' to line 93, provides an explanation on Schedule O 5b if 11''es', 'instant in a filled a Form 930-Tor this year? I'wo' to line 93, provides an explanation on Schedule O 5c instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial accountly of the foreign country (such as a bank account, securities account, or other financial accounts (FBAR). 5c instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5c instructions for the organization that it was or is a party to a prohibited tax shelter transaction? 5c instruction in the second property for the organization for the organization for the organization for explanation form for explanation for explanation form for explanation for expla	-					
b If "Yes," has it flield a Form 990.T for this year? If "No" to line 3b, provide an explanation on Schedule O 4 At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 5 b If "Yes," enter the name of the foreign country 5 See instructions for fling requirements for FincEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR). 5 Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5 D Id any taxabile party norify the organization that it was or is a party to a prohibited tax shelter transaction? 5 D IV "Yes" to line Sa or 5b, did the organization file Form 888817? 5 Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6 D If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 7 Organizations that may receive deductible contributions under section 170(c). 8 D If the organization receive a payment in excess (57 made party as a contribution and party for goods and services provided to the payor? 5 D If the "Yes," include the number of Forms 8282 flied during the year 5 D If the "Yes," include the number of Forms 8282 flied during the year 6 D If the organization received a contribution of qualified intellectual property, did the organization flie a Form 1088-C? 7 D If the organization received a contribution of qualified intellectual property, did the organization flie a Form 1088-C? 7 D If the organization received a contribution of a cas, boats, airplanes, or other vehicles, did the organization flie a Form 1088-C? 8 Sponsoring organization have excess business holdings at any time during the year 9 If If yes, "enter the amount of tax	За			За		х
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f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? g If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? h If the organization received a contribution of qualified intellectual property, did the organization file a Form 1098-C? 8 Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 9 Sponsoring organizations maintaining donor advised funds. a Did the sponsoring organization make any taxable distributions under section 4966? b Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9 Sponsoring organizations. Enter: a Initiation fees and capital contributions included on Part VIII, line 12 b Gross income from members or shareholders 110 Section 501(c)(7) organizations. Enter: a Gross income from members or shareholders b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them) 112 Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 115 Section 501(c)(29) qualified nonprofit health insurance issuers. a Is the organization is licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans in more than one state? Note: See the instructions for additional information the organization must report on Schedule O. b It for the amount of reserves on hand 13c	d	· · · · · · · · · · · · · · · · · · ·				
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If "Yes," complete Form 4720, Schedule O.						
	16		t income?	16		Х
Form 990 (201)		If "Yes," complete Form 4720, Schedule O.		Fa	000	(2010

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			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	7		
	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.			
h	Enter the number of voting members included on line 1a, above, who are independent 1b	7		
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			
3	of officers, directors, trustees, or key employees to a management company or other person?	3		x
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		х
5		5		x
_	Did the organization become aware during the year of a significant diversion of the organization's assets?	6		X
6	Did the organization have members or stockholders?	-		Α
/a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or	7-		x
	more members of the governing body? Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or	7a		_ A
D		76		x
•	persons other than the governing body?	7b		
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		v	
	The governing body?	8a	X	
	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			
<u> </u>	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.)		.,	
40		40	Yes	No x
	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	- 77	
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	40	v	
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	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		37	
	in Schedule O how this was done	12c	X	
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?			
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		Х
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			
	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		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed KY			
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	3)s only) avail	able
	for public inspection. Indicate how you made these available. Check all that apply.			
	Own website Another's website W 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, are	nd finar	ncial	
	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			
	TOMMY REYNOLDS - 502-855-6950			
	325 W MAIN CODERY CHITTE 1110 LOHICUTLLE KV 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 instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.

ot 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 directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

(A)	(B)			((C)			(D)	(E)	(F)
Name and title	Average hours per week	box	not c , unle	heck ss pe	rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) C. DENNIS RIGGS	1.00									
CHAIR OF THE BOARD (TERM ENDED 12/31		Х		Х				6,250.	0.	0.
(2) PAUL SHULTE	2.00									
CHAIR OF THE BOARD		Х		Х				0.	0.	0.
(3) MIMI ZINNIEL	1.00									
VICE CHAIR OF THE BOARD		Х		Х				0.	0.	0.
(4) PEGGY WILLIAMS	1.00									
SECRETARY		Х		Х				0.	0.	0.
(5) GARY CARVER	1.00									
MEMBER AT LARGE		Х						0.	0.	0.
(6) SARA HEMINGWAY	1.00									
MEMBER AT LARGE		Х						0.	0.	0.
(7) BARBIE HUNT	1.00									
MEMBER AT LARGE		Х						0.	0.	0.
(8) MARK CAMPISANO	1.00									
MEMBER AT LARGE		Х						0.	0.	0.
(9) ALYSSA MANNING	40.00									
PRESIDENT				Х				0.	104,627.	13,938.
	İ.									

	(A) Name and title	Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from	e Estimion amou			of		
		(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)	organization (W-2/1099-MIS		fr org an	pensa rom th aniza d rela anizat	ne tion ted
1b	Subtotal	<u> </u>			<u> </u>				6,250.	104,	627.		13	,938.
	Total from continuation sheets to Part V								0.		0.			0.
	Total (add lines 1b and 1c)								6,250.	104,			13	,938.
2	Total number of individuals (including but compensation from the organization	not limited to th	ose	liste	ed al	bov	e) w	ho r	eceived more than \$100	0,000 of reportab	le			0
	compensation from the organization												Yes	No
3	Did the organization list any former officer			кеу е	emp	loye	e, o	r hig	ghest compensated emp	oloyee on				
	line 1a? If "Yes," complete Schedule J for											3		Х
4	For any individual listed on line 1a, is the s	•		-					•	-		4		x
5	and related organizations greater than \$15 Did any person listed on line 1a receive or											4		
J	rendered to the organization? If "Yes," con					-			-			5		х
Sec	tion B. Independent Contractors	'												
1	Complete this table for your five highest co										npens	ation 1	from	
	the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	/ithir		year.				
	(A) Name and business	s address	NO:	NE					(B) Description of s	services	С)) ompe		on
			110						<u> </u>			•		
2	Total number of independent contractors		ot li	mite	d to			stec	d above) who received n	nore than				
	\$100,000 of compensation from the organ	ization >					0					Eowa-	990	(2019)
												⊢orm	IJ U (.ZU 19)

