Form **990** 

# **Return of Organization Exempt From Income Tax**

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No 1545-0047

2018

Department of the Treasury Internal Revenue Service

Do not enter social security numbers on this form as it may be made public.
 Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

Α	For the	2018 cale	ndar year, or tax year beginn	ning January 1st	, 2018, a	nd ending	<u>Decem</u> be		, 20 18	
В	Check if a	Employe	er identification n	umber						
	Address of	change	Doing business as JustFund	lKy					20-8465456	
_	Name cha	•	Number and street (or P O box	E	Telephor	ne number				
$\overline{}$	Initial retu	-	PO Box 21815	1		859.227.3912				
$\overline{\Box}$		n/terminated								
$\Box$	Amended		Lexington KY 40522				Ìg	Gross re	ceipts \$	17,652.35
			F Name and address of principal of	officer Brandl Skirvin,	President	-			subordinates? Yes	
_	Аррисанс	-			s included? Yes					
_	Tax-exem		PO Box 21815 Lexington KY   ✓ 501(c)(3)   □ 501		4947(a)(1) or	□/ <sub>527</sub> /			list (see instruction	
<u>-</u>	Website:	•	H(c) Group ex		•					
_			w.justfundky.org  Corporation Trust Ass	sociation ☐ Other ►	I Yes	ar of formation	1		of legal domicile	KY
	art I	Summ		ociation other >	1 210		2007	Otate	or legal definition	
			escribe the organization's m	niceion or most signifi	cant activities:	To provi	de funde to e	upport	education about	t iceues
40	1	-				10 provi	de lulius to s	прроп	education abou	133063
Governance	] - 3	affecting	the gay, lesbian, bisexual, tra	ansgenered, and gueer	r community.					
Ľ		Ot I - 41-	<b></b>				mara than a	50/ of	to not conote	
Ş	1		is box ▶☐ if the organizati			sposed of	more man z		its het assets	•
			of voting members of the g	· ·		الطالة عندا		3		8
Š			of independent voting mem				•	4		8
īţie			nber of individuals employe	•		(2a)	• • •	5		0
Activities			nber of volunteers (estimate	* * *		•		6		15
ď			elated business revenue fro		•	•		7a		0.00
	b	Net unrel	ated business taxable inco	me from Form 990-1,	, line 38	· —		7b		0.00
	_			Prior Year		Current Ye				
ē	1		tions and grants (Part VIII, li	23	3400.00	·-	15458			
en		_	service revenue (Part VIII, I			• •		0		1194
Revenue			nt income (Part VIII, column					3467.00		-102107
-			enue (Part VIII, column (A),	-46606.00			0			
			enue—add lines 8 through 1		1566.00		-84455			
			nd similar amounts paid (Pa			·	44	1820.00		47008
			paid to or for members (Pai			· · <u> </u>		0.00		0
S	15	Salaries, (	other compensation, employ	ee benefits (Part IX, co	duron (A), lines	5–10)		0.00		0
Ľ	16a	Profession	onal fundraising fees (Part I)	X, column Allibetti	eV CD 70			0.00		0
Expenses			draising expenses (Part IX,			770.00		إسبيا		·
Û	17 (	Other exp	oenses (Part IX, column (A),	, lines 3 a-1/16/11 12-5	<b>4動119</b>   <b>別</b>	<u> </u>	11	220.00		29973
	18 .	Total exp	enses Add lines 13-17 (mi	ust edita Part IX, colu	umn (A), line 🕰	i)	56	040.00		76981
	19	Revenue	less expenses Subtract lin	ne 18 from line 12	NIT		528	3526.00		-161436
es Se				UGUL	111	Ве	ginning of Curre	ent Year	End of Ye	ar
sets	20	Total ass	ets (Part X, line 16)				1	439351		1425519
Net Assets or Fund Balances	21	Total liab	ilities (Part X, line 26)			. [		0		0
훈	22 1	Net assé	ts or fund balances Subtra	act line 21 from line 20			1	439351		1425519
Pa	art II	Signat	ture Block							
Un	der penalt	ties of perju	ry, I declare that I have examined t	this return, including accom	panying schedules	and stateme	ents, and to the	best of n	ny knowledge and	belief, it is
tru	e, correct,	and compl	ete Beclaration of preparer (other	than officer) is based on all	information of which	ch preparer h	as any knowled	ge		
		ي	SKW 2				5	5.14	- 19	
Sig	ın	Sign	ature of officer				Date			
He		1 3	s tsrandl s	SKIRVIN	, BOA	eo P	residi	ENT	<del></del> -	
		Type	or print name and title		<del>/</del>	<u> </u>				
	: -1	Print/Ty	pe preparer's name	Preparer's signature		Date		Check [	Z] if PTIN	
Pa		. I eah G	ayle Bourne	1266	n mo	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\	-14-19	self-emp		
	eparer	-60.		ng & Administrative Se	ervices		Firm's	EIN ►	46-25737	50
US	e Only	7	ddress ► 1006 Kees Rd Lexir				Phone	-	859.312.03	
Ma	v the IR		s this return with the prepar		e instructions)					S □ No

Form 990 (2018)

