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DLN: 93493137017370

Form **990**

Department of the Treasury

Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

OMB No 1545-0047

2008

► The organization may have to use a copy of this return to satisfy state reporting requirements

Internal I	Revenue	Service Fine o	rganization may have to use a copy	of this return to satisfy s	state reporting	requirements	Inspection
A Fo	rthe	2008 calendar yea	r, or tax year beginning 07-01-2008	8 and ending 06-30-200	19	D Fundamenida	ntification number
_		pplicable Please	C Name of organization FELIX E MARTIN JR FOUNDATION INC				ntification number
☐ Add	lress ch	nange use IRS label or	Doing Business As			26-219346 E Telephone nu	
Nar	ne cha	nge print or type. See	boiling business As			•	
Init	ıal retu		Number and street (or P O box if mail	is not delivered to street addre	ess) Room/suite	(502) 562-7 G Gross receipt	
Г Теп	mınatıd	tions.	325 WEST MAIN STREET No 1110			G Gross receipt	S \$ 20,868,470
┌ Am	ended	return	City or town, state or country, and ZIP	+ 4			
┌ App	lication	n pending	LOUISVILLE, KY 40202				
		F Nai	ne and address of Principal Officer		H(a) To the	group roturn	for
		KATHY	/ B STEWARD JACOBI		affilia	s a group return tes?	⊤Yes ▼No
			EST MAIN STREET No 1110 VILLE,KY 40202				. – –
	x-exen	<u> </u>	() (3) ◀ (insert no)	<u> </u>		affiliates include	
1 14/		e: ► WWW CFLOU			_	o," attach a list p Exemption Nui	See instructions)
ע ע	eb sit	e: F www CFLOU	ISVILLE ORG		H(c) 5154	p Exemption ival	inder P
К Туре	e of or	ganization 🔽 Corpora	tion		L Year of Fo	mation 2008 M	State of legal domicile KY
Da	rt I	Summary					
		•	ie organization's mission or most si	ignificant activities			
w		•	CHARITABLE GIVING FOR THE B	-	ENTS OF MUH	ILENBERG COU	NTY, KENTUCKY
							,
Ē							
Governance	2	Check this box	ıf the organization discontinued its	operations or disposed o	of more than 2	5% of its assets	
	3	Number of voting	members of the governing body (Pa	art VI, line 1a)		3 _	5
20 (?)	4	Number of indepe	ndent voting members of the govern	ning body (Part VI, line 1	b)	. 4 _	5
Ě	5		mployees (Part V, line 2a)			5 _	0
Activities &	6		olunteers (estimate if necessary)		6 _	54	
4		-	ited business revenue from Part VI		_	0	
	ь	Net unrelated bus	iness taxable income from Form 99	90-T, line 34		7b	0
				Prio	or Year	Current Year	
<u>o</u>	8		d grants (Part VIII, line 1h)			47,221,345	3,475,000
Ravenue	9		revenue (Part VIII, line 2g)			106.075	421.172
Η̈́	10		me (Part VIII, column (A), lines 3, Part VIII, column (A), lines 5, 6d, 8			196,975	-421,172
	11 12	•	dd lines 8 through 11 (must equal				1,540
	12	12)	dd imes o tinodgii 11 (must equal	rait viii, column (A), m		47,418,320	3,055,368
	13	Grants and simil	ar amounts paıd (Part IX, column (A	A), lines 1-3)			1,482,118
	14	Benefits paid to	or for members (Part IX, column (A), line 4)			0
ø.	15	•	ompensation, employee benefits (P	art IX, column (A), lines	5 –		0
Expenses	16-	10)	danie in a face (Doub IV column (A)	l.m. 11.			0
<u>क</u>	16a		draising fees (Part IX, column (A), l	ine ile)			0
五	17	•	penses, Part IX, column (D), line 25 0)		06.018	F33.000
	17 18	•	(Part IX, column (A), lines 11a-11 -add lines 13-17 (must equal Part			96,018	532,908 2,015,026
	19		penses Subtract line 18 from line 1			47,322,302	1,040,342
大学	-5	Novellue less ex	penses subtract file to from file t		Reginni	ng of Year	End of Year
Net Assets or Fund Balances	20	Total assets (Pa	rt X line 16)		Deginin	44,242,251	41,458,879
25 E	21						
10 mg		Total liabilities (,	l 20		13,765	1,321,538
	22		nd balances Subtract line 21 from l	iiiie ZU		44,228,486	40,137,341
Pali	t II	Signature Bl	OCK equry, I declare that I have examined this	return, including accompanying	schedules and s	tatements and to the	ne hest of my knowledge
			correct, and complete Declaration of prepare				
Plea		*****				05-14	
Sign Here		Signature of office	er		Date		
	•		RD JACOBI SECRETARY/TREASURER				
		Type or print nam	ie and title	<u> </u>			
		Preparer's signature			Check if self-	Preparer's PTIN (See Gen Inst)
Paid		Signature			empolyed 🕨 🦵		
Prepa		Firm's name (or your if self-employed),				EIN Þ	
Use (nly	address, and ZIP + 4	462 S Fourth St 2000 Meidinger Towe	5			
			Louisville, KY 402023445			Phone no 🕨 (5	02) 749-1900
Mayt	he IR	S discuss this retu	irn with the preparer shown above?	(See instructions)			▼ Yes

Part III Statement of Program Service Accomplishments (See the instructions.)

	D (1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1	,				
1	Briefly describe the organization		DICH THE LINES O	NE THE CITIZENC OF MILLIE	INDED C COLINTY MENTILOWY BY	DDOUTDING CUDDODT TO
					ENBERG COUNTY, KENTUCKY BY Y BOTH TODAY AND FOR GENERA	
2	Did the organization unde	ertake any signific:	ant program se	rvices during the year	which were not listed on	
-	the prior Form 990 or 99				· · · · · · ·	┌ Yes ┌ No
	If "Yes," describe these r	new services on Sc	hedule O			
3	Did the organization ceas			changes in how it con	iducts any program	
	services?					┌ Yes ┌ No
	If "Yes," describe these o	:hanges on Schedu	ule O			
4	Describe the exempt pur	pose achievement	s for each of th	e organization's three	largest program services b	v expenses
					eport the amount of grants	
	others, the total expense	s, and revenue, if a	any, for each pi	rogram service reporte	ed	
4a	(Code) (Expenses \$	1,579,618	including grants of \$	1,482,118) (Revenue \$ HE CITIZENS IN MUHLENBERG CO)
	GRANTS GIVEN TO CHARITAE	BLE AND GOVERNMENT	AL ORGANIZATION	S ENRICH THE LIVES OF TE	TE CITIZENS IN MUHLENBERG CO	UNIY
4b	(Code) (Expenses \$		ıncludıng grants of \$) (Revenue \$)
4c	(Code) (Expenses \$		including grants of \$) (Revenue \$)
4d	Other program services	(Describe in Sch	edule O)			
-TU	(Expenses \$		edule O) uding grants of	: ₾) (Revenue \$	1
				·)
4e	Total program service e	xpenses \$	1,579,61	8 Must equal Part IX,	Line 25, column (B).	

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	Yes	
2	Is the organization required to complete Schedule B, Schedule of Contributors? 🕏	2	Yes	
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		Νο
4	Section 501(c)(3) organizations Did the organization engage in lobbying activities? If "Yes," complete Schedule C, Part II	4		No
5	Section $501(c)(4)$, $501(c)(5)$, and $501(c)(6)$ organizations. Is the organization subject to the section $6033(e)$ notice and reporting requirement and proxy tax? If "Yes," complete Schedule C, Part III	5		
6	Did the organization maintain any donor advised funds or any accounts where 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		No
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		Νο
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		Νο
9	Did the organization report an amount in Part X, line 21, 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		No
10	Did the organization hold assets in term, permanent,or quasi-endowments? If "Yes," complete Schedule D, Part V	10		Νο
11	Did the organization report an amount in Part X, lines 10, 12, 13, 15, or 25? If "Yes," complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable	11	Yes	
12	Did the organization receive an audited financial statement for the year for which it is completing this return that was prepared in accordance with GAAP? If "Yes," complete Schedule D, Parts XI, XII, and XIII .	12		No
13	Is the organization a school as described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Νο
14a	Did the organization maintain an office, employees, or agents outside of the U S ?	14a		Νo
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, and program service activities outside the U S ? If "Yes," complete Schedule F, Part I	14b		Νο
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Part II</i>	15		No
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? If "Yes," complete Schedule F, Part III	16		No
17	Did the organization report more than \$15,000 on Part IX, column (A), line 11e? <i>If</i> "Yes," complete Schedule G, Part I	17		No
18	Did the organization report more than \$15,000 total on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		No
19	Did the organization report more than \$15,000 on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19		Νo
20	Did the organization operate one or more hospitals? If "Yes," complete Schedule H	20		Νο
21	Did the organization report more than \$5,000 on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Yes	
22	Did the organization report more than \$5,000 on Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		No
23	Did the organization answer "Yes" to Part VII, Section A, questions 3, 4, or 5? If "Yes," complete Schedule J	23	Yes	
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 questions 24b-24d and complete Schedule K. If "No," go to question 25	24a		Νο
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section $501(c)(3)$ and $501(c)(4)$ organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		No
b	Did the organization become aware that it had engaged in an excess benefit transaction with a disqualified person from a prior year? If "Yes," complete Schedule L, Part I	25b		No
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? If "Yes," complete Schedule L, Part II	26		Νο
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, or substantial contributor, or to a person related to such an individual? If "Yes," complete Schedule L, Part III	27		No

Part VI . . .