932008 01-20-20

Part VIII Statement of Revenue

			Check if Schedule O	conta	ains a resi	onse	or note to any lir	ne in this Part VIII			
							,	(A)	(B)	(C)	(D)
								Total revenue	Related or exempt	Unrelated	Revenue excluded
									function revenue	business revenue	from tax under sections 512 - 514
σω					<u> </u>	1					000110110 0 12 0 1 1
II i			Federated campaigns								
اع ق			Membership dues								
Ts,			Fundraising events			_					
Contributions, Gifts, Grants and Other Similar Amounts		d	Related organizations		1d						
in,		е	Government grants (contr	ibuti	ons) 1e						
후		f	All other contributions, gifts,	grant	s, and						
			similar amounts not included	abov	/e 1f						
당		g	Noncash contributions included in	lines	1a-1f 1g	\$					
a S		h	Total. Add lines 1a-1f								
							Business Code				
o l	2	а									
اء <u>ج</u>		b									
Ser							-				
ΕĒ		c									
gra Re		d									
Program Service Revenue		e									
_			All other program service								
_		g	Total. Add lines 2a-2f								
	3		Investment income (include								
			other similar amounts)					1,576,470.			1,576,470.
	4		Income from investment of		-	-					
	5		Royalties								
					(i) Re	al	(ii) Personal				
	6	а	Gross rents	6a							
		b	Less: rental expenses	6b							
		С	Rental income or (loss)	6с							
		d	Net rental income or (loss)	<u> </u>							
			Gross amount from sales of		(i) Secu		(ii) Other				
			assets other than inventory	7a	15,652	.892.					
		h	Less: cost or other basis		,	<u>. </u>					
ē		_	and sales expenses	7h	14,864	848.					
eu		_	Gain or (loss)	70	788	,044.					
Revenue			Net gain or (loss)					788,044.			788,044.
F			Gross income from fundraising			···		700,011.			700,011.
)ther	ŏ	а		iy ev							
0			including \$		of						
			contributions reported on		,						
			Part IV, line 18								
			Less: direct expenses								
			Net income or (loss) from		-		<u></u>				
	9	а	Gross income from gamin								
			Part IV, line 19			. 9a					
		b	Less: direct expenses			. 9b					
		С	Net income or (loss) from	gami	ing activit	ies	<u></u>				
	10	а	Gross sales of inventory, I	ess i	returns						
			and allowances			10a					
		b	Less: cost of goods sold								
			Net income or (loss) from			. ட					
			/				Business Code				
on «	11	а									
ng a		b									
S S		c									
Miscellaneous Revenue			All other revenue								
≥			Total. Add lines 11a-11d								
	12	_	Total revenue. See instruction					2,364,514.	0.	0.	2,364,514.

932009 01-20-20

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).

Do	Check if Schedule O contains a respon not include amounts reported on lines 6b,	(A)	(B)	(C)	(D)
	8b, 9b, and 10b of Part VIII.	Total expenses	Program service expenses	Management and general expenses	Fundráising expenses
1	Grants and other assistance to domestic organizations			·	
	and domestic governments. See Part IV, line 21	1,142,495.	1,142,495.		
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	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees	6,250.		6,250.	
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management	294,414.		294,414.	
b	Legal				
С	Accounting	850.		850.	
d	Lobbying				
е	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	201,166.		201,166.	
g	Other. (If line 11g amount exceeds 10% of line 25,				
	column (A) amount, list line 11g expenses on Sch 0.)	45,591.	22,796.	22,795.	
12	Advertising and promotion	1,359.	1,359.		
13	Office expenses	954.	477.	477.	
14	Information technology				
15	Royalties				
16	Occupancy	3,920.	1,960.	1,960.	
17	Travel	9,978.	4,989.	4,989.	
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	4,084.	2,042.	2,042.	
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4,905.		4,905.	
23	Insurance	920.	460.	460.	
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 0.)				
а	EARLY CHILD DEVELOPMENT	127,159.	127,159.		
b	POST SECONDARY SUCCESS	37,905.	37,905.		
С	GED LEARN & EARN	7,775.	7,775.		
d	MCC MARTIN SCHOLARS	6,500.	6,500.		
е	All other expenses	11,124.	6,377.	4,747.	
25	Total functional expenses. Add lines 1 through 24e	1,907,349.	1,362,294.	545,055.	(
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)				