Part		
	Check if Schedule O contains a response or note to any line in this Part III	$\exists$
1	Briefly describe the organization's mission	
	The organization has the dual mission of reducing discrimination through high profile public events showcasing the positive	
	contributions of lesbian, gay, bisexual, and transgendered persons, and by funding the educational efforts of other organizations	
	to increase awareness and understanding of the lesbian, gay, bisexual, and transgendered community.	
2	Did the organization undertake any significant program services during the year which were not listed on the	_
	prior Form 990 or 990-EZ?	0
	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?	0
	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	
	expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to othe	rs
	the total expenses, and revenue, if any, for each program service reported.	
4a	(Code: ) (Expenses \$ 47,209 including grants of \$ 47,008) (Revenue \$ )	
40	(Code) (Expenses \$ 41,205 including grants of \$ 41,006) (Nevertide \$)	
	Cliff Todd Endowment Grants were awarded to community based organizations that support, advocate for, and education about	
	ssues concerning lesbian, gay, bisexual, and transgendered citizens of Kentucky. Recipients of 2018 Grants were:	
	PFLAG of Frankfort; Transylvania University; Pride Community Services; Bluegrass Black Pride; Imperial Court of Kentucky;	•••
	University of Louisville Kent School of Social Work; University of Kentucky Gender & Womens Studies Program; Lexington History	
	Museum; Kentucky Black Pride; Bluegrass Community & Technical College; The Faulkner Morgan Archive; The Association of	
	Welcoming & Affirming Baptists; Kentucky Fried Sisters; the Woodford Theater; GLSEN; UK Prism Research; Unlearn Fear & Hate	
	and the University of Kentucky Graduate Center for Gerontology. The projects that were funded ranged widely, from elder care	
	studies, to public art performances, materials and resources for education, conferences and speakers, as well as advocacy.	
4b	(Code) (Expenses \$11,883 including grants of \$) (Revenue \$)	
	This year our main public program was the unveiling of two Kentucky Historical Society markers in Lexington, Kentucky	
	commemorating special locations where significant events occurred in the local history of the LGBTQ movement. The markers	
	will help educate the wider community about the continuing struggle for acceptance, and the presence of LGBTQ people in the	
	Central Kentucky area both historically and in modern times. By placing these markers and having a public unveiling ceremony,	- <b></b>
	we both honor those who have gone before us and give hope to those in the present day that hurdles can be overcome. A number of prominent local speakers were part of the ceremony and this year's grant recipients were also honored at this event, providing	
	awareness and advocacy for their missions which are helping to improve life for LGBTQ persons not just in Central Kentucky but	
	also in rural and small towns of the state. Having activists travel to Lexington to meet with one another gives an opportunity for	
	networking and communal problem solving. This event was well attended - over 400 - and was written up in the local newspaper.	
	`	
4c	(Code:) (Expenses \$ including grants of \$) (Revenue \$)	
4d	Other program services (Describe in Schedule O.)	_
	(Expenses \$ including grants of \$ ) (Revenue \$ )	_
4e	Total program service expenses ► \$59,092.00	

#### **Checklist of Required Schedules** Part IV

			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	<b>✓</b>	
2	Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)?	2		✓
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_		<b>√</b>
4	<b>Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>	4		<b>√</b>
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		✓
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		✓
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		✓
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III	8		✓
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		✓
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V .	10	<b>√</b>	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, IX, or X as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D, Part VI	11a		✓
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		✓
С	Did the organization report an amount for investments—program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c	✓	
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		✓
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		<b>✓</b>
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		<b>✓</b>
l2a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII	12a		✓
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		✓
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E  Did the organization maintain an office, employees, or agents outside of the United States?	13 14a		<u>√</u>
4a	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking,	170		
b	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		<b>✓</b>
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		✓
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		✓
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I (see instructions)	17		✓
8	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18		✓
9	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a?  If "Yes," complete Schedule G, Part III	19		✓
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H .	20a		✓
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	<b>√</b>	_
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Part	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		1
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete Schedule J	23		1
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		1
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		_
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), 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		✓
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I	25b		1
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	26		✓
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		✓
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, or key employee? If "Yes," complete Schedule L, Part IV	28a		✓_
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		✓
	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		✓
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		✓
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If</i> "Yes," <i>complete Schedule M</i>	30		<b>√</b>
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		<b>✓</b>
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		✓
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>	33		✓
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1	34		✓
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		✓
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		
36	<b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If</i> "Yes," complete Schedule R, Part V, line 2	36		✓
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? <i>If "Yes," complete Schedule R, Part VI</i>	37		✓
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19° <b>Note.</b> All Form 990 filers are required to complete Schedule O	38	<b>√</b>	
Part		-		
	Check if Schedule O contains a response or note to any line in this Part V	<u>· ·</u>	 Yes	No
1a	Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable   1a   2			تحت
b	Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable  Did the organization comply with backup withholding rules for reportable payments to vendors and			
C	reportable gaming (gambling) winnings to prize winners?	1c	<b>✓</b>	
			n 990	(2018)

Fart	Statements Regarding Other IRS Fillings and Tax Compliance (Continued)							
			Yes	No				
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax	]						
b	Statements, filed for the calendar year ending with or within the year covered by this return  [2a]  [5]  [6]  [6]  [7]  [8]  [8]  [8]  [9]  [9]  [9]  [9]  [9	2b						
D	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to <i>e-file</i> (see instructions)	20						
3a								
b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over,	3b						
	a financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		1				
b	If "Yes," enter the name of the foreign country							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR)							
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		✓				
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		1				
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с		<b></b>				
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the	_		,				
	organization solicit any contributions that were not tax deductible as charitable contributions?	6a		<b>✓</b>				
b	gifts were not tax deductible?	6b		]				
7	Organizations that may receive deductible contributions under section 170(c).	- 0.5						
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods	. !		, ,				
_	and services provided to the payor?	7a		1				
b	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b						
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was							
	required to file Form 8282?	7c		<b>✓</b>				
d	If "Yes," indicate the number of Forms 8282 filed during the year	<u> </u>						
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		<b>√</b>				
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		✓				
g h	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?  If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7g 7h						
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the							
Ü	sponsoring organization have excess business holdings at any time during the year?	8		1				
9	Sponsoring organizations maintaining donor advised funds.							
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		✓				
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		✓				
10	Section 501(c)(7) organizations. Enter:							
а	Initiation fees and capital contributions included on Part VIII, line 12							
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b							
11	Section 501(c)(12) organizations. Enter.  Gross income from members or shareholders							
a	Gross income from other sources (Do not net amounts due or paid to other sources							
b	against amounts due or received from them.)		,					
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a						
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year   12b							
13	Section 501(c)(29) qualified nonprofit health insurance issuers.							
а	Is the organization licensed to issue qualified health plans in more than one state?	13a						
	Note. See the instructions for additional information the organization must report on Schedule O.							
b	Enter the amount of reserves the organization is required to maintain by the states in which							
	the organization is licensed to issue qualified health plans							
C	Enter the amount of reserves on hand	44-	-					
14a b	Did the organization receive any payments for indoor tanning services during the tax year? If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14a 14b		✓				
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or	140	-+					
13	excess parachute payment(s) during the year?	15	ľ	✓				
	If "Yes," see instructions and file Form 4720, Schedule N			<del>-i</del> -1				
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		<b>√</b>				
	If "Ves " complete Form 4720, Schodule O							