Part IV Checklist of Required Schedules (Continued)

			res	NO
28	During the tax year, did any person who is a current or former officer, director, trustee, or key employee			
а	Have a direct business relationship with the organization (other than as an officer, director, trustee, or employee), or an indirect business relationship through ownership of more than 35% in another entity (individually or collectively with other person(s) listed in Part VII, Section A)? If "Yes," complete Schedule L, Part			
	IV	28a		Νo
b	Have a family member who had a direct or indirect business relationship with the organization? If "Yes," complete Schedule L, Part IV	28b		Νο
С	Serve as an officer, director, trustee, key employee, partner, or member of an entity (or a shareholder of a professional corporation) doing business with the organization? <i>If "Yes," complete Schedule L, Part IV</i> .	28c		Νo
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 🕏	29	Yes	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M	30		Νο
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Νo
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II	32		Νo
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations section 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I	33		Νo
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Parts II, III, IV, and V, line 1	34	Yes	
35	Is any related organization a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35		Νο
36	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		Νο
37	Did the organization conduct more than 5 percent of its activities through an entity that is not a related	37		Νο

Pa	rt V	Statements Regarding Other IRS Filings and Tax Complianc	e				
						Yes	No
1a	Enter	the number reported in Box 3 of Form 1096, Annual Summary and Transmittal					
	of U.S	5. Information Returns. Enter -0- if not applicable					
			1a	0			
b	Enter	the number of Forms W-2G included in line 1a Enter -0- if not applicable					
			1b	0			
c		he organization comply with backup withholding rules for reportable payments to	o ven	dors and reportable	1c	Yes	
3-	_	ng (gambling) winnings to prize winners?	•		10	162	
2a		ments filed for the calendar year ending with or within the year covered by this					
	retur		2a	0			
b		east one is reported in 2a, did the organization file all required federal employm					
_		If the sum of lines 1a and 2a is greater than 250, you may be required to e-file this			2b		
3a		he organization have unrelated business gross income of \$1,000 or more during	g the	year covered by this	3a		Νο
ь		es," has it filed a Form 990-T for this year? <i>If "No," provide an explanation in Sch</i> e	edule (0	3b		
4a		ly time during the calendar year, did the organization have an interest in, or a si					
	over,	a financial account in a foreign country (such as a bank account, securities acc					
	accou	unt)?			4a		<u> N o</u>
Ь		es," enter the name of the foreign country					
		he instructions for exceptions and filing requirements for Form TD F 90-22.1, Re cial Accounts.	port o	f Foreign Bank and			
				haw waaw2	F-		
5a		the organization a party to a prohibited tax shelter transaction at any time durir		•	5a		No No
Ь		ny taxable party notify the organization that it was or is a party to a prohibited t			5b		N o
c		es," to 5a or 5b, did the organization file Form 8886-T, <i>Disclosure by Tax-Exempt</i>	t Entit	ty Regarding Prohibited	5c		
<i>c</i> -		helter Transaction?	•		6a		
6a		he organization solicit any contributions that were not tax deductible?			oa		<u> N o </u>
D		es," did the organization include with every solicitation an express statement th not tax deductible?	atsu	cn contributions or gifts	6b		
7	Organ	nizations that may receive deductible contributions under section 170(c).					
а	Did th	he organization provide goods or services in exchange for any quid pro quo cont	trıbutı	ion of \$75 or	7a		Νo
		[?]					
		es," did the organization notify the donor of the value of the goods or services pr			7b		
С		he organization sell, exchange, or otherwise dispose of tangible personal proper orm 8282?			7c		Νο
d		es," indicate the number of Forms 8282 filed during the year	7d	 I			
е		he organization, during the year, receive any funds, directly or indirectly, to pay			_		
		fit contract?			7e		<u>N o</u>
f		he organization, during the year, pay premiums, directly or indirectly, on a perso			7f		N o
g		ll contributions of qualified intellectual property, did the organization file Form 8		·	7g		<u> N o </u>
h		ontributions of cars, boats, airplanes, and other vehicles, did the organization fi red?	le a F	orm 1098-C as	7h		Νο
8		on 501(c)(3) and other sponsoring organizations maintaining donor advised funds a	nd se	ction 509(a)(3)			
	suppo	orting organizations. Did the supporting organization, or a fund maintained by a s					
		ss business holdings at any time during the			8		
9		on 501(c)(3) and other sponsoring organizations maintaining donor advised funds.					
э a		the organization make any taxable distributions under section 4966?			9a		
ь		he organization make a distribution to a donor, donor advisor, or related person			9b		
10		on $501(c)(7)$ organizations. Enter			90		
		tion fees and capital contributions included on Part VIII, line 12	10a	I			
		s receipts, included on Form 990, Part VIII, line 12, for public use of club	10b				
	facilit		100				
11	C 1	on FO1/cV12) organizations. Enter					
		on 501(c)(12) organizations Enter		I			
а	Gross	s income from members or shareholders	11a				
b	Gross	s income from other sources (Do not net amounts due or paid to other sources					
	agaın	st amounts due or received from them)...........[11b				
12a	Section	on 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in	lieu	of Form 1041?	12a		
		es," enter the amount of tax-exempt interest received or accrued during the	`				
_	year	,	12b				

Section A. Governing Body and Management

No

Yes

11

Νo

Part VI Governance, Management, and Disclosure (Sections A, B, and C request information about policies not required by the Internal Revenue Code.)

	For each "Yes" response to lines 2-7 below, and for a "No" response to lines 8 or 9b below	, desc	cribe the circumstance:	s,
	processes, or changes in Schedule O. See instructions.			
а	Enter the number of voting members of the governing body	1a		ļ

	processes, or changes in Schedule O. See instructions.							
1a	Enter the number of voting members of the governing body 1a	5						
b	Enter the number of voting members that are independent 1b	5						
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		No				
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?							
4	Did the organization make any significant changes to its organizational documents since the prior Form 990 was filed?							
5	Did the organization become aware during the year of a material diversion of the organization's assets?							
6	Does the organization have members or stockholders?							
7a	Does the organization have members, stockholders, or other persons who may elect one or more members of the governing body?	7a		No				
b	Are any decisions of the governing body subject to approval by members, stockholders, or other persons?	7b		Νo				
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following							
а	the governing body?	8a	Yes					
b	each committee with authority to act on behalf of the governing body?	8b	Yes					
9a	Does the organization have local chapters, branches, or affiliates?	9a		Νo				
b	If "Yes," does the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with those of the organization?	9b						
10	Was a copy of the Form 990 provided to the organization's governing body before it was filed? All organizations							

must describe in Schedule O the process, if any, the organization uses to review the Form 990 | 10

Is there any officer, director or trustee, or key employee listed in Part VII, Section A, who cannot be reached at

the organization's mailing address? If "Yes," provide the names and addresses in Schedule O

Section B. Policies

			Yes	No
12a	Does the organization have a written conflict of interest policy? If "No", go to line 13 \cdot .	12a	Yes	
b	Are officers, directors or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes	
c	Does the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this is done	12c	Yes	
13	Does the organization have a written whistleblower policy?	13	Yes	
14	Does the organization have a written document retention and destruction policy?	14	Yes	
15	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision			
а	The organization's CEO, Executive Director, or top management official?	15a	Yes	
b	Other officers or key employees of the organization?	15b	Yes	
	Describe the process in Schedule O			
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		No
b	If "Yes," has the organization adopted a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable Federal tax law, and taken steps to safeguard the organization's exempt status with respect to such arrangements?	16b		
		1		

Section C. Disclosure

- 17 List the States with which a copy of this Form 990 is required to be filed KY
- Section 6104 requires an organization to make its Form 1023 (or 1024 if applicable), 990, and 990-T (501(c) (3)s only) available for public inspection. Indicate how you make these available. Check all that apply own website $\overline{\mbox{\em \colored}}$ another's website $\overline{\mbox{\em \colored}}$ upon request
- Describe in Schedule O whether (and if so, how), the organization makes its governing documents, conflict of interest policy, and financial statements available to the public See Additional Data Table
- State the name, physical address, and telephone number of the person who possesses the books and records of the organization COMMUNITY FOUNDATION OF LOUISVILLE

325 W MAIN STREET SUITE 1110 LOUISVILLE, KY 40202

(502) 585-4649

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

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

1a Complete this table for all persons required to be listed. Use Schedule J-2 if additional space is needed

- * List all of the organization's **current** officers, directors, trustees (whether individuals or organizations) and key employees regardless of amount of compensation, and current key employees. Enter -0- in columns (D), (E), and (F) if no compensation was paid
- * 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, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations
- * List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations

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

Check this box if the organization did no	t compensa	te any o	office	r, dı	rect	or, tru:	stee	or key employee		
		Posit t	(C non (hat a	chec		I				(F)
(A) Name and Title	(B) A verage hours per week	Individual Trustee or Director	Institutional Trustee		Key employee	Highest compensated employee	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	Estimated amount of other compensation from the organization and related organizations
RODERICK J TOMPKINS SR , CHAIR OF THE BOARD	10 00	Х						0	0	0
DR JUDITH L RHOADS , MEMBER AT LARGE	3 00	Х						0	0	0
KATHY B STEWARD JACOBI , SECRETARY/TREASURER	20 00	Х		х				0	100,434	14,604
L RUSH HUNT , VICE CHAIR OF THE BOARD	3 00	Х						0	0	0
SUSAN NICHOLSON , VICE PRESIDENT & CFO	5 00			Х				0	105,852	16,951
C DENNIS RIGGS , PRESIDENT & CEO	5 00			Х				0	213,146	21,399
SUSAN A BARRY , PRESIDENT & CEO	3 00			Х				0	0	0
							<u> </u>			
							<u> </u>			
							<u> </u>			