Form 990 (2019)
Part X Balance Sheet

8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses 9 Pre							
1		Check if Schedule O contains a response or not	te to an	y line in this Part X		<u></u>	
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10b 39,081. 97,415. 10c 92,55 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 15 Other assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 19 Deferred revenue 19 Deferred revenue 20 Tax-exempt bond liabilities 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 2 Savings and temporary and 4 4 Accounts payable and accrued texpense Add fines 1 through 15 (must equal line 3) 2 Deferred revenue 3 Escrow or custodial account liability. Complete Part IV of Schedule D 3 Escrow or custodial account liability. Complete Part IV of Schedule D 4 Deferred revenue					(A) Beginning of year		
2 Savings and temporary cash investments 3 Pledges and grants receivable, net 4 Accounts receivable, net 5 Loans and other receivables from 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 Notes and loans receivable, net 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 131,592. b Less: accumulated depreciation 10b 39,081. 97,415. 10c 92,53. 11 Investments - publicly traded securities 62,373,794. 11 59,097,13. 12 Investments - other securities. See Part IV, line 11 13 Investments - other securities. See Part IV, line 11 14 Intangible assets 14 Intangible assets 15 Other assets. Add lines 1 through 15 (must equal line 33) 63,126,775. 16 59,689,61 17 Accounts payable and accrued expenses 77,517. 17 84,81 18 Grants payable 5 Intangible account liabilities 20 Tax-exempt bond liabilities 20 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Escrow or custodial account liability. Complete Part IV of Schedule D	1	Cash - non-interest-bearing			630,566.	1	0.
3 Pledges and grants receivable, net 3 4	2				•	2	
4 Accounts receivable, net 5 Loans and other receivables from 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 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Notes and loans receivable, net 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 131,592. b Less: accumulated depreciation 10b 39,081. 97,415. 10c 92,5: 11 Investments - publicity traded securities 62,373,794. 11 59,097,1: 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 144 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 63,126,775. 16 59,689,68 17 Accounts payable and accrued expenses 77,517. 17 84,88 18 Grants payable 5,151,491. 18 1,435,8: 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21	3					3	
5 Loans and other receivables from 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 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 25,000. 7 500,01 8 Inventories for sale or use 8 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a 131,592. b Less: accumulated depreciation 10b 39,081. 97,415. 10c 92,5: 11 Investments - publicity traded securities 62,373,794. 11 59,097,1: 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 114 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 63,126,775. 16 59,689,60 17 Accounts payable and accrued expenses 777,517. 17 84,8: 18 Grants payable 5,151,491. 18 1,435,8: 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21	4					4	
Controlled entity or family member of any of these persons 5	5						
Fig. 1 Coans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 7 Notes and loans receivable, net 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a 131,592. b Less: accumulated depreciation 10b 39,081. 97,415. 10c 92,53. 11 Investments - publicly traded securities 12 Investments - other securities. See Part IV, line 11 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 15 Other assets. See Part IV, line 11 16 Total assets. Add lines 1 through 15 (must equal line 33) 17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 17 Accounts payable and accrued expenses 18 Grants payable 20 Tax-exempt bond liabilities 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Escrow or custodial account liability. Complete Part IV of Schedule D		-					
under section 4958(f)(1)), and persons described in section 4958(c)(3)(B) 6 7 Notes and loans receivable, net 25,000, 7 500,00 8 Inventories for sale or use 9 9 Prepaid expenses and deferred charges 9 10a Land, buildings, and equipment: cost or other basis. Complete Part IV of Schedule D 10a 131,592. b Less: accumulated depreciation 10b 39,081. 97,415. 10c 92,53 11 Investments - publicly traded securities 62,373,794. 11 59,097,11 12 Investments - program-related. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 14 Intangible assets 114 15 Other assets. See Part IV, line 11 15 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 63,126,775. 16 59,689,68 17 Accounts payable and accrued expenses 77,517. 17 84,83 18 Grants payable 5,151,491. 18 1,435,83 19 Deferred revenue 19 Deferred revenue 20 Tax-exempt bond liabilities 20 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21		controlled entity or family member of any of the	se pers	ons		5	
7 Notes and loans receivable, net 25,000. 7 500,00 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses 9 Prepaid expenses 10a Land, buildings, and equipment: cost or other basis. Complete Part IV, line 1 10a 131,592.	6	Loans and other receivables from other disqual	ified pe	rsons (as defined			
7 Notes and loans receivable, net 25,000. 7 500,00 8 Inventories for sale or use 9 Prepaid expenses and deferred charges 9 Prepaid expenses 9 Prepaid expenses 10a Land, buildings, and equipment: cost or other basis. Complete Part IV, line 1 10a 131,592.		under section 4958(f)(1)), and persons describe	d in sec	ction 4958(c)(3)(B)		6	
8	<u>ဖ</u> 7				25,000.	7	500,000.
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	8 8					8	
10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 131,592. b Less: accumulated depreciation 10b 39,081. 97,415. 10c 92,55 11 Investments - publicly traded securities 62,373,794. 11 59,097,15 12 Investments - other securities. See Part IV, line 11 12 13 13 14 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 63,126,775. 16 59,689,60 17 Accounts payable and accrued expenses 77,517. 17 84,83 18 Grants payable 5,151,491. 18 1,435,83 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21	9 🏅					9	
b Less: accumulated depreciation 10b 39,081. 97,415. 10c 92,55 11 Investments - publicly traded securities 62,373,794. 11 59,097,15 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 63,126,775. 16 59,689,60 17 Accounts payable and accrued expenses 77,517. 17 84,83 18 Grants payable 5,151,491. 18 1,435,83 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21	10 <i>a</i>						
b Less: accumulated depreciation 10b 39,081. 97,415. 10c 92,55 11 Investments - publicly traded securities 62,373,794. 11 59,097,15 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 63,126,775. 16 59,689,60 17 Accounts payable and accrued expenses 77,517. 17 84,83 18 Grants payable 5,151,491. 18 1,435,83 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21		basis. Complete Part VI of Schedule D	10a	131,592.			
11 Investments - publicly traded securities 62,373,794. 11 59,097,19 12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 63,126,775. 16 59,689,60 17 Accounts payable and accrued expenses 77,517. 17 84,83 18 Grants payable 5,151,491. 18 1,435,83 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21	l t			39,081.	97,415.	10c	92,511.
12 Investments - other securities. See Part IV, line 11 12 13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 63,126,775. 16 59,689,60 17 Accounts payable and accrued expenses 77,517. 17 84,83 18 Grants payable 5,151,491. 18 1,435,83 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21	1				62,373,794.	11	59,097,156.
13 Investments - program-related. See Part IV, line 11 13 14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 63,126,775. 16 59,689,60 17 Accounts payable and accrued expenses 77,517. 17 84,83 18 Grants payable 5,151,491. 18 1,435,83 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21	12						
14 Intangible assets 14 15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 63,126,775. 16 59,689,68 17 Accounts payable and accrued expenses 77,517. 17 84,83 18 Grants payable 5,151,491. 18 1,435,83 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21	13					13	
15 Other assets. See Part IV, line 11 15 16 Total assets. Add lines 1 through 15 (must equal line 33) 63,126,775. 16 59,689,60 17 Accounts payable and accrued expenses 77,517. 17 84,83 18 Grants payable 5,151,491. 18 1,435,83 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21	14					14	
16 Total assets. Add lines 1 through 15 (must equal line 33) 63,126,775. 16 59,689,66 17 Accounts payable and accrued expenses 77,517. 17 84,85 18 Grants payable 5,151,491. 18 1,435,85 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21	15					15	
17 Accounts payable and accrued expenses 77,517. 17 84,83 18 Grants payable 5,151,491. 18 1,435,83 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21	16			1	63,126,775.	16	59,689,667.
18 Grants payable 5,151,491. 18 1,435,83 19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21	17						84,828.
19 Deferred revenue 19 20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21	18				5,151,491.	18	1,435,822.
20 Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21	19			19			
21 Escrow or custodial account liability. Complete Part IV of Schedule D	20			20			
	21				21		
trustee, key employee, creator or founder, substantial contributor, or 35%	g 22						
	<u>≅</u>	* *					
controlled entity or family member of any of these persons	api					22	
23 Secured mortgages and notes payable to unrelated third parties 23	□ ₂₃					23	
24 Unsecured notes and loans payable to unrelated third parties 24	24					24	
25 Other liabilities (including federal income tax, payables to related third	25	Other liabilities (including federal income tax, pa	ayables	to related third			
parties, and other liabilities not included on lines 17-24). Complete Part X		parties, and other liabilities not included on lines	s 17-24)	. Complete Part X			
of Schedule D		of Schedule D			0.	25	15,815.
	26				5,229,008.	26	1,536,465.
Organizations that follow FASB ASC 958, check here		Organizations that follow FASB ASC 958, che	eck her	e 🕨 🗓			
and complete lines 27, 28, 32, and 33.	ši	and complete lines 27, 28, 32, and 33.					
27 Net assets without donor restrictions 57,897,767. 27 58,153,20	<u>E</u> 27	Net assets without donor restrictions			57,897,767.	27	58,153,202.
28 Net assets with donor restrictions 28	<u>m</u> 28					28	
Organizations that do not follow FASB ASC 958, check here	בון						
and complete lines 29 through 33.	년	and complete lines 29 through 33.					
and complete lines 27, 28, 32, and 33. 27 Net assets without donor restrictions 28 Net assets with donor restrictions Organizations that do not follow FASB ASC 958, check here and complete lines 29 through 33. 29 Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 Retained earnings, endowment, accumulated income, or other funds 32 Total net assets or fund balances 57,897,767. 27 58,153,20 28 29 30 31 31 32 58,153,20 58,153,20	၀ 29	Capital stock or trust principal, or current funds				29	
30 Paid-in or capital surplus, or land, building, or equipment fund 30	8 30					30	
31 Retained earnings, endowment, accumulated income, or other funds 31	¥ 31				31		
32 Total net assets or fund balances 57,897,767. 32 58,153,20	8 32	Total net assets or fund balances		[57,897,767.	32	58,153,202.
	33				63,126,775.	33	59,689,667.