Part				
	response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. S	See ins	struct	ions
<u> </u>	Check if Schedule O contains a response or note to any line in this Part VI	<u> </u>	·	<u>.                                    </u>
Secu	on A. Governing Body and Management		V	Na
10	Enter the number of voting members of the governing body at the end of the tax year 1a 1a		Yes	No
1a	If there are material differences in voting rights among members of the governing body, or	4		
	if the governing body delegated broad authority to an executive committee or similar			
	committee, explain in Schedule O			
b	Enter the number of voting members included in line 1a, above, who are independent 1b	3	ļ	
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	<b>✓</b>	
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?	3		<b>V</b>
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		1
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		<b>√</b>
6	Did the organization have members or stockholders?	6		<b>-</b>
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body?	7a		1
b	Are any governance decisions of the organization reserved to (or subject to approval by) members,	76		<b> </b> ✓
0	stockholders, or persons other than the governing body?  Did the organization contemporaneously document the meetings held or written actions undertaken during	7b		V
8	the year by the following:			
а	The governing body?	8a	<b>√</b>	
b	Each committee with authority to act on behalf of the governing body?	8b	<b>√</b>	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at			
	the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .	9		✓
Secti	on B. Policies (This Section B requests information about policies not required by the Internal Rever	iue C	ode.)	)
			Yes	No
10a b	Did the organization have local chapters, branches, or affiliates?  If "Yes," did the organization have written policies and procedures governing the activities of such chapters,	10a		✓
	affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b		<u> </u>
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	<u> </u>	
b 10-	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	10		
12a	Did the organization have a written conflict of interest policy? <i>If "No," go to line 13 </i>	12a 12b	<b>√</b>	-
b		120	<b>V</b>	-
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c		/
13	Did the organization have a written whistleblower policy?	13		1
14	Did the organization have a written document retention and destruction policy?	14		<b>√</b>
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		<b>√</b>
b	Other officers or key employees of the organization	15b		1
	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	16a	-	<b>√</b>
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its	100		
-	participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the	46h		
Secti	organization's exempt status with respect to such arrangements?	16b		L
17	List the states with which a copy of this Form 990 is required to be filed ► Kentucky			
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-	T (Sec	tion f	501(c)
.0	(3)s only) available for public inspection. Indicate how you made these available Check all that apply  Own website   Another's website   Upon request  Other (explain in Schedule O)			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of int financial statements available to the public during the tax year	erest ¡	oolicy	, and
20	State the name, address, and telephone number of the person who possesses the organization's books and re	cords	<b>&gt;</b>	
	Leah Gayle Bourne, 1006 Kees Rd, Lexington KY 40505, 859.312.0359			

	_
Page	_/
1 040	•

orm	990	(201)	81

Part VII	Compensation of Officers, Directors, Trust	es, 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.
- 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 neither the organization no	r any relate	d org	anız	atio	n c	ompe	nsa	ited any currer	t officer, director	r, or trustee
(A) Name and Title	(B) Average hours per	(do n box, office	ot ch	Pos neck ss pe	C) ition more rson	e than o is both or/trusi	one n an tee)	(D) Reportable compensation from	(E)  Reportable compensation from related	(F) Estimated amount of other
	week (list any hours for related organizations below dotted line)	ndividua or directo	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) Brandl Skirvin, President	4			1				o	0	0
(2) David Lafferty, Treasurer	4			1				o o	0	0
(3) Ernesto Scorsone, Past President	1			1				0	0	0
(4) Cliff Todd, Director	1	1						0	0	0
(5) Mary Ellen Hart, Director	1			1				0	0	0
(6) Bernadette Bardon, Secretary	1	1						0	0	0
(7) Kevin Brown, Director	1	1						0	0	0
(8) John Davis, Director	1	1						0	0	0
(9)										
(10)										
(11)				i						
(12)										
(13)										
(14)										-

Part	VII Section A. Officers, Directors, Trus	tees, Key E	mplo	yees	s, aı	nd F	lighe	st C	ompensated E	mployees (	continu	red)	3
	(A) Name and title	(B) Average hours per	box,	unles	Pos eck s pe	rson	e than o is both or/trus	n an	(D) Reportable compensation	(E) Reportable compensation	1	(F) Estimated amount of	
		week (list any hours for related organizations below dotted line)		Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	related organizatio (W-2/1099-M		other compensation from the organization and related organizations	
(15)													
(16)													
(17)					· <del></del> ··								
(18)													
(19)													
(20)				·				 					
(21)												***************************************	
(22)			*********									uu-uu-u	
(23)											$\dashv$		
(24)									<u>.</u>		_		
											_		
(25)								L			$\perp$	<del></del>	
1b c d	Sub-total  Total from continuation sheets to Part  Total (add lines 1b and 1c)	VII, Sectio	 n A	•	•		•	<b>&gt; &gt;</b>	0 0		0		0
2	Total number of individuals (including but reportable compensation from the organi		l to th	ose	list	ed a	above	e) w	ho received m	ore than \$10	0,000	of	
3	Did the organization list any former of employee on line 1a? If "Yes," complete s							emp	oloyee, or high	est comper	nsated	(	No ✓
4	For any individual listed on line 1a, is the organization and related organizations individual	sum of rep	oortal	ole d	com	per	nsatio						
5	Did any person listed on line 1a receive of for services rendered to the organization'										ıvıdual		, ,
Section	on B. Independent Contractors	,, ,,,,,,	ОПЪ			-	,,,,,,,	<u> </u>	adir person	•	<u>•</u>	1 0 1 1	<u> </u>
1	Complete this table for your five highest compensation from the organization. Repyear.												ι
	(A) Name and business add	ress							(B) Description of s	ervices	(	(C) Compensation	
NONE		<u> </u>											
											(AX43	162	
2	Total number of independent contractor received more than \$100,000 of compens							th	ose listed abo	ove) who			TE

Form **990** (2018)

Part VIII		Statement of Revenue Check if Schedule O contains a response or note to any line in this Part VIII									
<u> </u>		Check if Schedule C	contains a res	ponse or note to							
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512-514			
nts nts	1a	Federated campaigns	s 1a	0							
Grai	b	Membership dues .	. 1b	0							
ts, ( Am	С	Fundraising events	1c	0							
G.f	d	Related organizations		0							
ns, Sim	e	Government grants (cor		500							
utio	f	All other contributions, g and similar amounts not inc									
G t	_	Noncash contributions include		15958							
Contributions, Gifts, Grants and Other Similar Amounts	g h	Total. Add lines 1a-1		<b>.</b>	16458		, ,,				
		Total / Total / Total	· · · · · · · · · · · · · · · · · · ·	Business Code	10400	<u></u>					
Program Service Revenue	2a	Unused Portion of Gra	nt Returned	813211	1194	1194	0				
Re	b										
ķ	С										
Ser	d										
am	е										
'og	f	All other program ser				I					
<u></u>	g	Total. Add lines 2a-2		. D	1194						
	3	Investment income and other similar amo		ends, interest,	100107	-102107	o				
	4	Income from investmen	•	ond proceeds	-102107 0	-102107					
	5	Royalties .	it of tax exempt b	ond proceeds	0						
		rioyamoo .	(i) Real	(ii) Personal			·				
	6a	Gross rents									
	b	Less rental expenses									
	С	Rental income or (loss)						*			
	d	Net rental income or	<del></del>	. •	0						
	7a	Gross amount from sales of	(i) Securities	(II) Other							
		assets other than inventory		<del> </del>							
	b	Less: cost or other basis and sales expenses									
	С	Gain or (loss) .		-							
	d	Net gain or (loss)		•	0						
ō							-				
Other Revenue	oa	Gross income from fuevents (not including \$	-								
er Re		of contributions reported See Part IV, line 18 .					•	:			
ŧ		Less direct expenses		<del></del>							
		Net income or (loss) f Gross income from ga		events . ►	0	:	<del></del>				
			· a								
!		Less direct expenses		L							
		Net income or (loss) f		vities ▶	0	,					
	10a	Gross sales of in									
	h	Less: cost of goods s	· ·								
		Net income or (loss) f			0						
		Miscellaneous F		Business Code							
	11a										
	b										
	С										
	đ	All other revenue .	•		0						
İ	е	Total. Add lines 11a-		. ▶	0						
	12	Total revenue See in	netrijetione		-94455	_100013		i			

## Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a respon-	se or n <u>ote to any</u> Iır	ne in this Part IX .		
	t include amounts reported on lines 6b, 7b, , 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 domestic organizations and domestic governments. See Part IV, line 21	47000	47000		
2	Grants and other assistance to domestic individuals See Part IV, line 22	47008	47008		
3	Grants and other assistance to foreign	0	0		
	organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16		_		
4	Benefits paid to or for members	0	0		
5	Compensation of current officers, directors, trustees, and key employees	0	0	0	0
6	Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0	0	0	0
7	Other salaries and wages	0	0	0	0
8	Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				_
9	Other employee benefits	O	0	0	0 0
10	Payroll taxes	0	0	0	0
11	Fees for services (non-employees)		-	-	
а	Management	400	225	0	175
b	Legal	0	0	0	0
C C	Accounting	2070	0	2070.00	0
d e	Lobbying	0	0	0	0 0
f	Investment management fees	7795	0	7795.46	0
g	Other (If line 11g amount exceeds 10% of line 25, column				
	(A) amount, list line 11g expenses on Schedule O)	0	0	0	0
12	Advertising and promotion	5954	0	0	5954.38
13 14	Office expenses	13464	11680.81	143.00	1640.53
15	Royalties	1142	110.64	30.99	0
16	Occupancy	0			
17	Travel	0			
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials	0			
19 20	Conferences, conventions, and meetings . Interest	148		147.50	
21	Payments to affiliates	0			<del></del>
22	Depreciation, depletion, and amortization	0			
23	Insurance	0			<del>-</del>
24	Other expenses Itemize expenses not covered above (List miscellaneous expenses in line 24e If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O)				
а					
b					
C C				<u> </u>	
d e	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	76981	59024.45	10186.95	7769.91
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)	76361	33024.43	10100.35	7703.91
	<del></del>		<u>.</u> <u>+</u>	<del></del>	

Form **990** (2018)

Part X Balance Sheet Check if Schedule O contains a response or note to any line in this Part X (B) (A) End of year Beginning of year Cash - non-interest-bearing 109321 1 53612 2 Savings and temporary cash investments 2 3 3 Pledges and grants receivable, net 200.00 4 4 Accounts receivable, net Loans and other receivables from current and former officers, directors, Will College 12.1 trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and WWW WW C sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions) Complete Part II of Schedule L 6 0 7 7 Notes and loans receivable, net 0 8 Inventories for sale or use 8 0 9 9 Prepaid expenses and deferred charges Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a 10b 10c Less: accumulated depreciation 0 11 Investments—publicly traded securities 11 0 12 12 Investments-other securities See Part IV, line 11 0 13 13 Investments-program-related See Part IV, line 11 1477632 1371707 14 14 Intangible assets 15 Other assets See Part IV, line 11 15 16 16 Total assets. Add lines 1 through 15 (must equal line 34) 1425819 17 17 Accounts payable and accrued expenses 18 18 Grants payable . . . . . 19 19 Deferred revenue . . . 20 Tax-exempt bond liabilities 20 21 21 Escrow or custodial account liability. Complete Part IV of Schedule D 22 Loans and other payables to current and former officers, directors, m 111 ... " trustees, key employees, highest compensated employees, and disqualified persons Complete Part II of Schedule L 22 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24) Complete Part X 25 of Schedule D 26 Total liabilities. Add lines 17 through 25 26 O Organizations that follow SFAS 117 (ASC 958), check here ▶ Net Assets or Fund Balances complete lines 27 through 29, and lines 33 and 34. 27 27 Unrestricted net assets 87780 35479 28 28 Temporarily restricted net assets 21540 64182 29 Permanently restricted net assets 1477633 1325661 Organizations that do not follow SFAS 117 (ASC 958), check here ▶ □ and complete lines 30 through 34. 30 30 Capital stock or trust principal, or current funds 31 31 Paid-in or capital surplus, or land, building, or equipment fund 32 32 Retained earnings, endowment, accumulated income, or other funds 33 33 Total net assets or fund balances 1586953 1425519 34 Total liabilities and net assets/fund balances 1586953 1425519

_	-4	7
Page	- 1	~

0	70 (20 10)	,		,	age
Part	XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				<u>. 🗆</u>
1	Total revenue (must equal Part VIII, column (A), line 12)	1_			-84455
2	Total expenses (must equal Part IX, column (A), line 25)	2			76981
3	Revenue less expenses Subtract line 2 from line 1 .	3			161436
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4		15	586953
5	Net unrealized gains (losses) on investments	5			153639
6	Donated services and use of facilities	6			0
7	Investment expenses	7			-7795
8	Prior period adjustments	8			0
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line				
	33, column (B))	10		14	425519
Part	XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII	• •	· · ·		. 📮
				Yes	No
1	Accounting method used to prepare the Form 990: 🗸 Cash 🔲 Accrual 🔲 Other			1	1
	If the organization changed its method of accounting from a prior year or checked "Other," ex	plaın	ın	1	1
	Schedule O.				
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		. 2a	_	<b>√</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were comp	oiled (	or		ŀ
	reviewed on a separate basis, consolidated basis, or both				1
	☐ Separate basis ☐ Consolidated basis ☐ Both consolidated and separate basis				جيدا
b	Were the organization's financial statements audited by an independent accountant?		. 2b		<b>√</b>
	If "Yes," check a box below to indicate whether the financial statements for the year were audited	ed on	a		
	separate basis, consolidated basis, or both:			-	
	Separate basis Consolidated basis Both consolidated and separate basis			Щ	1
С	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for or			١,	
	of the audit, review, or compilation of its financial statements and selection of an independent account			_	
	If the organization changed either its oversight process or selection process during the tax year, ex	plaın	ın !		
	Schedule O				
3a	As a result of a federal award, was the organization required to undergo an audit or audits as set	forth			١.
	the Single Audit Act and OMB Circular A-133?		_3a	-	<b>  </b>
b	If "Yes," did the organization undergo the required audit or audits? If the organization did not under	~			
	required audit or audits, explain why in Schedule O and describe any steps taken to undergo such a	udits	3b		<u> </u>
			Fc	rm <b>99</b> 0	<b>)</b> (2018)