Part VII Continued

(A) Name and Title	(B) Average hours per week	Individual Trustee or Prector	o at Institutional Trustee	(che	/)	Highest compensated	Former	(D) Reportable compensation from the organization (W- 2/1099MISC)	(E) Reportable compensation from related organizations (W- 2/1099- MISC)	(F) Estimated amount of other compensation from the organization and related organizations
1b Total			•			I	►	C	419,432	52,954

2 Total number of individuals (including those in 1a) who received more than \$100,000 in reportable compensation from the organization ▶0

			res	140
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule I for such individual	_		
	on time 1a. 11 res, comprete schedule 710/ such marviadar	3		Νo
4	For any individual listed online 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization for services			
	rendered to the organization? If "Yes," complete Schedule J for such person	5		Νo

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization

(A) Name and business address	(B) Description of services	(C) Compensation	
	+		
2 Total number of independent contractors (including those in 1) who received more than \$100,000 in compensation			

Part Statement of Revenue VIII

					(A) Total Revenue	(B) Related or Exempt Function Revenue	(C) Unrelated Business Revenue	(D) Revenue Excluded from Tax under IRC 512, 513, or 514
22	1a	Federated camp	paigns 1a					314
and distributions of the second secon	ь	Membership du	es . 1b					
56 ≣	c	Fundraising eve	ents 1c					
± ±	d		ations 1d					
%. <u>E</u>	l e	Government grants						
<u>5</u> 5	f f	All other contribution	ons, gifts, grants, and 1f	3,475,000				
產量	-	sımılar amounts no	t included above					
### 	g		butions included in 150,000					
Contributions, gifts, grants and other similar amounts	h		s 1a-1f)	►	3,475,000			
				Business Code				
Ĕ	2a							
28.	ь							
93	c							
ija M	d							
ਔ ⊊	e							
Program Service Revenue	f	All other progra	ım service revenue					
<u>~</u>	g	Total. Add lines	s 2a-2f	▶ \$				
	3	Investment inc	ome (including dividen	ds, interest				
			nounts)	l l	1,423,188			1,423,188
	4		tment of tax-exempt bond	. 1				
	5	Royalties						
	6a	Gross Rents	(ı) Real	(II) Personal				
	Ь	Less rental						
		expenses Rental income						
	C	or (loss)						
	d	Net rental incor	me or (loss)					
	7a	Gross amount	(ı) Securities 15,968,742	(II) O ther				
	"	from sales of assets other	, ,					
	١.	than inventory	17.012.102					
	Ь	Less cost or other basis and	17,813,102					
	_c	sales expenses Gaın or (loss)	-1,844,360					
	d	Net gain or (los	s)		-1,844,360			-1,844,360
Other Revenue	8a	See Part IV , lın	luding reported on line 1c)					
æ		\$15,000	а					
<u>.</u>	b		penses b					
oth	9a		loss) from fundraising of the following activities e 19	events F				
		Complete Schedu \$15,000	ule G ıf total exceeds a					
	b c		penses b loss) from gaming acti	vities				
	10a	Gross sales of returns and allo						
	ь	Less cost of go	oods sold b					
	с	Net income or (loss) from sales of inve	entory 🗠				
		Miscellaneous	Revenue	Business Code				
	11a	MISCELLANEC	USINCOME	900,099	1,540	1,540		
	b							
	c							
	d	All other revenu	ue					
	e	Total. Add lines	s 11a-11d	\$				
	12	Total Revenue.	Add lines 1h, 2g, 3, 4,	1,540 5,6d,7d,8c, ▶-	3,055,368	1,540	0	-421,172

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) but are not required to complete columns (B), (C), and (D).								
Do	not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses			
1	Grants and other assistance to governments and organizations in the U.S. See Part IV, line 21	1,482,118	1,482,118					
2	Grants and other assistance to individuals in the U.S. See Part IV, line 22							
3	Grants and other assistance to governments, organizations and individuals outside the U.S. See Part IV, lines 15 and 16							
4	Benefits paid to or for members							
5	Compensation of current officers, directors, trustees, and key employees							
6	Compensation not included above, to disqualified persons (as defined under section $4958(f)(1)$) and persons described in section $4958(c)(3)(B)$							
7	Other salaries and wages							
8	Pension plan contributions (include section 401(k) and section 403(b) employer contributions)							
9	Other employee benefits							
10	Payroll taxes							
11	Fees for services (non-employees)							
а	Management							
ь	Legal	2,300		2,300				
С	Accounting	1,000		1,000				
d	Lobbying							
e	Professional fundraising See Part IV, line 17							
f	Investment management fees	146,900		146,900				
g	Other	5,075		5,075				
12	Advertising and promotion	54,769		54,769				
13	Office expenses	3,790		3,790				
14	Information technology							
15	Royalties							
16	Occupancy							
17	Travel	7,884		7,884				
18	Payments of travel or entertainment expenses for any Federal, state or local public officials							
19	Conferences, conventions and meetings							
20	Interest							
21	Payments to affiliates							
22	Depreciation, depletion, and amortization							
23	Insurance	2,790		2,790				
24	Other expenses—Itemize expenses not covered above (Expenses grouped together and labeled miscellaneous may not exceed 5% of total expenses shown on line 25 below)							
а	PROFESSIONAL SERVICES	190,500	97,500	93,000				
b	ADMINISTRATIVE FEES	117,000		117,000				
c	MISCELLANEOUS	900		900				
f	All other expenses							
25	Total functional expenses. Add lines 1 through 24f	2,015,026	1,579,618	435,408	(
26	Joint Costs. Check if following SOP 98-2 Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation							

Part X	Balance	Sheet

				(A) Beginning of year		(B) End of year
	1	Cash—non-interest-bearing		944,148	1	391,855
	2	Savings and temporary cash investments		692,872	2	1,017,383
	3	Pledges and grants receivable, net			3	
	4	Accounts receivable, net		0	4	825,000
	5	Receivables from current and former officers, directors, trustees, other related parties Complete Part II of Schedule L			5	
	6	Receivables from other disqualified persons (as defined under sec persons described in section 4958(c)(3)(B) Complete Part II of So	ction 4958(f)(1)) and		6	
	7	Notes and loans receivable, net			7	
	8	Inventories for sale or use			8	
20	9	Prepaid expenses and deferred charges			9	
ssets	10a	Land, buildings, and equipment cost basis	1 1			
⋖			10a 150,000	1		
	Ь	Less accumulated depreciation <i>Complete Part VI of</i> Schedule D	10ь	0	10c	150.000
	11	Investments—publicly traded securities		42,605,231	11	39,074,641
	12	Investments—other securities See Part IV, line 11 Complete Par Schedule D	t VII of	,,	12	
	13	Investments—program-related See Part IV, line 11 Complete Part of Schedule D.	rt VIII		13	
	14	Intangible assets			14	
	15	Other assets See Part IV, line 11 Complete Part IX of Schedule				
	4.5	D	44,242,251	15	41,458,879	
	16	Total assets. Add lines 1 through 15 (must equal line 34)		13,765	16	14,570
	17	Accounts payable and accrued expenses .		13,769	17	
	18	Grants payable		0	18	1,306,968
	19	Deferred revenue			19	
Ø.	20	Tax-exempt bond liabilities			20	
ije	21	Escrow account liability Complete Part IV of Schedule D			21	
Liabilities	22	Payable to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified			, -	
		persons Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrelated third parties	• •		23	
	24	Unsecured notes and loans payable			24	
	25	Other liabilities Complete Part X of Schedule D		25		
	26	Total liabilities. Add lines 17 through 25		13,765	26	1,321,538
S e S		Organizations that follow SFAS 117, check here ► ✓ and complet through 29, and lines 33 and 34.	ete lines 27			
ä	27	Unrestricted net assets		44,228,486	27	40,137,341
Balance	28	Temporarily restricted net assets			28	
프	29	Permanently restricted net assets		29		
r Fund		Organizations that do not follow SFAS 117, check here ► □ and lines 30 through 34.	complete			
S Of	30	Capital stock or trust principal, or current funds			30	
ě.	31	Paid-in or capital surplus, or land, building or equipment fund			31	
Assets	32	Retained earnings, endowment, accumulated income, or other fun			32	
Net /	33	Total net assets or fund balances		44,228,486		40,137,341
Ż	34	Total liabilities and net assets/fund balances		44,242,251	34	41,458,879
Pa	rt XI	Financial Statements and Reporting				

Dart VI	Einancial	Statements	and D	oporting
7. 1 4 2 . 1 2	FINANCIAL	Statements	ann R	emmetiliki.

			Yes	No
1	Accounting method used to prepare the Form 990			
2a	a Were the organization's financial statements compiled or reviewed by an independent accountant? 2a			
b	b Were the organization's financial statements audited by an independent accountant? 2b			
С	If "Yes" to lines 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?	2c		
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?	3a		No
b	If "Yes," did the organization undergo the required audit or audits?	3b		

DLN: 93493137017370

OMB No 1545-0047

SCHEDULE A

(Form 990 or 990EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

To be completed by all section 501(c)(3) organizations and section 4947(a)(1)nonexempt charitable trusts. Attach to Form 990 or Form 990-EZ. See separate instructions.