Pa	rt XI Reconciliation of Net Assets				90
	Check if Schedule O contains a response or note to any line in this Part XI				X
1	Total revenue (must equal Part VIII, column (A), line 12)	1	2	,364	,514.
2	Total expenses (must equal Part IX, column (A), line 25)	2	1	,907	,349.
3	Revenue less expenses. Subtract line 2 from line 1	3		457	,165.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	57	,897	767.
5	Net unrealized gains (losses) on investments	5		-539	,985.
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8		338	255.
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	58	,153	,202.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Х
				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 in Schedule	Ο.			
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	d on 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	e basis,			
	consolidated basis, or both:				
	Separate basis				
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the	e 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 Sci	nedule O.			
3а	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si	ngle Audit			
	Act and OMB Circular A-133?		За		Х
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit			
	or audits, explain why on Schedule O and describe any steps taken to undergo such audits		3b		

SCHEDULE A

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization Employer identification number FELIX E. MARTIN JR. FOUNDATION, INC 26-2193468 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 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.) 8 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 university: 10 An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. J 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 III, 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 (i) Name of supported (ii) EIN (iii) Type of organization (v) Amount of monetary (vi) Amount of other your governing document? (described on lines 1-10 organization support (see instructions) support (see instructions) Yes above (see instructions)) COMMUNITY FOUNDATION OF LOUISVILLE, INC. 31-0997017 7 Х 18,000

Total

18 000

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.)

<u> </u>	tion A. Public Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(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						
Ü	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3						
	The portion of total contributions						
Э	•						
	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)						
	Public support. Subtract line 5 from line 4.						
	etion B. Total Support						
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
	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.)						
11	Total support. Add lines 7 through 10						
	Gross receipts from related activities,	•	,			12	
13	First five years. If the Form 990 is for	the organization's	first, second, thir	d, fourth, or fifth ta	ax year as a sectio	n 501(c)(3)	
	organization, check this box and stop						<u></u>
	tion C. Computation of Publ		<u> </u>				
	Public support percentage for 2019 (I					14	%
15	Public support percentage from 2018	Schedule A, Part	II, line 14			15	%
16a	33 1/3% support test - 2019. If the o	-					
	$\ensuremath{\mathbf{stop}}$ here. The organization qualifies	as a publicly supp	orted organization	·			▶□
b	33 1/3% support test - 2018. If the o	•		•		•	nis box
	and $\ensuremath{\mathbf{stop}}$ here. The organization qual	ifies as a publicly s	supported organization	ation			▶∟
17a	10% -facts-and-circumstances test	t - 2019. If the org	anization did not d	check a box on line	e 13, 16a, or 16b,	and line 14 is 10%	or more,
	and if the organization meets the "fac	ts-and-circumstan	ces" test, check th	nis box and stop h	nere. Explain in Pa	rt VI how the organ	ization
	meets the "facts-and-circumstances"	test. The organiza	tion qualifies as a	publicly supported	d organization		▶Ш
b	10% -facts-and-circumstances test	t - 2018. If the org	anization did not d	check a box on line	e 13, 16a, 16b, or	17a, and line 15 is	10% or
	more, and if the organization meets th	ne "facts-and-circu	mstances" test, cl	neck this box and	stop here. Explair	n in Part VI how the	•
	organization meets the "facts-and-circ	cumstances" test.	The organization of	qualifies as a publi	cly supported orga	anization	
18	Private foundation. If the organizatio	n did not check a	box on line 13, 16	a, 16b, 17a, or 17l	o, check this box a	and see instruction	s

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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.)

Sec	etion A. Public Support	siew, piedee cerri	piete i uit ii.)				
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and	. , ,	, ,			, ,	,,
	membership fees received. (Do not						
	include any "unusual grants.")						
2	Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3	Gross receipts from activities that						
_	are not an unrelated trade or 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						
t	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c	: Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support		•				
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9	Amounts from line 6		, ,				,,
	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
c	: Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organiz	zation,
							>
	ction C. Computation of Publi						
15	Public support percentage for 2019 (li					15	%
16						16	%
	ction D. Computation of Inves					11	
17	Investment income percentage for 20					17	%
18	Investment income percentage from 2					18	<u>%</u>
19a	33 1/3% support tests - 2019. If the						17 is not
	more than 33 1/3%, check this box ar						.
b	33 1/3% support tests - 2018. If the	· ·			•	•	
20	line 18 is not more than 33 1/3%, che						
20	Private foundation. If the organization	a old not check a	DOX OD IDE 14 19	a origo checkt	rus dox and see in	STRUCTIONS	

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Part IV Supporting Organizations

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

Section A. All Supporting Organizations

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

		Yes	No
	1	Х	
	2		Х
	0-		Х
	3a		Λ
	3b		
	3с		
	4a		Х
	ıu .		
	4b		
	4c		
	5a		Х
	5b		
	5c		
		v	
	6	Х	
	7		Х
	8		Х
	0-		v
	9a		Х
	9b		Х
	9с		X
	100		Х
	10a		Λ
	10b		
า 9	90 or 99	90-EZ	2019

Sche	dule A (Form 990 or 990-EZ) 2019 FELIX E. MARTIN JR. FOUNDATION, INC 26-219	3468	Pa	age 5
	rt IV 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 in (b) and (c)			
	below, the governing body of a supported organization?	11a		Х
	A family member of a person described in (a) above?	11b		X
	A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		Х
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported	1	х	
0	organizations and what conditions or restrictions, if any, applied to such powers during the tax year.	•	Λ	
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			
	tion of Type it dapperting organizations		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			110
-	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			
	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	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 in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
	supported organizations played in this regard.	3		
	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 yea(see instruction). The organization satisfied the Activities Test. Complete line 2 below.	15).		
a	The organization satisfied the Activities rest. <i>Complete line 2 below.</i> The organization is the parent of each of its supported organizations. <i>Complete line 3 below.</i>			
b c	The organization is the parent of each of its supported organizations. Complete line 3 below. The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see its parent of each of its supported in the organizations.)	netructions	-)	
2	Activities Test. Answer (a) and (b) below.	isti uctions	Yes	No
a	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of		163	140
u	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 in (a) constitute activities that, but for the organization's involvement, one or more			
-	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? <i>Provide details in Part VI</i> .	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			
	of its supported organizations? If "Ves." describe in Part VI the role played by the organization in this regard	3h		

Pa	rt V Type III Non-Functionally Integrated 509(a)(3) Supportin	g Orga	anizations	
1	Check here if the organization satisfied the Integral Part Test as a qualifying	g trust o	n Nov. 20, 1970 (explain in	Part VI). See instructions. A
	other Type III non-functionally integrated supporting organizations must co	mplete S	Sections A through E.	
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		
Section B - Minimum Asset Amount			(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
а	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
С	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d.	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions).	4		
_5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035.	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1.	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3.	4		
5	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-functional	y integra	ated Type III supporting org	anization (see
	instructions).			