#### **SCHEDULE A** (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Name of the organization

### **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

2018

Open to Public Inspection

Employer identification number

		ducation Project Inc					20-84	
	irt I	Reason for Public Char						ons
The	~	ation is not a private founda						
1		church, convention of church						$\sim$
2		school described in section						(1)
3	_	hospital or a cooperative hos		•				(iii) Enter the
4	_	medical research organization Spital's name, city, and state	• '	onjunction with a nosp	Jilai uest	nbed in s	section 170(b)(1)(A)	(iii). Litter the
5		organization operated for t		college or university	owned o	r operate	ed by a government	al unit described in
J		ction 170(b)(1)(A)(iv). (Comp		college of university	Owned 0	Горегис	d by a government	ar arm accompa
6		federal, state, or local govern		mental unit described	lın sectio	on 170(b)	(1)(A)(v).	
7		organization that normally						n the general public
	_	scribed in section 170(b)(1)			•	Ŭ		
8	□ас	community trust described in	section 170(b)	(1)(A)(vi). (Complete I	Part II.)			
9		agricultural research organi				erated in	conjunction with a l	and-grant college
	or	university or a non-land-gra	nt college of agr	iculture (see instructio	ons) Ente	r the nan	ne, city, and state of	the college or
		ıversıty						
10	∐ An	organization that normally relepts from activities related	eceives: (1) more	e than 331/3% of its su	upport fro	om contrit	butions, membership	o fees, and gross
	su	pport from gross investment	income and uni	related business taxal	ble incom	ne (less se	ection 511 tax) from	businesses
		quired by the organization a						
11		organization organized and						
12		organization organized and one or more publicly suppo						
		neck the box in lines 12a thro						
	a 🗆	Type I. A supporting organ	•	• • • • • • • • • • • • • • • • • • • •		-		
•	• _	the supported organization						
		supporting organization. Ye						
k	<b>.</b> .	Type II. A supporting organ	nization supervis	ed or controlled in co	nnection	with its s	upported organizati	on(s), by having
		control or management of t	the supporting o	rganization vested in	the same	persons	that control or man	age the supported
		organization(s) You must	•					
(		Type III functionally integ	rated. A support	ting organization oper	rated in c	onnection	n with, and functions	ally integrated with,
	_	its supported organization(		•				
C	<u>.</u>	Type III non-functionally i						
		that is not functionally integree requirement (see instruction						u an allentiveness
_	. $\Box$	• •	•	-				s II. Typo III
•	• 🗆	Check this box if the organ functionally integrated, or T	ization received Type III non-func	a written determination	on ironi u oportina (	organizati	atitis a Type i, Type Ion	е п, туре пі
f	Ente	r the number of supported o						
ç		ride the following information						<del></del>
		ne of supported organization	(II) EIN	(iii) Type of organization	(iv) Is the c	rganization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1–10 above (see instructions))		ir governing ment?	support (see instructions)	other support (see instructions)
				above (see mandenons)			111301 de (10113)	mon detterior
					Yes	No		
A)								
					<u> </u>		<u>.</u>	
B)				1				
C)								
D,								
D)								
E)								

Part	Support Schedule for Organiza	ations Descr	ibed in Secti	ons 170(b)(1	)(A)(iv) and 1	70(b)(1)(A)(vi	)
	(Complete only if you checked the						alify under
	Part III. If the organization fails to	qualify unde	er the tests lis	ted below, pl	ease comple	te Part III)	
	on A. Public Support	<del></del>					<del></del>
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not include any "unusual grants")						
0		106625	31953	98276	32419	16458	285731
2	Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3	The value of services or facilities furnished by a governmental unit to the organization without charge.						
4	Total. Add lines 1 through 3	106625	31953	98276	32419	16458	285731
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f).						
_6	Public support. Subtract line 5 from line 4				· · · · · · · · · · · · · · · · · · ·		285731
	on B. Total Support	,					
	dar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	<b>(e)</b> 2018	(f) Total
7	Amounts from line 4 .	106625	31953	98276	32419	16458	285731
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	54802	24999	78467	199561	56917	414746
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						700477
12	Gross receipts from related activities, etc	(see instruction	ons)			12	0
13	First five years. If the Form 990 is for the organization, check this box and stop he	re	•		•	ear as a section	
	on C. Computation of Public Suppor			1 1 (6)		44	
14 15 16a	Public support percentage for 2018 (line 6 Public support percentage from 2017 Sch 331/3% support test—2018. If the organic	nedule A, Part zation did not	II, line 14 check the box	on line 13, an	 Id line 14 is 33		
	box and stop here. The organization qua		•	-			. ▶ 🗸
b	33 <sup>1</sup> / <sub>3</sub> % support test—2017. If the organithis box and stop here. The organization	qualifies as a j	publicly suppo	rted organizati	on .		▶ □
17a	10%-facts-and-circumstances test—20 10% or more, and if the organization me Part VI how the organization meets the "organization	ets the "facts	-and-circumsta	ances" test, ch	eck this box a	and stop here. s as a publicly	Explain in
b	10%-facts-and-circumstances test—20 15 is 10% or more, and if the organization in Part VI how the organization in supported organization.	ition meets th	e "facts-and-c	ircumstances"	test, check t	his box and s	top here.
18	Private foundation. If the organization di	d not check a	box on line 13,	16a, 16b, 17a	, or 17b, chect	k this box and	_