Open to Public Inspection

		ne organizat IN JR FOUNDA						Em	ployer ide	nt if icat io	n numbei	•		
ГСЦХ	E MAKI	IN JK FOONDA	ATION INC					26	-219346	2				
Рa	rt I	Reason	for Public C	harity Status (to be co	mpleted	hv all or	ganizatio							
				ation because it is (Please					111501 000	101107				
1	Г			nurches, or association of ch		-			(A)(i).					
2	, T	•		tion 170(b)(1)(A)(ii). (Atta				(-) (-) (/(-/-					
3	, T			e hospital service organizati		•	tion 170(l	o)(1)(A)(i	ii). (Attac	h Schedul	e H)			
4	, 			zation operated in conjuncti										
•	'	hospital's name, city, and state												
5	Γ	An organız	atıon operated f	or the benefit of a college or	universit	y owned o	roperated	l by a gove	ernmental	unıt desc	ribed in			
Section 170(b)(1)(A)(iv). (Complete Part II)														
6	Γ	A federal,	state, or local g	overnment or governmental	unıt descr	ibed in Se	ction 170	(b)(1)(A)	(v).					
7	Γ	An organiz	ation that norm	ally receives a substantial p	art of its s	support fro	om a gove	rnmental u	ınıt or fror	n the gene	ral publi	с		
		described	in Section 170(l	o)(1)(A)(vi) (Complete Par	tII)									
8	Γ	A commun	ıty trust describ	oed in Section 170(b)(1)(A)	(vi) (Com	plete Par	tII)							
9	Γ	An organiz	ation that norm	ally receives (1) more than	331/3% 0	f its supp	ort from c	ontribution	ns, membe	rship fees	, and gro	SS		
		receipts fro	om activities re	ated to its exempt functions	s—subject	to certair	n exceptio	ns, and (2) no more	than 331/	3% of			
		receipts from activities related to its exempt functions—subject to certain exceptions, and (2) no more than 331/3% 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)												
10	Г			and operated exclusively to						ee instruct	tions)			
11	~	An organiz	atıon organized	and operated exclusively fo	r the bene	fit of, to p	erform the	functions	of, or to o	arry out t	he purpo	ses 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 that describes the type of supporting organization and complete lines 11e through 11h a												
	_								d	' ''	III - Ot			
е	ı		-	rtify that the organization is			•			•				
		other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2)												
f				d a written determination fro	m the IRS	that it is	a Type I,	Type II o	r Type III	supportin	g organi:	zation,		
		check this										ন		
g				as the organization accepte	d any gift	or contrib	ution from	any of the	!					
		following p		r indirectly controls, either	alone or to	aether wi	th nersons	describe	d in (ii)		Yes	No		
			· ·			=	en persone	, 40501150	u ()	11g(No		
														
			•	ty of a person described in (2000				11g(11g(No No		
h				nation about the organization			cupports			119(,	1 110		
		riovide tile	: lollowing illion	nation about the organization	ins the org	jailizatioii	supports							
	(i) Na	ame of	(ii) EIN	(iii) Type of organization	(iv) I	s the	(v) Did y	ou notify	(vi) I	s the	(vii) Ar	nount of		
		orted		(described on lines 1-9	_	ation in	1	inization	_	ation in	supp	ort?		
	Organ	ıızatıon	above or IRC section		1 ' ' 1 ' '									
				(See Instructions))		(See Instructions)) your governing support document?		support? In th		in the US?				
					Yes	No	Yes	No	Yes	No				
COM	MUNITY	•					1							
	NDATION SVILLE I		310997017	501(C)(3)	Yes		Yes		Yes			0		
LUU			1		1		1		1					

Total

Part II	Support Schedule for Organizations Described in IRC 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.)

Pι	ıblic Support		, ,	,				
Cale	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e)	2008	(f) Total
1	Gifts, grants, contributions, and							
	membership fees received (Do not							
	include any "unusual grants ")							
2	Tax revenues levied for the organization's							
	benefit and either paid to or expended on							
_	its behalf The value of services or facilities					 		
3	furnished by a governmental unit to the							
	organization without charge							
4	Total. Add line 1-3					1		
5	The portion of total contribution by each							
5	person (other than a government unit or							
	publicly supported organization) included							
	on line 1 that exceed 2% of the amount							
	shown on line 11, column							
	· (f)							
6	Public Support subtract line 5 from line							
	4							
	otal Support		1		T			
	endar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) :	2008	(f) Total
7	A mounts 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							
10	from the sale of capital assets (Explain in							
	Part IV)							
11	Total Support (Add lines 7 through 10)							
12	Gross receipts from related activities, etc	(See instructio	ns)		•	12		
13	First Five Years. If the Form 990 is for the	organization's f	irst second thu	d fourth or fifth	ntay vearas a F		3)	
	organization, check this box and stop here		mat, second, tim	u, rouren, or mer	rtax year as a s	/O1(C)(C	• •	▶ □
								•
Co	omputation of Public Support Perc	entage						
14	Public Support Percentage for 2008 (line 6	5 column (f) dıvı	ded by line 11 c	olumn (f))		14		
15	Public Support Percentage for 2007 School	dule A , Part IV -	A, line 26f			15		
16a	33 1/3% Test - 2008. If the organization di	d not check the	box on line 13.	and line 14 is 3	3 1/3% or more.		this box	
	and stop here. The organization qualifies a				,			▶ □
b	33 1/3% Test - 2007. If the organization d				15 is 33 1/3% d	r more,	check th	
	box and stop here. The organization qualifi	es as a publicly	supported orga	nızatıon				▶ □
17a	10% Facts and Circumstances Test - 2008.							
	more, and if the organization meets the "fa		•					· —
	organization meets the "facts and circums							► □
Ь	10% Facts and Circumstances Test - 2007.							
	more, and if the organization meets the "fa		·					_
4.0	the organization meets the "facts and circu							n ▶
18	Private Foundation. If the organization did	not check the b	oux on line 13, 1	oa, 100, 1/a or	1/D, check this	oox an	u see	▶ □
	ınstructions							F-1

Pa	Support Schedule for On (Complete only if you ched				(2)		
	ction A. Public Support		_	,			
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not						
2	include any "unusual grants ") Gross receipts from admissions,						
2	merchandise sold or services performed,						
	or facilities furnished in any activity that						
	is related to the organization's tax-						
	exempt purpose						
3	Gross receipts from activities that are						
	not an unrelated trade or business under						
	section 513						
4	Tax revenues levied for the						
	organization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
_	organization without charge						
6	Total Add lines 1-5						
7a	A mounts included on lines 1, 2, and 3						
	received from disqualified persons Amounts included on lines 2 and 3						
D	received from other than disqualified						
	persons that exceed the greater of 1% of						
	the total of lines 9, 10c, 11, and 12 for						
	the year or \$5,000						
С	Total of lines 7a and 7b						
8	Public Support (Substract line 7c from						
_	line 6)						
То	tal Support						
Cale	ndar year (or fiscal year beginning in)	(a) 2004	(b) 2005	(c) 2006	(d) 2007	(e) 2008	(f) Total
9	A mounts from line 6						
10a	Gross income from interest, dividends,						
	payments received on securities loans,						
	rents, royalties and income from similar						
	sources						
b	Unrelated business taxable income (less						
	section 511 taxes) from businesses						
	acquired after 30 June, 1975		+				
С	Add lines 10a and 10b						
11	Net income from unrelated business						
	activities not included in line 10b, whether or not the business is regularly						
	carried on						
12	Other income Do not include gain or loss						
	from the sale of capital assets						
	(Explain in Part IV)						
13	Total Support (Add lines 9, 10c, 11 and						
	12)						
14	First Five Years If the Form 990 is for the	organızatıon's fı	rst, second, thir	d, fourth, or fifth	ntax year as a 5	01(c)(3) organı	zation,
	check this box and stop here						▶ □
	manufaction of Dublic Compact Days						
15	mputation of Public Support Perc Public Support Percentage for 2008 (line		dod by line 12 o	olumn (fl)		T 4= T	
			•	.orumin (1))		15	
16	Public Support Percentage for 2007 Sche	dule A , Part IV -	A, line 27g			16	
		D					
Co	mputation of Investment Income Investment Income Percentage for 2008 (ne 13 column /f	<u> </u>	17	
				-	"	17	
ΤQ	Investment Income Percentage from 2007	ocnequie A , Pa	TLIV-A, IINE 2/	H		18	

19a 33 1/3% Tests - 2008. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line

17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization **33 1/3% Tests - 2007.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization

Private Foundation If the organization did not check a box on line 14, 19a or 19b, check this box and see instructions

Schedule A (Form 990 or 990-EZ) 2008

▶□

Part IV	Supplemental Information. Complete this part to provide the information required by Part II, line 10; Part II, line 17a or 17b, or Part III, line 12. Provide and any other additional information. (see instructions)					
	Facts and Circumstances Test					

Schedule A (Form 990 or 990-EZ) 2008

OMB No 1545-0047

Open to Public Inspection

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

► Attach to Form 990. To be completed by organizations that answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11, or 12.

Supplemental Financial Statements

Name of the organization **Employer identification number** FELIX E MARTIN JR FOUNDATION INC 26-2193468 Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year Aggregate Contributions to (during year)

3 Aggregate Grants from (during year) Aggregate value at end of year Did the organization inform all donors and donor advisors in writing that the assets held in donor advised

funds are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds may be used only for charitable purposes and not for the benefit of the donor or donor advisor or other

┌ No

Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Pu	rpose(s) of conservation easements held by the organization (chec	k all	that apply)
Γ	Preservation of land for public use (e g , recreation or pleasure)	\sqcap	Preservation of an historically importantly land area
	Protection of natural habitat	\sqcap	Preservation of certified historic structure

Preservation of open space

impermissible private benefit?