Schedule A (Form 990 or 990-EZ) 2019

Par	LV	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations _(continued)	
Secti	on D -	Distributions			Current Year
1	Amou	nts paid to supported organizations to accomplish exe	mpt purposes		
2	Amou				
	organ				
3	Admir	istrative expenses paid to accomplish exempt purpose	es of supported organization	is	
4	Amou	nts paid to acquire exempt-use assets			
5	Qualif	ied set-aside amounts (prior IRS approval required)			
6	Other	distributions (describe in Part VI). See instructions.			
7	Total	annual distributions. Add lines 1 through 6.			
8	Distrib	outions to attentive supported organizations to which the	ne organization is responsive	Э	
	(provi	de details in Part VI). See instructions.			
9	Distrib	outable amount for 2019 from Section C, line 6			
10	Line 8	amount divided by line 9 amount			
Secti	on E -	Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1	Distrib	outable amount for 2019 from Section C, line 6			
2	Under	distributions, if any, for years prior to 2019 (reason-			
	able c	ause required- explain in Part VI). See instructions.			
3	Exces	s distributions carryover, if any, to 2019			
а	From	2014			
b	From				
С	From	2016			
d	From	2017			
е	From	2018			
f	Total	of lines 3a through e			
g	Applie	ed to underdistributions of prior years			
h		ed to 2019 distributable amount			
i	Carry	over from 2014 not applied (see instructions)			
j	Rema	inder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distrib	outions for 2019 from Section D,			
	line 7:	·			
а	Applie	d to underdistributions of prior years			
		d to 2019 distributable amount			
		inder. Subtract lines 4a and 4b from 4.			
5		ining underdistributions for years prior to 2019, if			
	,	Subtract lines 3g and 4a from line 2. For result greater			
		ero, explain in Part VI. See instructions.			
6		ining underdistributions for 2019. Subtract lines 3h			
		b from line 1. For result greater than zero, explain in			
		/I. See instructions.			
7		s distributions carryover to 2020. Add lines 3j			
	and 4				
8		down of line 7:			
		s from 2015			
		s from 2016			
		s from 2017			
		s from 2018			
е	Exces	s from 2019			

Schedule A (Form 990 or 990-EZ) 2019

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 D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

► Attach to Form 990.

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

OMB No. 1545-0047 Open to Public Inspection

Name of the organization

FELIX E. MARTIN JR. FOUNDATION, INC

Employer identification number

26-2193468

Pai	t I Organizations Maintaining Donor Advise	d Funds or Other Similar Funds	or Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6.	
		(a) Donor advised funds	(b) Funds and other accounts
1	Total number at end of year		
2	Aggregate value of contributions to (during year)		
3	Aggregate value of grants from (during year)		
4	Aggregate value at end of year		
5	Did the organization inform all donors and donor advisors in	writing that the assets held in donor advise	ed funds
	are the organization's property, subject to the organization's	exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor a		
	for charitable purposes and not for the benefit of the donor of		
	impermissible private benefit?		Yes No
Pai			
1	Purpose(s) of conservation easements held by the organizati	on (check all that apply).	
	Preservation of land for public use (for example, recrea	tion or education) Preservation of a	a historically important land area
	Protection of natural habitat	Preservation of a	a certified historic structure
	Preservation of open space		
2	Complete lines 2a through 2d if the organization held a qualif	fied conservation contribution in the form of	of a conservation easement on the last
	day of the tax year.		Held at the End of the Tax Year
а	Total number of conservation easements		2a
b	Total acreage restricted by conservation easements		2b
С	Number of conservation easements on a certified historic str	ucture included in (a)	2c
d	Number of conservation easements included in (c) acquired	after 7/25/06, and not on a historic structu	re
	listed in the National Register		2d
3	Number of conservation easements modified, transferred, re-		
	year ▶		
4	Number of states where property subject to conservation ear	sement is located >	
5	Does the organization have a written policy regarding the per	riodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements i	t holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		
			
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservat	ion easements during the year
	▶ \$		
8	Does each conservation easement reported on line 2(d) above		
	and section 170(h)(4)(B)(ii)?		Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense	statement and
	balance sheet, and include, if applicable, the text of the footr	note to the organization's financial stateme	ents that describes the
	organization's accounting for conservation easements.	(
Pai	t III Organizations Maintaining Collections o		ner Similar Assets.
	Complete if the organization answered "Yes" on Form		
1a	If the organization elected, as permitted under FASB ASC 95		
	of art, historical treasures, or other similar assets held for put	· ·	•
	service, provide in Part XIII the text of the footnote to its final		
b	If the organization elected, as permitted under FASB ASC 95		
	art, historical treasures, or other similar assets held for public	exhibition, education, or research in furth	erance 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		
2	If the organization received or held works of art, historical tre		gain, provide
	the following amounts required to be reported under FASB A	_	
а	Revenue included on Form 990, Part VIII, line 1		' -
h	Assets included in Form 990, Part X		▶ \$