Part	Support Schedule for Organiza	tions Desci	ribed in Sect	ion 509(a)(2)			_ /
	(Complete only if you checked th	e box on lin	e 10 of Part I	or if the orga	nization failed	d to qualify un	ider Part/II
<del></del>	If the organization fails to qualify	under the te	ests listed bel	ow, please co	omplete Part	II.)	_/
	on A. Public Support	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
Calen	idar year (or fiscal year beginning in)  Gifts, grants, contributions, and membership fees	(a) 2014	<b>(b)</b> 2015	(0) 2016	(u) 2017	(e) 2016	(i) iotai
•	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 business under section 513						
4	Tax revenues levied for the				11		
	organization's benefit and either paid to		ļ				
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge						
6	Total. Add lines 1 through 5.						
7a	Amounts included on lines 1, 2, and 3						
	received from disqualified persons			//			
b	Amounts included on lines 2 and 3		/	1			
	received from other than disqualified		//				
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
	· •	-	<del>                                     </del>				
С 8	Add lines 7a and 7b Public support. (Subtract line 7c from	<del> </del>	<del>                                     </del>				
0	line 6)		/				
Secti	on B. Total Support		<u>r</u>	<u>!</u>		[i	
	dar year (or fiscal year beginning in)	(a) 2014//	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	1/		, ,			1.6
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 June 30, 1975 .						
С	Add lines 10a and 10b .		<u> </u>				
11	Net income from unrelated business						
	activities not included in line 10b, whether						
40	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.)		1				
13	Total support. (Add lines 9, 10c, 11,			-			
	and 12)						
14	First five years. If the Form 990 is for th	e organization	n's first, secon	id, third, fourth	, or fifth tax ve	ear as a section	n 501(c)(3)
	organization, check this box and stop her						. ``▶ □
Secti	on C. Computation of Public Suppor		e				
15	Public support percentage for 2018 (line 8			13, column (f))		15	%
16	Public support percentage from 2017 Sch	edule A, Part	III, line 15	<u>·</u>		16	%
Secti	on D. Computation of Investment Inc					-	
17	Investment income percentage for 2018 (I			•	mn (f))	17	%
18	Investment income percentage from 2017					18	%
19a	331/3% support tests - 2018. If the organi						
	17 is not more than 331/3%, check this box a						
b	331/3% support tests—2017. If the organization 18 is not more than 221 of check this b						
00	line 18 is not more than 331/3%, check this b		_				=
20	Private foundation. If the organization did	not check a	pox on line 14	, 19a, or 19b, c	meck this box	and see instruc	ctions 🕨 🗌

#### 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)

			nizations

			Yes	No
1	Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in <b>Part VI</b> how the supported organizations are designated If designated by class or purpose, describe the designation. If historic and continuing relationship, explain	1		
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 <b>Part VI</b> how the organization determined that the supported	<u> </u>		
	organization was described in section 509(a)(1) or (2).	2		
3а	Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes," answer (b) and (c) below	3a		
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 <b>Part VI</b> when and how the organization made the determination.	3b		
С	Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in <b>Part VI</b> what controls the organization put in place to ensure such use.	3c	-	
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.	4a	_	
b	Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? If "Yes," describe in Part VI how the organization had such control and discretion			
	despite being controlled or supervised by or in connection with its supported organizations	4b		
С	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 <b>Part VI</b> 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.	4c		
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 <b>Part VI</b> , 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)	5a		
b	<b>Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?	5b		
C	Substitutions only. Was the substitution the result of an event beyond the organization's control?	5c		
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.	6		
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			
8	with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ)  Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7?	7		
_	If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).	8		
9a	Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in <b>Part VI</b> .	 9a		
b	Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in <b>Part VI</b> .	9a 9b		
С	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 <b>Part VI.</b>	9c		
10a	Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated			
	supporting organizations)? If "Yes," answer 10b below	10a		······································
b	Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to determine whether the organization had excess business holdings)	10b		

Schedu	le A (Form 990'or 990-EZ) 2018		ş	age <b>5</b>		
Part	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 11b				
	A family member of a person described in (a) above?  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				
	on B. Type I Supporting Organizations	110				
3601	on 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 <b>Part VI</b> 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	ļ				
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year					
		1				
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 <b>Part</b> VI how providing such benefit carried out the purposes of the supported organization(s) that operated,					
	supervised, or controlled the supporting organization.	2				
Secti	on C. Type II Supporting Organizations					
			Yes	No		
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors					
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control					
	or management of the supporting organization was vested in the same persons that controlled or managed	ļ				
	the supported organization(s).	1				
Secti	on D. All Type III Supporting Organizations		Yes	No		
4	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		res	NO		
1	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	İ				
	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	L				
	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					
	capper and a gar madron project in the regular	3		L		

- b The organization is the parent of each of its supported organizations. Complete line 3 below
- c The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instructions).

2 Activities Test. Answer (a) and (b) below.

- Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in **Part VI identify those supported organizations and explain** how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities
- **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
- Parent of Supported Organizations Answer (a) and (b) below.
- a 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? Provide details in Part VI.
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard

2a

2b

За

3b

Yes No

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organical Part V Type III Non-Functionally Integrated 509(a)(b) Supporting Organical Part V Type III Non-Functional Part V Type III Non-Function Part V Type III Non	gan	izations	· · · · · · · · · · · · · · · · · · ·
1 Check here if the organization satisfied the Integral Part Test as a qualifying	g tru	st on Nov 20, 1970 (expl	aın ın Part VI) See
instructions. All other Type III non-functionally integrated supporting organ	ızat	ions must complete Sect	ions A through E
Section 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).			
a Average monthly value of securities	1a		
<b>b</b> Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d		
e 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	-	
Section 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	<u></u>	
7 Check here if the current year is the organization's first as a non-functionall instructions)	y int	tegrated Type III supporting	ng organization (see

Part	V Type III Non-Functionally Integrated 509(a)(3	3) Supporting Organi	zations (continued)	
Sect	ion D – Distributions			Current Year
1	Amounts paid to supported organizations to accomplish	exempt purposes		
2	Amounts paid to perform activity that directly furthers exe organizations, in excess of income from activity	empt purposes of suppo	orted	
3	Administrative expenses paid to accomplish exempt purp	oses of supported orga	nizations	
4	Amounts paid to acquire exempt-use assets		·	
5	Qualified 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	Distributions to attentive supported organizations to whic (provide details in <b>Part VI</b> ) See instructions	h the organization is res	sponsive	
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
Sect	on E—Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (reasonable cause required—explain in <b>Part VI</b> ). See instructions	÷.		
3	Excess distributions carryover, if any, to 2018			
a	From 2013 .			
b	From 2014 .			
С	From 2015			
d	From 2016	,		
ее	From 2017			
f	Total of lines 3a through e		!	
g	Applied to underdistributions of prior years			
<u>h</u>	Applied to 2018 distributable amount			
i_	Carryover from 2013 not applied (see instructions)			
j_	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D, line 7 \$		A CONTRACTOR OF THE CONTRACTOR	
а	Applied to underdistributions of prior years			I
b	Applied to 2018 distributable amount	1		
С	Remainder Subtract lines 4a and 4b from 4.	<u> </u>		
5	Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in <b>Part VI.</b> See instructions.	· · · · · · · · · · · · · · · · · · ·		. ; ;
6	Remaining underdistributions for 2018 Subtract lines 3h and 4b from line 1 For result greater than zero, explain in Part VI. See instructions			
7	Excess distributions carryover to 2019. Add lines 3j and 4c.			
8	Breakdown of line 7			
а	Excess from 2014			
b	Excess from 2015		·	
С	Excess from 2016			
d	Excess from 2017			
е	Excess from 2018	ľ		