Complete lines 2a-2d if the organization held a qualified conservation contribution in the form of a conservation easement

on the last day of the tax year

Held at the End of the Year Total number of conservation easements

h 2b Total acreage restricted by conservation easements

2с c Number of conservation easements on a certified historic structure included in (a)

d Number of conservation easements included in (c) acquired after 8/17/06 2a 2d

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during 3 the taxable year 🕨

Number of states where property subject to conservation easement is located

Does the organization have a written policy regarding the periodic monitoring, inspection, violations, and enforcement of the conservation easements it holds?

Staff or volunteer hours devoted to monitoring, inspecting and enforcing easements during the year 🕨

7 A mount of expenses incurred in monitoring, inspecting, and enforcing easements during the year 🕨 \$

Does each conservation easement reported on line 2(d) above satisfy the requirements of section ☐ Yes 170(h)(4)(B)(ı) and 170(h)(4)(B)(ıı)?

In Part XIV, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes

the organization's accounting for conservation easements

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

If the organization elected, as permitted under SFAS 116, not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education or research in furtherance of public service, provide, in Part XIV, the text of the footnote to its financial statements that describes these items

If the organization elected, as permitted under SFAS 116, to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items

(i) Revenues included in Form 990, Part VIII, line 1

For Paperwork Reduction Act Notice, see the Intructions for Form 990

(ii) Assets included in Form 990, Part X

► \$

If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 relating to these items

Revenues included in Form 990, Part VIII, line 1

Assets included in Form 990, Part X

Cat No 52283D

Schedule D (Form 990) 2008

Part	Organizations Maintaining Collections o	f Art, His	tori	<u>cal Treasur</u>	es, or Othe	<u>r Similar</u>	Asse	ts (ca	ntınued)
3	Using the organization's accession and other records, che items (check all that apply)	ck any of th	ie fol	lowing that are	a sıgnıfıcant u	se of its co	llection		
а	Public exhibition	d	Γ	Loan or exch	ange programs				
b	Scholarly research	e	Γ	Other					
c	Preservation for future generations								
4	Provide a description of the organization's collections and Part XIV	explain ho	v the	y further the or	ganızatıon's ex	empt purpo	se in		
5	During the year, did the organization solicit or receive don assets to be sold to raise funds rather than to be maintain		,			nılar	Γ,	Yes	Г No
Par	Trust, Escrow and Custodial Arrangeme Part IV, line 9, or reported an amount on Fo				nization answ	ered "Yes	" to Fo	rm 9	90,
1a	Is the organization an agent, trustee, custodian or other in included on Form 990, Part X?	ntermediary	for c	ontributions or	other assets i	not	Γ,	Yes	┌ No
b	If "Yes," explain why in Part XIV and complete the following	ng table							
							A mou	nt	
с	Beginning balance				1c				
d	Additions during the year				1d				
e	Distributions during the year				1e				
f	Ending balance				1f				
2a	Did the organization include an amount on Form 990, Part	X, line 21?					Γ,	Yes	☐ No
	If "Yes," explain the arrangement in Part XIV								
Pa	rt V Endowment Funds. Complete if the organi							- 1/	
	(a)Current Y	ear (D	Prior '	rear (c) iwo	Years Back (d)	Three Years B	аск (е)	rour Y	ears back
1a -	Beginning of year balance								
b	Contributions								
с	Investment earnings or losses								
d	Grants or scholarships								
е	Other expenditures for facilities and programs								
f	Administrative expenses								
g	End of year balance								
2	Provide the estimated percentage of the year end balance	held as							
а	Board designated or quasi-endowment								
ь	Permanent endowment								
С	Term endowment ►								
3a	Are there endowment funds not in the possession of the oil	ganızatıon	thata	are held and ad	ministered for	the			
	organization by	•				_		Yes	No
	(i) unrelated organizations		•				3a(i)		
_	(ii) related organizations						3a(ii)		<u> </u>
	If "Yes" to 3a(II), are the related organizations listed as re	•				[3b		<u> </u>
4	Describe in Part XIV the intended uses of the organization t VI Investments—Land, Buildings, and Equi				rt V line 10				
Par	t VI Investments—Land, Buildings, and Equi	pilielit. S		<u> </u>			Т		
	Description of investment			a) Cost or other sis (investment)	(b)Cost or other basis (other)	(c) Deprec	iation	(d) Bo	ok value
1a	Land		+	150,000					150,000
	Buildings		-	130,000]	-		130,000
	Leasehold improvements		\vdash				+		
	Equipment		\vdash				+		
	Other		\vdash						
	I. Add lines 1a-1e (Column (d) should equal Form 990, Part X	column (B	line	10(c)		<u> </u>	+		150,000
	minda illes ta te (Columni (a) should equal Form 550, Fall A	, column (D,	, ,,,,,,	±0(0 <i>).)</i> • •		· · •			130,000

Part VII	Investments-Other Securities. See	Form 990, Part X, line 1	2.	
	(a) Description of security or cateory (including name of security)	(b)Book value		d of valuation ·year market value
Financial d	erivatives and other financial products			
	eld equity interests			
Other				
Total. (Colu	mn (b) should equal Form 990, Part X, col (B) line 12) 🕨			
Down VIII	Investments Duesus Polated Co	a Farm OOO Dart V June	12	
Part VIII	Investments—Program Related. Se			d of valuation
	(a) Description of investment type	(b) Book value		year market value
Total (Colu	mn (b) should equal Form 990, Part X, col (B) line 13)			
Part IX		ne 15.		
	(a) Descri			(b) Book value
Total. (Colu	ımn (b) should equal Form 990, Part X, col.(B) line .	15.)		
	Other Liabilities. See Form 990, Part 3			
	(a) Description of Liability	(b) A mount		
Federal Inc	come Taxes			
]	
]	
]	
			1	
			1	
			1	
-			1	
			1	
Total. (Colum	mn (b) should equal Form 990, Part X, col (B) line 25) 🕨		1	
,,	· · · · · · · · · · · · · · · · · · ·	1		

Part	XI Reconciliation of C	hange in Net Assets from Forn	n <mark>990 to Financial</mark> :	Statement	s	
1	Total revenue (Form 990, Part	VIII, column (A), line 12)			1	3,055,368
2	Total expenses (Form 990, Par	t IX, column (A), line 25)			2	2,015,026
3	Excess or (deficit) for the year	Subtract line 2 from line 1			3	1,040,342
4	Net unrealized gains (losses) o	n investments			4	-5,131,487
5	Donated services and use of fac	cilities			5	
6	Investment expenses				6	
_	Prior period adjustments				7	
	Other (Describe in Part XIV)			-	8	
	Total adjustments (net) Add Iir	nes 4 - 8		-	9	-5,131,487
		per financial statements Combine lines	: 3 and 9	-	10	-4,091,145
		evenue per Audited Financial		evenue pe		
1		r support per audited financial stateme			1	
2		it not on Form 990, Part VIII, line 12				
а		ments	. 2a			
ь	Donated services and use of fa		2b			
c	Recoveries of prior year grants		. 2c			
d	Other (Describe in Part XIV)		. 2d			
e	Add lines 2a through 2d .				2e	
3	Subtract line 2e from line 1.			· · ·	3	
4		O, Part VIII, line 12, but not on line 1		· · ·		
a		uded on Form 990, Part VIII, line 7b	. 4a			
b	Other (Describe in Part XIV)	·	4b			
c	,		ן עד		4c	
5		d 4c. (This should equal Form 990, Pari			5	
art)		xpenses per Audited Financial				turn
1		r audited financial statements			1	
2		it not on Form 990, Part IX, line 25				
- а		acılıtıes	_{2a}			
b			. 2b			
c	· -	, Part IX, line 25	2c			
d			. 2d			
	Add lines 2a through 2d				2e	
е 3	Subtract line 2e from line 1 .				3	
		O, Part IX, line 25, but not on line 1:			- 	
4		uded on Form 990, Part VIII, line 7b	ا ما			
a L	•	,				
b			. 4b		.	
с -	Add lines 4a and 4b				4c	
5	·	nd 4c. (This should equal Form 990, Pa	rt I, line 18)	• • • 1	5	
Comp	plete this part to provide the des	scriptions required for Part II, lines 3, 5 , Part XII, lines 2d and 4b, and Part XI		a and 4, Par	t XIV , lıı	nes 1b and 2b,
	Ident if ier	Return Reference		Explanatio	n	

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OMB No 1545-0047

Employer identification number

DLN: 93493137017370

2008

Department of the Treasury Internal Revenue Service Name of the organization

Schedule I

(Form 990)

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

Grants and Other Assistance to Organizations,

Governments and Individuals in the U.S.