932051 10-02-19

Schedule D (Form 990) 2019

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

		RTIN JR. FOUNDA	<u> </u>			2193468		age 2
	t III Organizations Maintaining C						inued)	
3	Using the organization's acquisition, accessi	on, and other record	s, check any of the	following that n	nake significant use	of its		
_	collection items (check all that apply): Public exhibition	a	L con ar ava					
a b	Scholarly research	u o	Other	hange program				
C	Preservation for future generations	e						
4	Provide a description of the organization's co	ollections and explain	how they further t	ne organization	's exempt nurnose ir	n Part XIII		
5	During the year, did the organization solicit o					Trait Am.		
	to be sold to raise funds rather than to be ma		•	•		Yes		□No
Pai	t IV Escrow and Custodial Arran						or	
	reported an amount on Form 990, Par	-						
1a	Is the organization an agent, trustee, custodi	an or other intermed	iary for contribution	s or other asse	ts not included			
	on Form 990, Part X?					Yes		☐ No
b	If "Yes," explain the arrangement in Part XIII $$	and complete the fol	lowing table:					
						Amour	nt	
	Beginning balance							
	Additions during the year							
	Distributions during the year							
	Ending balance						$\overline{}$	т
	Did the organization include an amount on Fe				•	Yes	 	∐ No
	If "Yes," explain the arrangement in Part XIII. t V Endowment Funds. Complete in							
ı uı	Endownion: Fands: Complete F	(a) Current year	(b) Prior year		pack (d) Three years	hack (a) Fou	ır years	hack
12	Beginning of year balance	57,897,767.	58,024,556.	56,434,5			4,021	
	Contributions	.,,,,,,,,,	00,022,000.	00,202,	02,000,		., • = = ,	,
	Net investment earnings, gains, and losses	1,824,529.	5,297,223.	3,933,:	294. 6,727,	571.	422	,906.
	Grants or scholarships	804,240.	4,627,302.	1,533,			2,280	
	Other expenditures for facilities	·	•					
	and programs	219,799.	202,099.	181,	189. 306,	343.	243	,599.
f	Administrative expenses	545,055.	594,611.	628,	734. 554,	163.	531	,186.
g	End of year balance	58,153,202.	57,897,767.	58,024,	556. 56,434,	975. 51	1,388,	,444.
2	Provide the estimated percentage of the curr	rent year end balance	e (line 1g, column (a	a)) held as:				
а	Board designated or quasi-endowment	100.00	_%					
b	Permanent endowment .00	%						
С	Term endowment .00 c							
	The percentages on lines 2a, 2b, and 2c sho	•						
3a	Are there endowment funds not in the posse	ssion of the organiza	ition that are held a	nd administered	d for the organization	n		
	by:						Yes	No
	(i) Unrelated organizations							X
	(ii) Related organizations						4	Х
_	If "Yes" on line 3a(ii), are the related organiza					<u>3b</u>		
Pai	Describe in Part XIII the intended uses of the tVI Land, Buildings, and Equipm		willent funds.					
· ui	Complete if the organization answere		Part IV line 11a S	See Form 990 F	Part X line 10			
	Description of property	(a) Cost or ot	1	or other	(c) Accumulated	(d) Ro	ok valu	
	=	, , , , , , , , , , , ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		, ,	, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,		

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land		12,500.		12,500.
b Buildings		116,772.	36,761.	80,011.
c Leasehold improvements				
d Equipment				
e Other		2,320.	2,320.	0.
Total. Add lines 1a through 1e. (Column (d) must equa	•	92,511.		

Schedule D (Form 990) 2019

	R. FOUNDATION, INC	26-	2193468	Page 3
Part VII Investments - Other Securities.				
Complete if the organization answered "Yes"	on Form 990, Part IV, line	11b. See Form 990, Part X, line 12.		
(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end	d-of-year market v	alue
(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.				
	on Forms 000 Boot IV line	11 - Coo Forms 000 Port V line 10		
Complete if the organization answered "Yes" (a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end	l-of-vear market v	value.
	(b) DOOK VAIGE	(c) Wethod of Valuation. Gost of end	1-01-year market v	alue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"		11d. See Form 990, Part X, line 15.		
(a) [Description		(b) Book va	lue
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.	: 15.)	>		
Complete if the organization answered "Yes"	on Form 990. Part IV. line	11e or 11f. See Form 990. Part X. line 25	i.	
1. (a) Description of liability			(b) Book va	lue
(1) Federal income taxes			(-,	
(2) CASH OVERDRAFT				15,815.
<u> </u>				
(3)				
(4)				
(5)				
<u>(6)</u>				

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

Schedule D (Form 990) 2019

15,815.

(8)

	dule D (Forn			JR. FOUNDATION, I		26-2193468	Page 4
Par	t XI Re	conciliation o	of Revenue per A	udited Financial St	atements With Reve	nue per Return.	
	Con	nplete if the orgar	nization answered "Ye	s" on Form 990, Part IV, I	line 12a.		
1	Total reven	ue, gains, and ot	ner support per audite	ed financial statements		1	
2	Amounts in	cluded on line 1	but not on Form 990, I	Part VIII, line 12:			
а	Net unrealiz	zed gains (losses)	on investments		2a		
b							
С							
d							
е						2e	
3	Subtract lin						
4			990, Part VIII, line 12, l				
а	Investment	expenses not inc	cluded on Form 990, F	Part VIII, line 7b	4a		
b							
С	Add lines 4	1.41				4c	
5	Total reven				2.)		
					tatements With Expe		
				s" on Form 990, Part IV, I	-	•	
1						1	
2			but not on Form 990, I			-	
– a			•		2a		
b							
c							
d							
						2e	
3							
4			990, Part IX, line 25, b				
а				Part VIII, line 7b	4a		
b						40	
	Add lines 4				10)		
		oplemental Ir		uai Form 990, Part I, line	18.)	5	
		-		and Or Doub III. Barra die ann	I A. David IV. Barandia and Obs	Dest V. Bree As Dest V. Bree O. D	
		•		•		; Part V, line 4; Part X, line 2; P	art XI,
lines	2d and 4b; a	and Part XII, lines	2d and 4b. Also comp	plete this part to provide	any additional information.		
		•					
PART	X, LINE	2:					
THE	FOUNDATIO	ON IS EXEMPT I	ROM FEDERAL INCO	ME TAXES UNDER SEC	TION 501(C)(3)		
			,,				
OF T	HE INTERN	IAL REVENUE CO	DDE (CODE). ADDIT	TIONALLY, THE FOUND	ATION HAS BEEN		
DETE	RMINED BY	THE INTERNAL	REVENUE SERVICE	E NOT TO BE A PRIVA	TE FOUNDATION		
WITH	IIN THE CO	NTEXT OF SECT	rion 509(A) of Th	HE CODE.			
WHEN	I APPLICAB	LE, THE FOUNI	DATION RECOGNIZES	UNCERTAIN INCOME	TAX POSITIONS		
USIN	IG THE "MO	RE-LIKELY-THA	AN-NOT" APPROACH	AS DEFINED IN THE	ASC. NO		
LIAB	BILITY FOR	UNCERTAIN TA	AX POSITIONS HAS	BEEN RECORDED IN T	HE		
ACCO	MPANYING	CONSOLIDATED	FINANCIAL STATEM	MENTS.			

Schedule D (Form 990) 2019

Schedule D (Form 990) 2019	FELIX E. MARTIN JR. FOUNDATION, INC	26-2193468 Page 5
Schedule D (Form 990) 2019 Part XIII Supplemental Info	ormation (continued)	

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.