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

#### 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

2018

Open to Public Inspection

Employer identification number

Name o	of the organization		Employer identification number
Just F	und Education Project Inc		20-8465456
	TI Organizations Maintaining Donor Ad		nds or Accounts.
	Complete if the organization answered		
		(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 dono funds are the organization's property, subject to the		
6	Did the organization inform all grantees, donors, only for charitable purposes and not for the bene conferring impermissible private benefit?		or any other purpose
Par	t II Conservation Easements.		
	Complete if the organization answered	"Yes" on Form 990, Part IV, line 7.	
2	Purpose(s) of conservation easements held by the  Preservation of land for public use (e.g., recreation of natural habitat  Preservation of open space  Complete lines 2a through 2d if the organization has	ation or education)	f a certified historic structure
	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 easemen		2b
С	Number of conservation easements on a certified		2c
d	Number of conservation easements included in		I I
•			2d
3	Number of conservation easements modified, trantax year ►	isterred, released, extinguistied, or terr	Timated by the organization during the
		onvation eacoment is located	
4 5	Number of states where property subject to consecutive Does the organization have a written policy reviolations, and enforcement of the conservation earlier to the conser	egarding the periodic monitoring, ins	pection, handling of
6	Staff and volunteer hours devoted to monitoring, inspe		
Ū	b	soung, narialing of violations, and official	g concertation casements dailing the year
7	Amount of expenses incurred in monitoring, inspecti	ng, handling of violations, and enforcing	conservation easements during the year
8	Does each conservation easement reported on line and section 170(h)(4)(B)(ii)?	e 2(d) above satisfy the requirements of	f section 170(h)(4)(B)(i)
9	In Part XIII, describe how the organization reports balance sheet, and include, if applicable, the text organization's accounting for conservation easem	of the footnote to the organization's finents.	nancial statements that describes the
Part	Organizations Maintaining Collection Complete if the organization answered		
1a	If the organization elected, as permitted under SF		
	works of art, historical treasures, or other simila public service, provide, in Part XIII, the text of the		
b	If the organization elected, as permitted under S works of art, historical treasures, or other simila public service, provide the following amounts relative	r assets held for public exhibition, ed ting to these items	ducation, or research in furtherance of
	(i) Revenue included on Form 990, Part VIII, line 1		► \$ ► \$
	(ii) Assets included in Form 990, Part X .		<b>▶</b> \$
2	If the organization received or held works of art following amounts required to be reported under s	t, historical treasures, or other similar SFAS 116 (ASC 958) relating to these it	r assets for financial gain, provide the tems.
а	Revenue included on Form 990, Part VIII, line 1		. <b>&gt;</b> \$
b	Assets included in Form 990, Part X		<b>▶</b> \$

			^
Pa	α	e	2

Par	Organizations Maintaining	Collections of	Art, Historical	reasures, or O	ther Similar Ass	ets (co	ontini	uęd)
3	Using the organization's acquisition, collection items (check all that apply)	accession, and ot	her records, chec	k any of the follow	wing that are a sig	nifican	t use	of its
а	<ul><li>Public exhibition</li></ul>		<b>d</b> 🗌 Loan	or exchange prog	rams			
b	☐ Scholarly research		e 🗌 Othe	r				
С	Preservation for future generations							
4	Provide a description of the organization XIII	ion's collections a	and explain how t	hey further the org	ganızatıon's exemp	ot purp	ose II	n Part
5	During the year, did the organization assets to be sold to raise funds rather						es 「	□No
Par	ESCROW and Custodial Arra	ingements.	· · · · · ·		-		-	
	Complete if the organization	answered "Yes'	' on Form 990, I	Part IV, line 9, or	reported an amo	ount or	า For	m
	990, Part X, line 21.							
1a	Is the organization an agent, trustee, included on Form 990, Part X?	custodian or oth	er intermediary to	or contributions of	r otner assets not	□ Y	es [	] No
b	If "Yes," explain the arrangement in Pa	art XIII and comple	ete the following t	able				
					Am	ount		
С	Beginning balance			10	2			
d	Additions during the year			10	<u> </u>			
е	Distributions during the year .			<u>1</u> 6				
f	Ending balance			<u>11</u>				
2a	Did the organization include an amour				•	<b>Y</b> ,	es L	. No
b	If "Yes," explain the arrangement in Pa	art XIII. Check here	e if the explanatio	n has been provid	ed on Part XIII .	•	L	
Far	Endowment Funds.	answordd "Vos"	on Form 000 I	Part IV Jupo 10				
	Complete if the organization	(a) Current year	(b) Pnor year	(c) Two years back	(d) Three years back	(e) Fou	r vears	hack
1a	Beginning of year balance				, ,	(0) 1 00		
b	Contributions	1477633	1311629	i			8	85623
C	Net investment earnings, gains, and	5393	4812	375832	3043			3265
·	losses	-56516	199561	78467	-40836		1	18637
d	Grants or scholarships	-47008	-31420					38000
e	Other expenditures for facilities and	77 000	01420	40000	20000			00000
	programs	o	0	o	o			0
f	Administrative expenses	-7795	-6949	-4616	-4867			-4919
g	End of year balance	1371707	1477633	1311629	901946		9	64606
2	Provide the estimated percentage of t	he current year en	d balance (line 1g	, column (a)) held	as			
а	Board designated or quasi-endowmer	nt 🕨 📑	3%					
b	Permanent endowment ▶	97%						
С	Temporarily restricted endowment	0%						
_	The percentages on lines 2a, 2b, and							
3a	Are there endowment funds not in the	possession of the	e organization tha	at are held and ad	ministered for the	ĺ		
	organization by					- ···	Yes	No
	(i) unrelated organizations	• • •				3a(i)		<b>✓</b>
	(ii) related organizations				•	3a(ii)		
b 4	If "Yes" on line 3a(ii), are the related of Describe in Part XIII the intended uses					3b		<u> </u>
	VI Land, Buildings, and Equip		ii s endowment it	Jilus.				
r en	Complete if the organization		on Form 990 F	Part IV line 11a	See Form 990 F	Part X	lıne 1	10
	Description of property	(a) Cost or oth			Accumulated	(d) Boo		
	2000 pilot o proporty	(investme			epreciation		valut	
1a	Land							
b	Buildings							
С	Leasehold improvements							
d	Equipment							
е	Other							