Open to Public Inspect ion

FELIX E MARTIN JR FOUNDA	TIONINC					26-2193468	
Part I General Infor 1 Does the organization mathe selection criteria use 2 Describe in Part IV the organization	aıntaın records to s ed to award the grar	nts or assistance?	of the grants or assista				▼ Yes □
Part II Grants and Ot Form 990, Part Part IV and Sch	ther Assistance IV, line 21 for an nedule I-1 if addit	to Governments any recipient that receptional space is	and Organizations eved more than \$5,0	in the United Stat 00. Check this box	tes. Complete if the only if no one recipient rec	eived more than \$5,0	
1(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
See Additional Data Table							
2 Fahauhatal awasha a C	F01(-)(2)						25
2 Enter total number of seconganizations3 Enter total number of others.					• 	.	25
For Paperwork Reduction Act No	tice, see the Instruct	ions for Form 990.		Cat No 500551	P	Scl	nedule I (Form 990) 2008

		ce to Individua ıf addıtıonal spac		tates. Complete if the	organization answered "Ye	s" on Form 990, Part IV, line 22.
(a)Type of grant or assistance (b)Number of recipients			(c) A mount of cash grant	(d) A mount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f)Description of non-cash assistance
rt IV Suppleme	ntal Informati	on. Complete thi	s part to provide the	e information required i	n Part I, line 2, and any ot	her additional information.
t if ier	Return Reference	E	Explanation			
+						

Software ID: Software Version:

EIN: 26-2193468

Name: FELIX E MARTIN JR FOUNDATION INC

Form 990, Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
AMERICAN RED CROSS MID- WEST KENTUCKY CHAPTER 124 N SCOTT ST MADISONVILLEMADISONVIL, KY 42431	61-6001690	501(C)(3)	7,500				DISASTER RELIEF DURING 2009 ICE STORMDISASTER RELEI				
BREMEN ELEMENTARY DAYCARE5000 MAIN ST BREMEN, KY 42325	61-6001286	MUHLENBERG COUNTY	5,000				TO PURCHASE EDUCATIONAL SUPPLIES AND PROVIDE SUPPORT FOR STAFF TRAINING				
CENTER FOR NONPROFIT EXCELLENCE SCHOLARSHIPS323 W BROADWAY STE 501 LOUISVILLE, KY 40202	20-0040424	501(C)(3)	17,494				A FIVE-PART NONPROFIT CAPACITY BUILDERS CERTIFICATE PROGRAM				
CENTRAL CITY ELEMENTARY SCHOOLDAYCARE1501 NORTH SECOND ST CENTRAL CITY, KY 42330	61-6001286	MUHLENBERG COUNTY	5,000				TO PURCHASE SUPPLIES AND UPDATE TECHNOLOGY				
CHURCH OF JESUS CHRIST PO BOX 217 BROWDER,KY 42326	22-3919408	501(C)(3)	10,368				DISASTER RELIEF DURING 2009 ICE STORM				
COMMUNITY HEALTH CENTERS OF WESTERN KENTUCKY INC480 HOPKINSVILLE ST GREENVILLE, KY 42345	61-1268014	501(C)(3)	50,000				TO EXPAND SERVICES BY FUNDING THE CONSTRUCTION OF A PEDIATRIC MEDICAL FACILITY				
DUNCAN CENTER MUSEUM & ART GALLERY122 SOUTH CHERRY ST GREENVILLE, KY 42345	61-6001834	CITY OF GREENVILLE	31,148				TO RESTORE THE EXTERIOR AND MAKE STRUCTURAL REPAIRS TO THE CENTER				
FAMILY ADVOCACY CENTER INC228 SOUTH MAIN ST MADISONVILLE, KY 42431	61-1057747	501(C)(3)	9,594				TO PROVIDE THE NURTURING PARENT PROGRAM TO FAMILIES				
GREENVILLE UNITED METHODIST CHURCH144 NORTH MAIN ST GREENVILLE, KY 42345	61-0705008	501(C)(3)	6,500				TO LAUNCH CELEBRATE RECOVERY, A SUBSTANCE ABUSE RECOVERY PROGRAM				
HABITAT FOR HUMANITY OF MUHLENBERG COUNTYPO BOX 103 GREENVILLE, KY 42345	31-1495142	501(C)(3)	15,000				TO SPONSOR THE CONSTRUCTION OF THE 2010 HABITAT HOME BUILDING PROJECT				

Form 990,Schedule I,	orm 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
HOOFBEATS HEARTSTRINGS AND HOPES INC150 MASSEY LN GREENVILLE,KY 42345	42-1546561	501(C)(3)	14,000				UPGRADE FACILITIES AND PURCHASE SAFETY EQUIPMENT AND SADDLES					
JUNIOR ACHIEVEMENT OF WESTERN KENTUCKY - MUHLENBERG DISTRICT1195 WING AVENUE OWENSBORO,KY 42303	61-0564988	501(C)(3)	45,000				TO SUSTAIN AND EXPAND JUNIOR ACHIEVEMENTS HIGH SCHOOL PROGRAMS					
MADISONVILLE COMMUNITY COLLEGE 2000 COLLEGE DR MADISONVILLE, KY 42431	61-1170325	501(C)(3)	110,000				TO FUND THE SCHOOL COUNTS! SCHOLARSHIP PROGRAM FOR MUHLENBERG COUNTY					
MADISONVILLE COMMUNITY COLLEGE COUNTY LIBRARY2000 COLLEGE DR MADISONVILLE, KY 42431	61-1170325	501(C)(3)	28,760				TO ESTABLISH DOLLY PARTON IMAGINATION LIBRARY READING PROGRAM					
MUHLENBERG COMMUNITY THEATRE INC119 NORTH MAIN ST GREENVILLE,KY 42345	31-1087760	501(C)(3)	36,000				TO FUND RENOVATIONS AND ENHANCEMENTS OF THE THEATRE AND SOUND SYSTEM					
MUHLENBERG COUNTY 4-HPO BOX 199 GREENVILLE,KY 42345	26-1433761	501(C)(3)	8,875				TO PROVIDE 4-H CAMP SCHOLARSHIPS AND SUPPORT FOR THE FOOD FOR KIDS BACKPACK PROGRAM					
MUHLENBERG COUNTY EXTENSION SERVICEPO BOX 199 GREENVILLE, KY 42345	61-1232717	UNIVERSITY OF KENTUC	16,370				TO SUSTAIN THE SUBSTANCE ABUSE PREVENTION EFFORTS OF STAND					
MUHLENBERG COUNTY OPPORTUNITY CENTER 615 OPPORTUNITY WAY GREENVILLE, KY 42345	61-0665523	501(C)(3)	50,000				TO FUND A RENOVATION AND NEW ROOF FOR THE CLIENT WORK AREA					
MUHLENBERG COUNTY SCHOOL DISTRICT510 W MAIN ST POWDERLY,KY 42367	61-6001286	MUHLENBERG COUNTY	590,500				TO EXPAND THE CONSTRUCTION OF A PERFORMING ARTS CENTER					
MUHLENBERG SOUTH ELEMENTARY SCHOOL 3517 US HIGHWAY 431 SOUTH BEECHMONT, KY 42323		MUHLENBERG COUNTY	14,737				TO SUPPORT AFTER-SCHOOL CLUBS AND A COMMUNITY LEARNING CENTER					

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States											
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount 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 SOUTH MIDDLE SCHOOL200 PRITCHETT DR GREENVILLE,KY 42345	61-6001286	MUHLENBERG COUNTY	7,203				TO CONSTRUCT AN OUTDOOR CLASSROOM AND CREATE THE LANDSCAPE FOR LEARNING PROGRAM				
PATHWAY OF HOPE A PREGNANCY RESOURCE CENTER122 WEST MAIN CROSS ST GREENVILLE, KY 42345	41-2134915	501(C)(3)	15,000				TO HELP FUND A NEW PARENT PREPAREDNESS PROGRAM, EARN WHILE YOU LEARN				
PENNYROYAL REGIONAL MENTAL HEALTH MENTAL RETARDATION BOARD PO BOX 614 HOPKINSVILLE, KY 42240	61-0662739	501(C)(3)	84,906				START AN ADOLESCENT INTENSIVE OUTPATIENT PROGRAM FOR MUHLENBERG COUNTY				
SECOND BAPTIST CHURCHPO BOX 390 GREENVILLE, KY 42345	61-1310505	501(C)(3)	31,250				TO PURCHASE AND INSTALL A GENERATOR FOR COMMUNITY EMERGENCY SHELTER				
UNIVERSITY OF KENTUCKYSTURGILL DEVELOPMENT BUILDING LEXINGTON, KY 40506	61-6001218	501(C)(3)	253,772				TO ESTABLISH A FINE ARTS EXTENSION AGENT THROUGH THE UK COOPERATIVE EXTENSION				
DUNCAN CENTER MUSEUM & ART GALLERY122 SOUTH CHERRY ST GREENVILLE, KY 42345	61-6001834	CITY OF GREENVILLE	31,148				TO RESTORE THE EXTERIOR AND MAKE STRUCTURAL REPAIRS TO THE CENTER				
FAMILY ADVOCACY CENTER INC228 SOUTH MAIN ST MADISONVILLE, KY 42431	61-1057747	501(C)(3)	9,594				TO PROVIDE THE NURTURING PARENT PROGRAM TO FAMILIES				
GREENVILLE UNITED METHODIST CHURCH 144 NORTH MAIN ST GREENVILLE, KY 42345	61-0705008	501(C)(3)	6,500				TO LAUNCH CELEBRATE RECOVERY, A SUBSTANCE ABUSE RECOVERY PROGRAM				
HABITAT FOR HUMANITY OF MUHLENBERG COUNTY PO BOX 103 GREENVILLE,KY 42345	31-1495142	501(C)(3)	15,000				TO SPONSOR THE CONSTRUCTION OF THE 2010 HABITAT HOME BUILDING PROJECT				
HOOFBEATS HEARTSTRINGS AND HOPES INC150 MASSEY LN GREENVILLE, KY 42345		501(C)(3)	14,000				UPGRADE FACILITIES AND PURCHASE SAFETY EQUIPMENT AND SADDLES				