OMB No. 1545-0047 **2019**

Open to Public Inspection

Employer identification number

FELIX E. MART	IN JR. FOUNDA	TION, INC					26-2193468
Part I General Information on Grants a	and Assistance						
Does the organization maintain records	to substantiate th	e amount of the grant	s or assistance, the	grantees' eligibilit	y for the grants or as	sistance, and the selec	
criteria used to award the grants or assi	istance?						X Yes No
2 Describe in Part IV the organization's pr							
Part II Grants and Other Assistance to	-				anization answered "	Yes" on Form 990, Part	t IV, line 21, for any
recipient that received more than	1	· ·	1		(f) Mothad of		
1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
ADDITOR TWO							A99 OTHER ART CULTURE
APPALSHOP INC.							HUMANITIES
91 MADISON AVENUE	61 0000010	E01/G)/2)	F 000	0			ORGANIZATIONS/SERVICES
WHITESBURG, KY 41858	61-0890210	501(C)(3)	5,000.	0.			N.E.C.
CENTRAL CITY CONVENTION CENTER 320 GOLDEN TIDE AVE							
CENTRAL CITY, KY 42330	61-6001800	GOVERNMENT	6,000.	0.			W PUBLIC SOCIETY BENEFIT
CITY OF CENTRAL CITY 214 N 1ST ST CENTRAL CITY, KY 42330	61-6001800	GOVERNMENT	8,400.	0.			W PUBLIC SOCIETY BENEFIT
CITY OF GREENVILLE 118 COURT ST. PO BOX 289 GREENVILLE, KY 42345	61-6001834	GOVERNMENT	59,955.	0.			W PUBLIC SOCIETY BENEFIT
COMMUNITY FOUNDATION OF LOUISVILLE, INC 325 W. MAIN STREET, SUITE 1110 - LOUISVILLE, KY 40202	31-0997017	501(C)(3)	18,000.	0.			T PHILANTHROPY VOLUNTARISM AND GRANTMAKING
			, , , , ,				
DUVALL'S CHAPEL MERCY MINISTRY							
275 STATE ROUTE 2533		RELIGIOUS					HEALTH & HUMAN SERVICES
GREENVILLE, KY 42345	61-1153123	ORGANIZATI	17,000.	0.			(FOOD PANTRY)
 Enter total number of section 501(c)(3) a Enter total number of other organization 		4 1 1 1	he line 1 table				

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREENVILLE SECOND BAPTIST CHURCH PO BOX 390 217 WEST DEPOT STREET GREENVILLE, KY 42345	61-1310505	RELIGIOUS ORGANI	5,695.	0.			F20 ALCOHOL AND SUBSTANCE ABUSE DEPENDENCY PREVENTION AND TREATMENT
HAPPY FEET EQUALS LEARNING FEET INC 1020 STATE ROUTE 56 E - MORGANFIELD, KY 42437	45-5231361	501(C)(3)	5,000.	0.			P20 HUMAN SERVICE ORGANIZATIONS
HOPE2ALL INC. 307 MOSE RAGER BLVD DRAKESBORO, KY 42337	20-8274332	501(C)(3)	22,200.	0.			HEALTH & HUMAN SERVICES (FOOD PANTRY)
MUHLENBERG COMMUNITY THEATRE INC. PO BOX 76 GREENVILLE, KY 42345	31-1087760	501(C)(3)	7,000.	0.			A65 THEATER
MUHLENBERG COUNTY 4-H COUNCIL 3690 ST. RT. 1380 CENTRAL CITY, KY 42330-5512	26-1433761	GOVERNMENT	6,000.	0.			GRANT FOR YOUTH SERVICES (SUMMER CAMP SCHOLARSHIPS)
MUHLENBERG COUNTY BOARD OF EDUCATION - 510 W. MAIN STREET - POWDERLY, KY 42367	61-6001286	GOVERNMENT	579,842.	0.			B EDUCATIONAL INSTITUTIONS
MUHLENBERG COUNTY FISCAL COURT PO BOX 137 GREENVILLE, KY 42345	61-6013034	GOVERNMENT	105,400.	0.			W: PUBLIC & SOCIETAL BENEFIT
MUHLENBERG COUNTY HIGH SCHOOL BAND BOOSTER CLUB - PO BOX 519 - POWDERLY, KY 42367	61-1184135	501(C)(3)	10,000.	0.			B25 SECONDARY/HIGH SCHOOL
MUHLENBERG COUNTY OPPORTUNITY CENTER INC PO BOX 99 - POWDERLY, KY 42367	61-0665523	501(C)(3)	9,400.	0.			J33 SHELTERED REMUNERATIVE EMPLOYMENT WORK ACTIVITY CENTER N.E.C.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUHLENBERG COUNTY PUBLIC LIBRARY SYSTEM - 117 SOUTH MAIN STREET - GREENVILLE, KY 42345	61-6013034	GOVERNMENT	35,146.	0.			A: ARTS, CULTURE & HUMANITIES
NELSON CREEK VOLUNTEER FIRE DEPARTMENT - 60 STATE ROUTE 2590 - CENTRAL CITY, KY 42330	61-6001800	GOVERNMENT	19,500.	0.			M24 FIRE PREVENTION/PROTECTION/COM
NORTHERN KENTUCKY UNIVERSITY RESEARCH FOUNDATION INC - NUNN DRIVE, CA 270 - HIGHLAND HEIGHTS, KY 41099	20-1787893	501(C)(3)	8,000.	0.			GRANT FOR EDUCATIONAL INSTITUTIONS
PATHWAY OF HOPE 210 S. BOGGESS AVENUE GREENVILLE, KY 42345	41-2134915	501(C)(3)	11,500.	0.			P40 FAMILY SERVICES
PENNYRILE ALLIED COMMUNITY SERVICES INC 55 CAREER WAY - CENTRAL CITY, KY 42330	61-0862133	501(C)(3)	103,957.	0.			S20 COMMUNITY/NEIGHBORHOOD DEVELOPMENT IMPROVEMENT
PENNYROYAL REGIONAL MENTAL HEALTH MENTAL RETARDATION BOARD - AKA PENNYROYAL REGIONAL PREVENTION CENTER 607 HAMMOND PLAZA -	61-0662739	501(C)(3)	55,000.	0.			F20 ALCOHOL AND SUBSTANCE ABUSE DEPENDENCY PREVENTION AND TREATMENT
SANCTUARY INC. P.O. BOX 1165 HOPKINSVILLE, KY 42241	31-1070541	501(C)(3)	14,500.	0.			P43 FAMILY VIOLENCE SHELTERS AND SERVICES
UNIVERSITY OF KENTUCKY RESEARCH FOUNDATION - 301 PETERSON SERVICE BUILDING - LEXINGTON, KY 40506	61-6033693	501(C)(3)	30,000.	0.			W: PUBLIC & SOCIETAL BENEFIT

(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 noncash assistance
art IV Supplemental Information. Provide the informat	ion required in Part I, lin	e 2; Part III, colum	n (b); and any other a	dditional information.	
RT I, LINE 2:	,	,	,,,		
CE GRANTS ARE AWARDED (AFTER APPLICATIONS AR	RE REVIEWED AND SI	TE VISITS			
E COMPLETED,) ANNUAL PROGRESS REPORTS ARE RE	QUIRED FROM THE				
GANIZATIONS. ALSO, DROP IN SITE VISITS ARE D	OONE.				