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

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12  (p) Description is easily to callego; (p) Blook value  (p) Blook valu	Part VII	Investments – Other Securition		000 5 10/1	. 446 - 0 5	000 David V June 10
(inclinating name of security)  (inclinating name of security			····			
(2) Closely-held equity interests   (3) O'ther   (4)   (5) O'ther   (5)   (6)   (7)   (7)   (7)   (8)   (9)   (			gory	(b) Book value		
(3) Clear   (4)   (5)   (6)   (7)   (7)   (8)   (9)						
A		held equity interests				
(5)   (5)   (6)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (7)   (8)						
(G) (G) (G) (G) (G) (G) (G) (G) (G) (G)				-		
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Schedu	le D (Form 990) 2018			Page
Par	Reconciliation of Revenue per Audited Financial Stater	•	per Return.	* * * .
	Complete if the organization answered "Yes" on Form 990	<del></del>		
1	Total revenue, gains, and other support per audited financial statement	S	1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12			
а	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c		
d	Other (Describe in Part XIII )	2d		
e	Add lines 2a through 2d .	•	2e	
3	Subtract line 2e from line 1	1 1	3	
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1 Investment expenses not included on Form 990, Part VIII, line 7b	4a		
a	Other (Describe in Part XIII.)	4b		
b	Add lines 4a and 4b	40	. 4c	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, lin	 ne 12 l	5	
	XII Reconciliation of Expenses per Audited Financial State			
ı aı c	Complete if the organization answered "Yes" on Form 990		s per neturn.	
1	Total expenses and losses per audited financial statements	, raitiv, iiie iza.	11	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:			
a	Donated services and use of facilities	2a		
b	Prior year adjustments	2b		
c	Other losses	2c		
d	Other (Describe in Part XIII.)	2d		
e	Add lines 2a through 2d		. 2e	
3	Subtract line <b>2e</b> from line <b>1</b>		3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1.			
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a		
b	Other (Describe in Part XIII )	4b		
С	Add lines <b>4a</b> and <b>4b</b>	, ,	. 4c	
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, I	ine 18.)	. 5	
Part	XIII Supplemental Information.			
	le the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a a			Part X, line
?, Par	t XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this pai	rt to provide any addition	al information.	
art V	Line 4 Intended Uses: The proceeds of our endowment funds are used prima	arily to provide grants to o	ther nonprofits, univ	ersities,
ocial	justice organizations, and other nonprofits that educate regarding or advanc	e the resolution of issues	facing the LGBTQ co	mmunity.
ast g	rant activities include educational programs, support organizations or depar	tments, arts and theater, c	ommunity awarenes	3,
cade	nic research, mental health support groups, and social service providers.			
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Scl	nedyle D (For	rm 990) 2018 '	Page \$
N Pa	rt XIII	Supplemental Information (continued)	
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# SCHEDULEI (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.

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OMB No 1545-0047 2018 Open to Public	
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Employer identification number

ust F	ust Fund Education Project Inc.	20-8465456	
Part	art   General Information on Grants and Assistance		ı
1	Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and	sistance, and	ľ
	the selection criteria used to award the grants or assistance?	✓ Yes □ No	
•			

7	Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States	zation's procedur	res for monitoring	the use of grant fur	nds in the United	States		
Part	Grants and Other Assistance to Domestic Organ Part IV, line 21, for any recipient that received more	sistance to Do	mestic Organiz	ations and Dom	lestic Governm I can be duplica	izations and Domestic Governments. Complete if the organizatio than \$5,000. Part II can be duplicated if additional space is needed	the organization answered	Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed
1 (a) r	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	(e) Amount of non- (f) Method of valuation (book, FMV, appraisal, cash assistance other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) Tr 300 N B	(1) Transylvania University 300 N Broadway Lexington KY 40508	61-0444825	50103	2000 000				
(2) In PO Box	(2) Imperial Court of Kentucky PO Box 265 Lexington KY 40588-0265	61-1354600	50103	2000.00				
(3) Ui	(3) Univ of Louisville Kent School 2217 S 3rd St Louisville KY 40292	61-1029626	50103	5000.00				
<b>(4)</b>								
(2)								
(9)								
6								
(8)								
(6)								
(10)								
(11)								
(12)								
0 0	Enter total number of section 501(c)(3) and government organizations listed in the line 1 table Enter total number of other organizations listed in the line 1 table	501(c)(3) and gov ganizations listed	vernment organiza	ations listed in the line 1 t	ine 1 table			e 0

Schedule I (Form 990) (2018)

Cat No 50055P

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

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed. Part III

	(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
1 NONE	11.1					
2						
က						
4						
5						
9						
7						
Part IV	Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b); and any other additional information.	the information re	equired in Part I, Im	ie 2, Part III, column	(b); and any other addition	onal information.

Part 1 Line 2 Grant applicants are required to submit an application that includes both a narrative description of how they intend to use the grant funds, along with a line item budget.

At the end of the grant term, the grantees are required to submit a grant report including a narrative of what was accomplished with the grant funds, along with a line item expense report

These are reviewed by the grant committee to ensure compliance. If necessary, follow up questions are sent to the grantee. If a grantee is found to be in violation of the terms of their gramt, they are reguired to return the original grant amount.

Schedule I (Form 990) (2018)

# SCHEDULE O (Form 990 or 990-EZ)

#### Supplemental Information to Form 990 or 990-EZ

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

OMB No 1545-0047

Employer identification number

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

► Attach to Form 990 or 990-EZ.

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

Just Fund Education Project Inc 20-8465456 Part VI, Section B, Line 11b - Once the draft is received, a copy is sent by email to all board members with a request for proofreading and review Once the draft has been declared completed, the board indicates by email to accept it. The draft is then official, and is printed . and signed and prepared for mailing Part VI, Section C, Line 19. Governing documents, conflict of interest policy, and financial statements (including 990s) are available upon request 'Emails may be sent to info@justfundky.org or a USPS request may be sent to PO Box 21815 Lexington KY 40522. The president will obtain copies from the archive or the bookkeeper. The party requesting the documents can then pick them up during regular business hours, or can supply an email address where they may be forwarded