Form 990,Schedule I,	Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States										
(a) Name and address of organization or government		(c) IRC Code section if applicable		(e) A mount of non- cash assistance		(g) Description of non-cash assistance	(h) Purpose of grant or assistance				
JUNIOR ACHIEVEMENT OF WESTERN KENTUCKY - MUHLENBERG DISTRICT1195 WING AVENUE OWENSBORO,KY 42303		501(C)(3)	45,000				TO SUSTAIN AND EXPAND JUNIOR ACHIEVEMENTS HIGH SCHOOL PROGRAMS				
MADISONVILLE COMMUNITY COLLEGE 2000 COLLEGE DR MADISONVILLE, KY 42431	61-1170325	501(C)(3)	110,000				TO FUND THE SCHOOL COUNTS! SCHOLARSHIP PROGRAM FOR MUHLENBERG COUNTY HS				
MADISONVILLE COMMUNITY COLLEGE COUNTY LIBRARY2000 COLLEGE DR MADISONVILLE,KY 42431	61-1170325	501(C)(3)	28,760				TO ESTABLISH DOLLY PARTON IMAGINATION LIBRARY READING PROGRAM				
MUHLENBERG COMMUNITY THEATRE INC119 NORTH MAIN ST GREENVILLE, KY 42345	31-1087760	501(C)(3)	36,000				TO FUND RENOVATIONS AND ENHANCEMENTS OF THE THEATRE AND SOUND SYSTEM				
MUHLENBERG COUNTY 4-HPO BOX 199 GREENVILLE, KY 42345	26-1433761	501(C)(3)	8,875				TO PROVIDE 4-H CAMP SCHOLARSHIPS AND SUPPORT FOOD FOR KIDS BACKPACK PROGRAM				
MUHLENBERG COUNTY EXTENSION SERVICEPO BOX 199 GREENVILLE, KY 42345	61-1232717	UNIVERSITY OF KENTUC	16,370				TO SUSTAIN THE SUBSTANCE ABUSE PREVENTION EFFORTS OF STAND				
MUHLENBERG COUNTY OPPORTUNITY CENTER 615 OPPORTUNITY WAY GREENVILLE,KY 42345	61-0665523	501(C)(3)	50,000				TO FUND A RENOVATION AND NEW ROOF FOR THE CLIENT WORK AREA				
MUHLENBERG COUNTY SCHOOL DISTRICT510 W MAIN ST POWDERLY, KY 42367	61-6001286	MUHLENBERG COUNTY SC	590,500				TO EXPAND THE CONSTRUCTION OF A PERFORMING ARTS CENTER				
MUHLENBERG SOUTH ELEMENTARY SCHOOL 3517 US HIGHWAY 431 SOUTH BEECHMONT, KY 42323	61-6001286	MUHLENBERG COUNTY SC	14,737				TO SUPPORT AFTER-SCHOOL CLUBS AND A COMMUNITY LEARNING CENTER				
MUHLENBERG SOUTH MIDDLE SCHOOL200 PRITCHETT DR GREENVILLE,KY 42345	61-6001286	MUHLENBERG COUNTY SC	7,203				TO CONSTRUCT AN OUTDOOR CLASSROOM AND CREATE LANDSCAPE FOR LEARNING PROGRAM				

Form 990,Schedule I, Part II, Grants and Other Assistance to Governments and Organizations in the United States												
(a) Name and address of organization or government	(b) EIN	(c) IRC Code section if applicable	(d) A mount of cash grant	(e) A mount of non- cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance					
PATHWAY OF HOPE A PREGNANCY RESOURCE CENTER122 WEST MAIN CROSS ST GREENVILLE, KY 42345		501(C)(3)	15,000				TO HELP FUND A NEW PARENT PREPAREDNESS PROGRAM, EARN WHILE YOU LEARN					
PENNYROYAL REGIONAL MENTAL HEALTH MENTAL RETARDATION BOARD PO BOX 614 HOPKINSVILLE, KY 42240	61-0662739	501(C)(3)	84,906				START AN ADOLESCENT INTENSIVE OUTPATIENT PROGRAM FOR MUHLENBERG COUNTY					
SECOND BAPTIST CHURCHPO BOX 390 GREENVILLE, KY 42345	61-1310505	RELIGIOUS ORGANIZATI	31,250				TO PURCHASE AND INSTALL A GENERATOR FOR COMMUNITY EMERGENCY SHELTER					
UNIVERSITY OF KENTUCKYSTURGILL DEVELOPMENT BUILDING LEXINGTON, KY 40506	61-6001218	501(C)(3)	253,772				TO ESTABLISH A FINE ARTS EXTENSION AGENT THROUGH THE UK COOPERATIVE EXTENSION					

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OMB No 1545-0047

Schedule J (Form 990)

Compensation Information

2008

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

► Attach to Form 990. To be completed by organizations that answered "Yes" to Form 990, Part IV, line 23.

Name of the organization FELIX E MARTIN JR FOUNDATION INC

Employer identification number

26-2193468

Pa	rt I Questions Regarding Compensatio	n				
					Yes	Νo
1a	Check the appropriate box(es) if the organization pro 990, Part VII, Section A, line 1a Complete Part II					
	First class or charter travel	Γ	Housing allowance or residence for personal use			
	▼ Travel for companions	Γ	Payments for business use of personal residence			
	▼ Tax idemnification and gross-up payments	Г	Health or social club dues or initiation fees			
	Discretionary spending account	Γ	Personal services (e g , maid, chauffeur, chef)			
b	If line 1a is checked, did the organization follow a w provision of all the expenses described above? If "I			1b		No
2	Did the organization require substantiation prior to officers, directors, trustees, and the CEO/Executive	• • • • • • • • • • • • • • • • • • • •	2	Yes		
3	Indicate which, if any, of the following the organization's CEO/Executive Director Check all t					
	Compensation committee	Г	Written employment contract			
	✓ Independent compensation consultant	고	Compensation survey or study			
	Form 990 of other organizations	V	Approval by the board or compensation committee			
4	During the year, did any person listed in Form 990,	Part VI	I, Section A, line 1a			
а	Receive a severance payment or change of control	payment	t?	4a		Νo
b	Participate in, or receive payment from, a suppleme	ntal non	iqualified retirement plan?	4b	Yes	
c	Participate in, or receive payment from, an equity-b	ased co	mpensation arrangement?	4c		Νο
	If "Yes" to any of lines 4a-c, list the persons and p	rovide th	ne applicable amounts for each item in Part III			
	501(c)(3) and 501(c)(4) organizations only must co	omplete	lines 5-8.			
5	For persons listed in form 990, Part VII, Section A compensation contingent on the revenues of	, line 1a,	, did the organization pay or accrue any			
а	The organization?			5a		Νo
b	Any related organization?			5b		Νo
	If "Yes," to line 5a or 5b, describe in Part III					
6	For persons listed in form 990, Part VII, Section A compensation contingent on the net earnings of	, lıne 1a,	, did the organization pay or accrue any			
а	The organization?			6a		Νo
b	Any related organization?			6b		Νo
	If "Yes," to line 6a or 6b, describe in Part III					
7	For persons listed in form 990, Part VII, Section A payments not described in lines 5 and 6? If "Yes,"			7		No
8	Were any amounts reported in Form 990, Part VII, subject to the initial contract exception described in Part III			8		No

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use Schedule J-1 if additional space needed.

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

Note. The sum of columns (B)(I)-(III) must equal the applicable column (D) or column (E) amounts on Form 990, Part VII, line 1a

(A) Name	(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Deferred	(D) Nontaxable	(E) Total of columns	(F) Compensation reported in prior Form 990 or Form 990-EZ	
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other compensation	compensation	benefits	(B)(ı)-(D)		
C DENNIS RIGGS (1)								
(11)		7,500	28,896		21,399	234,545		
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								
(i)								
(ii)								

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 4c, 5a, 5b, 6a, 6b, 7, and 8 Also complete this part for any additional information

Ident if ier	Ret urn Ref erence	Explanation
		C DENNIS RIGGS - COMPANION TRAVEL AND TAX INDEMNIFICATION AND GROSS-UP PAYMENTS THIS WAS A ONE TIME EXPENSE FOR THE RETIRING CHIEF EXECUTIVE OFFICER COVERED BY BOARD CONTRIBUTIONS THESE EXPENSE WERE APPROVED BY THE BOARD PRIOR TO TRAVEL
	Part I, Line 1b	THE EXPENSES WERE APPROVED BY THE BOARD PRIOR TRAVEL
	Part I, Line 4a	NONQUALIFIED RETIREMENT PLAN DENNIS RIGGS NO PAYMENTS WERE MADE IN 2008

Schedule J (Form 990) 2008

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DLN: 93493137017370

OMB No 1545-0047

Inspection

SCHEDULE M (Form 990)

Department of the Treasury

To be completed by organizations that answered "Yes" on Form 990, Part IV, lines 29 or 30. Attach to Form 990

Non-Cash Contributions

Internal Revenue Service Employer identification number Name of the organization FELIX E MARTIN JR FOUNDATION INC