SCHEDULE 0

Internal Revenue Service

(Form 990 or 990-EZ)

Department of the Treasury

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047
2019
Open to Public

Inspection

Name of the organization **Employer identification number** 26-2193468 FELIX E. MARTIN JR. FOUNDATION, INC 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: MCC MARTIN SCHOLARS: THE FOUNDATION'S MARTIN SCHOLARS PROGRAM SUPPORTS ADULT LEARNERS WITH THEIR RETURN TO MADISONVILLE COMMUNITY COLLEGE TO COMPLETE THEIR ASSOCIATES DEGREE. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. EXPENSES \$ 6,500. 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 \$ 7,775. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0. STRATEGIC PLANNING: THE FOUNDATION'S STRATEGIC PLANNING PROGRAM WORKS WITH THE LOCAL COMMUNITY TO DEVELOP AND IMPLEMENT STRATEGIES TO IMPROVE THE QUALITY OF LIFE IN MUHLENBERG COUNTY. EXPENSES \$ 5,596. INCLUDING GRANTS OF \$ 0. REVENUE \$ 0.

30

Schedule O (Form 990 or 990-EZ) (2019)

932211 09-06-19

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

Name of the organization **Employer identification number** FELIX E. MARTIN JR. FOUNDATION, INC 26-2193468 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 FINANCE COMMITTEE FOR REVIEW AND A COPY 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/TREASURER. 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 PRESTDENT 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, INC. THE COMMUNITY FOUNDATION OF LOUISVILLE, INC. HAS A COMPENSATION COMMITTEE THAT ANNUALLY REVIEWS INDUSTRY SURVEY INFORMATION TO DETERMINE A FAIR AND REASONABLE COMPENSATION FOR THE OFFICERS AND KEY EMPLOYEES. THE PRESIDENT'S AND OFFICERS' COMPENSATION IS THEN APPROVED BY THE COMPENSATION COMMITTEE. COMPENSATION FOR ALL EMPLOYEES IS APPROVED BY THE COMPENSATION COMMITTEE AND BOARD OF THE COMMUNITY FOUNDATION OF LOUISVILLE. FORM 990, PART VI, SECTION C, LINE 19: THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

Name of the organization FELIX E. MARTIN JR. FOUNDATION, INC	Employer identification number 26-2193468
FORM 990, PAGE 12, PART XI LINE 8	
THE PRIOR PERIOD ADJUSTMENT OF \$338,255 IS FOR GRANTS THAT WERE	
ERRONEOUSLY ACCRUED AT 6/30/2019.	
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)

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

Employer identification number

26-2193468

Open to Public Inspection

OMB No. 1545-0047

(a)	(b)	(c)	(d)	(e)	(f)
Name, address, and EIN (if applicable) of disregarded entity	Primary activity	Legal domicile (state or foreign country)	Total income	End-of-year assets	Direct controllin entity

Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt Part II organizations during the tax year.

(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	contr	g) 512(b)(13) rolled ity?
				501(c)(3))		Yes	No
THE COMMUNITY FOUNDATION OF LOUISVILLE					COMMUNITY		ĺ
CORPORATE DEPOSITORY, INC 61-11009, 325	FACILITATE INDIVIDUAL				FOUNDATION OF		ĺ
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.		Х
THE COMMUNITY FOUNDATION OF LOUISVILLE, INC.							
- 31-0997017, 325 W. MAIN STREET, STE 1110,	FACILITATE INDIVIDUAL						ĺ
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		1
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) 2019

FELIX E. MARTIN JR. FOUNDATION, INC

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 501(c)(3))	(f) Direct controlling entity	conti organi	g) 512(b)(13) rolled zation?
				301(0)(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
-			L	1	L		

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Part III	Identification 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 more related
rai t III	organizations treated as a partnership during the tax year.

Genera managi partne (5)	al or Percentage
~ -	ownership
5) Yes N	No
_	

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) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(k contr enti	tion b)(13) rolled :ity?
		country)		J. 1.25.4		45515		Yes	No
-									
									<u> </u>
								\vdash	
									Щ_

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No	
1	During the tax year, did the organization engage in any of the following transactions with one	or more r	elated organizations listed	in Parts II-IV?				
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х	
	Gift, grant, or capital contribution to related organization(s)				1b		Х	
С	Gift, grant, or capital contribution from related organization(s)				1c		Х	
d	Loans or loan guarantees to or for related organization(s)				1d		Х	
e Loans or loan guarantees by related organization(s)								
f	Dividends from related organization(s)				1f		Х	
	Sale of assets to related organization(s)				1g		Х	
h	Purchase of assets from related organization(s)				1h		Х	
i	i Exchange of assets with related organization(s)							
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х	
_								
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		х	
- 1	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)				1m		Х	
n	n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)							
	Sharing of paid employees with related organization(s)				10	Х		
_	onamig or para ompreyeds man rounded organization (c)							
р	Reimbursement paid to related organization(s) for expenses				1p		х	
p Reimbursement paid to related organization(s) for expenses							Х	
q Reimbursement paid by related organization(s) for expenses								
r Other transfer of cash or property to related organization(s)								
Other transfer of cash or property from related organization(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 of				1s	<u> </u>	Х	
	(a) Name of related organization (b) Transaction Transaction type (a-s) (c) Amount involved Method of determining amount involved type (a-s)							
(1)								
(2)								
(0)								
(3)								
(4)								
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(5)								
(e)								
(6)	22.00.40.40	36		Schodulo P	(Eorr	n 000	2010	

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.

Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	partners 501(c)(orgs.	sec. (3)	Share of total	Share of end-of-year	Disprition	opor- ate ions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Genera manag	or Perce	centage
or entity		country)	excluded from tax under sections 512-514)	orgs.	?"	totai	ena-or-year	allocat	ions?				- ق - ا - ا - ا - ا - ا
		Country)	Sections 5 (2-5 (4)			income	assets	uou		of Schedule K-1	partne	? OWIT	nersnip
				Yes	No	liliconie	assets	Yes	No	(FOIII 1065)	Yes N	0	
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