					26-2193468		
Pa	rt I Types of Property						
		(a) Check If applicable	(b) Number of Contributions	(c) Revenues reported on Form 990, Part VIII, line	(d) Method of de reven	termining	
1	Art—Works of art	аррпсавіе		19			
	Art—Historical treasures .						
	Art—Fractional interests						
4							
	Clothing and household						
6	Cars and other vehicles						
7	Boats and planes						
	Intellectual property						
9							
10	Securities—Closely held stock .						
	Securities—Partnership, LLC, or trust interests						
12	Securities—Miscellaneous						
	Qualified conservation contribution (historic structures)						
14	Qualified conservation contribution (other)						
15	Real estate—Residential .						
16	Real estate—Commercial						
17	Real estate—Other	Х	1	150,000	FAIR MARKET VAL	UE	
18	Collectibles						
19	Food inventory						
20	Drugs and medical supplies .						
21	Taxıdermy						
22	Historical artifacts						
23	Scientific specimens						
24	Archeological artifacts						
25	Other (describe)						
26	Other (describe)						
27	Other (describe)						
28	Other (describe)						
29	Number of Forms 8283 received which the organization complete Acknowledgement	d Form 828	= -	ar for contributions for	29		
	-					Ye	s No
30a	During the year, did the organization hold for at	ation receiv	e by contribution any prope	erty reported in Part I, lines	1-28 that it must		
	least three years from the date of	of the initial	contribution, and which is	not required to be used for	exempt purposes		
	for the entire holding period? .					30a	No
Ь	If "Yes", describe the arrangem	ent in Part 1	II				
31	Does the organization have a gif	t acceptan	ce policy that requires the	review of any non-standard	contributions?	31 Ye	s
32a	Does the organization hire or us contributions?	e third part	ies or related organizations	to solicit, process, or sell	non-cash	32a Ye:	s
Ь	If "Yes", describe in Part II						
33	If the organization did not report	revenues i	n Column (c) for a type of p	property for which Column (a)ıs		

checked, describe in Part II

Part II Supplemental Information. Complete this part to provide the information required by Part I, lines 30b, 32b, and 33. Also complete this part for any additional information. ReturnReference Identifier Explanation Method for Determining Number of Part I, Column (b) NONCASH DONATION OF LAND WAS MADE BY THE FELIX E Contributors MARTIN, JR TRUST Third Party Use Part I, Line 32b BROKERAGE FIRMS SUCH AS MERRILL LYNCH ARE USED TO SELL PUBLICLY TRADED SECURITIES

OMB No 1545-0047

Open to Public Inspection

SCHEDULE 0

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Information to Form 990

▶ Attach to Form 990. To be completed by organizations to provide additional information for responses to specific questions for the Form 990 or to provide any additional information.

Name of the organization FELIX E MARTIN JR FOUNDATION INC **Employer identification number**

26-2193468

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section A, line 10		A DRAFT OF THE RETURN IS REVIEWED FIRST BY INTERNAL MANAGEMENT AFTER INTERNAL MANAGEMENT HAS REVIEWED THE RETURN AND ANY CHANGES ARE MADE A DRAFT IS PROVIDED TO THE ENTIRE BOARD ONCE THE COMMENTS FROM THE BOARD ARE REVIEWED THE FINAL DRAFT OF THE RETURN IS PREPARED AND SIGNED BY THE SECRETARY/TREASURER

ldentifier	Return Reference	Explanation
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 REVEWED BY THE CHIEF FINANCIAL OFFICER

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section B, line 15		THE ORGANIZATION DOES NOT HAVE ANY EMPLOYEES CURRENTLY, BUT 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 REVIEWS FORM 990'S AND COMPENSATION STUDIES TO DETERMINE A FAIR AND REASONABLE COMPENSATION FOR THE OFFICERS, AND KEY EMPLOYEES THE PRESIDENT'S AND OFFICER'S COMPENSATION IS THEN APPROVED BY THE COMPENSATION COMMITTEE COMPENSATION FOR ALL EMPLOYEES IS APPROVED BY THE COMPENSATION COMMITTEE AND BOARD

ldentifier	Return Reference	Explanation
Form 990, Part VI, Section C, line 18		THE ORGANIZATION MAKES ITS FORM 990 AVAILABLE ON THE COMMUNITY FOUNDATION OF LOUISVILLE, INC. WEBSITE

ldentifier	Return Reference	Explanation
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

ldentifier	Return Reference	Explanation
FORM 990, PAGE 3, LINE 12, FORM 990, PAGE 11, PART XI LINE 2B AND 2C	AUDITED FINANCIAL STATEMENTS	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

ldentifier	Return Reference	Explanation
990 PAGE 7, PART VII COMPENSATION OF OFFICER, DIRECTORS, & TRUSTEES	COMPENSATION FROM RELATED ORGANIZATION	THE AVERAGE HOURS WORKED FOR THE RELATED ORGANIZATION PAYING THE COMPENSATION DENNIS C RIGGS-ESTIMATED AVERAGE HOURS PER WEEK 40 SUSAN NICHOLSON-ESTIMATED AVERAGE HOURS PER WEEK 40 KATHY B STEWARD JACOBIESTIMATED AVERAGE HOURS PER WEEK 20 THE ORGANIZATION PAYING THE COMPENSATION PROVIDED THE INFORMATION FOR THE INDIVIDUALS ESTIMATED HOURS, COMPENSATION AND BENEFITS

SCHEDULE R (Form 990)

Related Organizations and Unrelated Partnerships

2008

Open to Public
Inspection

Department of the Treasury

Attach to Form 990. To be completed by organizations that answerd "Yes" to Form 990, Part IV, lines 33, 34, 35, 36, or 37.
 See separate instructions.

Name of the organization				Employer ident	ification number	
ELIX E MARTIN JR FOUNDATION INC	26-2193468	26-2193468				
Part I Identification of Disregarded Entities						
(A) Name, address, and EIN of disregarded entity	(B) Primary activity Le	(C) egal domicile (state or foreign country)	(D) Total income	(E) End-of-year assets	(F) Direct controlling entity	
Part II Identification of Related Tax-Exempt Organi	zations					
(A) Name, address, and EIN of related organization	(B) Primary activity	(C) Legal domicile (state or foreign country)	(D) Exempt Code secti	(E) Public charity sta (if section 501(c)		
THE COMMUNITY FOUNDATION OF LOUISVILLE DEPOSITORY INC 325 W MAIN STREET STE 1110 LOUISVILLE, KY40202 31-1140889	FACILITATE INDIVIDUAL DONORS' CHARITABLE GIVING	кү	501(C)(3)	7	N/A	
THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY INC 325 W MAIN STREET STE 1110 LOUISVILLE, KY40202 61-1100993	FACILITATE INDIVIDUAL DONORS' CHARITABLE GIVING	кү	501(C)(3)	7	N/A	
THE COMMUNITY FOUNDATION OF LOUISVILLE INC 325 W MAIN STREET STE 1110 LOUISVILLE, KY40202 31-0997017	FACILITATE INDIVIDUAL DONORS' CHARITABLE GIVING	кү	501(C)(3)	7	N/A	
THE REAL ESTATE ASSET LEGACY FOUNDATION OF KENTUCKY INC 325 W MAIN STREET SUITE 1110 LOUISVILLE, KY40202 26-2417672	TYPE I SUPPORTING ORGANIZATION - MAINTAIN AND RECEIVE CONTRIBUTIONS	кү	501(C)(3)	11 TYPE 1	N/A	

(A) Name, address, and EIN of related organization	Prim	(B) nary activity	(C) Legal domicile (state or foreign country)	formicile Direct controlling state or entity foreign		(E) Predominant income(related, investment, unrelated)		(F) e of total income	(G) Share of end-of- year assets	(H) Disproprtionate allocations?		e (I) Code V—UBI amount on Box 20 of K-1	(J) General o managing partner?	
										Yes	No		Yes	No
Part IV Identification of R	Related	l Organizations	Taxable as	a Corporation	ı or Tr	ust								
(A) Name, address, and EIN of related organ		(B) Primary activity		(C) Legal domicile (state or foreign country)		(D) Direct contro	olling	(E) Type of entity (C corp, S corp or trust)	(F) Share of total income	end	(G) hare of l-of-yea assets	(H) Percentage r ownership		

(6)

Part V	Transactions with Related Organizations
	i i alibactionis with Related organizations

	Note. Complete line 1 if any entity is listed in Parts II, III or IV			Ţ.	Yes	No	
	uring the tax year, did the orgranization engage in any of the following transactions with c	one or more related organizations listed in Parts II	-TV?	+			
a Receipt of (i) interest (ii) annuities (iii) royalties (iv) rent from a controlled entity							
	b Gift, grant, or capital contribution to other organization(s)						
	Gift, grant, or capital contribution to other organization(s) Gift, grant, or capital contribution from other organization(s)						
	Loans or loan guarantees to or for other organization(s)		10	d		No	
	e Loans or loan guarantees by other organization(s)						
_			<u> </u>				
f	Sale of assets to other organization(s)		11	f		No	
	Purchase of assets from other organization(s)		19	g		No	
	h Exchange of assets						
	Lease of facilities, equipment, or other assets to other organization(s)		1	.i		No	
			<u> </u>	+			
i	Lease of facilities, equipment, or other assets from other organization(s)		1	.j		No	
	Performance of services or membership or fundraising solicitations for other organization	on(s)		k		No	
	Performance of services or membership or fundraising solicitations by other organizatio		1			No	
	Sharing of facilities, equipment, mailing lists, or other assets	•	11	m	Yes		
	Sharing of paid employees		1:	n i	Yes		
o	Reimbursement paid to other organization for expenses		10	0		No	
	Reimbursement paid by other organization for expenses		11	р		No	
-							
q	O ther transfer of cash or property to other organization(s)		10	q		No	
r Other transfer of cash or property from other organization(s)						No	
2	If the answer to any of the above is "Yes," see the instructions for information on who m	nust complete this line, including covered relations	hips and transaction thresholds				
_	(A)	(B)	(c)				
	Name of other organization(s)	Transaction type(a-r)	Amount Involved				
(1)		· · · · /					
(2)							
(3)							
(4)							
(5)							
			i				

Part VI Unrelated Organizations Taxable as a Partnership

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

									_					
(A) Name, address, and EIN of entity	(B) Primary activity	country)	(D) Are all partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		partners section 501(c)(3) organizations?		(E) Share of end-of-year assets			(G) Code V—UBI amount on Box 20 of K-1	(H) General o managing partner?)
			Yes	No		Yes	No		Yes	No				
			•	•		•		Cabadul	. D / Farms	9907 2008				