### EXTENDED TO MAY 15, 2020

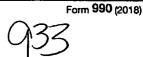
## Return of Organization Exempt From Income Tax

Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations) Do not enter social security numbers on this form as it may be made public Q (Open to Public

Intere	ıal Rev	anue Service	Go to www.	irs.gov/Form	n990	for instructions	and the la	test	information.		Inspection
<u>A F</u>	or th	e 2018 calen	dar year, or tax year beginnin	g JUL	1,	2018	and ending	J	UN 30, 2	2019	
В	heck II	C Name	of organization	<del></del>					D Employer	identific	cation number
X	Addr	FREI	DING KENTUCKY, I	NC .							
X	Name	e Doing I	business as						(	61-1	398656
	initia _roturi	Numbe	er and street (or P.O. box if mall i	s not delivered	to str	eet address)	Room/s	suite			
	Final		BOX 5522						<u> </u>	502-C	699-2656
_	termi stedi ⊐Amer	City or	town, state or province, country	•	r fore	ign postal code			G Gross receipts	\$	1,038,003.
Ļ	iroturi	rka	NKFORT, KY 4060						H(a) Is this a	group re	
L	Appli tion pend	in- I	and address of principal officer AS C ABOVE	KURT F	REII	BER			for subo		
	27.01		X 501(c)(3) 501(c) (	) <b>∢</b> (i	incort	no.) 4947(a)	V(1) or	527	1 <i>7</i> 7		cluded?YesNo list. (see instructions)
			FEEDINGKY.ORG		III3CI L	110.] [] 4947[a]	)(1) UI	7	H(c) Group ex		•
			X Corporation Trust	Associa	tion	Other >	1 1	Year			State of legal domicile: KY
	ırt I	Summan					1	7 0 01		<u> </u>	,
	1	Briefly descri	be the organization's mission of	r most signi	ficant	activities: SEI	E SCHE	DU.	LE O		
Governance											
Ē	2	Check this b	ox 🕨 🔲 if the organization	n discontinue	ed its	operations or dis	sposed of r	nore	than 25% of its	net ass	ets.
o ve	3		oting members of the governing							. 3	7
<u>ن</u> مح	4	Number of in	dependent voting members of	the governin	ng boo	dy (Part VI, line 1	b)			. 4	7
es.	5		r of individuals employed in cat	•						5	3
Activities &	6		r of volunteers (estimate if nece							. 6	150
Acti	1		ed business revenue from Part	*						. 7a	0.
_	ь	Net unrelated	d business taxable income from	Form 990-T	Hina					7b	0.
					1	RECEI	VED	$\vdash$	Prior Year		Current Year
9	8		s and grants (Part VIII, line 1h)		<u> _</u> F			<del>                                     </del>	1,414,		1,004,520.
ē	9		rice revenue (Part VIII, line 2g)		8	" MOV A A		SC		0.	0.
Revenue	10		ncome (Part VIII, column (A), lin			NOV 26	.2019	\$0		903.	5,047.
_	11		e (Part VIII, column (A), lines 5,					RS.		443.	28,436.
	12		- add lines 8 through 11 (mus					451	1,434,		1,038,003.
	13		imilar amounts paid (Part IX, co				101	$\bot$	829,9		687,878.
	14		to or for members (Part IX, col		•			<u> </u>	100	0.	0.
es	15		er compensation, employee be				IO)	$\vdash$	188,		198,549.
ens	16a		fundraising fees (Part IX, colum				450	<b> </b>		0.	0.
Expenses	_b		sing expenses (Part IX, column				,432.	$\vdash$	77.	257	104 711
ш	۱"	•	ses (Part IX, column (A), lines 1	•	•	• • • •				257.	104,711.
	18		es. Add lines 13-17 (must equa		umn (	(A), line 25)		<u> </u>	1,094,		991,138.
	19	Revenue less	expenses. Subtract line 18 fro	m line 12				+	340,		46,865.
ets or								Be	ginning of Curre		End of Year
SSE	20		(Part X, line 16)			• • • • • • • • • • • • • • • • • • • •		$\vdash$	831,		1865,844.
Net Asse	21		s (Part X, line 26)					-		684.	51,592.
	22 irt	Signatur	r fund balances. Subtract line 2	Trom line 2	20	<u> </u>	• • •		767,	30/.	814,252.
_		<u> </u>		A)			م لده مداده				. Proposition and balling as a
true,	COLLE	ct, and-complet	, I declare that I have examined this d. Declaration of ptepager tother th	an officer) is t	uniy ad Dased (	on all information (	oules and st of which pre	ateme parer	has any knowled	ge.	Knowledge and Daller, it is
			Max X Ha	78				-		11-	19-19
Sigi	1	Signatu	de fafficer	<del></del>					Date	<b>—</b>	· · · · · · · · · · · · · · · · · · ·
Her		KUR	REIBER, CHAIR					-			
			print name and title								
		Print/Type pr	eparer's name	Prep	arer's	signature			Date	Check	PTIN
Pald		R. ALLI	NORVELL			LEN NORVI	ELL	<u> 1</u>	1/18/19	ı) self-employ	P00005513
Prep	arer	Firm's name	BLUE & CO., I							EIN 🛌	35-1178661
Use	Onty	Firm's addres	s 250 WEST MAIN			SUITE 29	00				
			LEXINGTON, KY	40507	7				Phone	no.85	9-253-1100

May the IRS discuss this return with the preparer shown above? (see instructions)

LHA For Paperwork Reduction Act Notice, see the separate instructions.



X Yes

No

ABCDI 0
61-1398656 Page 3

Form 990 (2018) FEEDING KENTUCKY, INC Checklist of Required Schedules

			Yes	No
1.	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
•	public office? If "Yes," complete Schedule C, Part I	3	•	х
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect	Ť		
•	duning the tax year? If "Yes," complete Schedule C, Part II	4	х	
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
Ŭ	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		х
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to	Ť		
Ü	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	Ť		
•	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete	<b></b>		
·	Schedule D, Part III	8		х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for	۳		
•	amounts not listed in Part X, or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	-		
.0	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X			
• •	as applicable			
9	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
a	Part VI	11a		х
h	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total	1110		
	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
c	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total	110		
·	assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VIII	11c		х
ч	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			
ŭ	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		х
	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		X
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses	-110		
•	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete		<u> </u>	
	Schedule D, Parts XI and XII	12a		х
h	Was the organization included in consolidated, independent audited financial statements for the tax year?			
_	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		х
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,	.,,,,		
~	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		Х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
••	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		х
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines	Г <del>.</del>		
	1c and 8a? If "Yes," complete Schedule G, Part II	18		Х
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes."			
	complete Schedule G, Part III	19		х
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
	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	x	

Form 990 (2018) FEEDING KENTUCKY, INC
Part IV. Checklist of Required Schedules (continued)

22 D dbt eorganization report more than \$5,000 of greats or other assistance to not no disease the reliquiduals on Part IX, column (A), larg 2 if Yes, * complete Schedule (), Part at all and 101 of the organization and server Yes* to Part IVI, Section A, I ina 3, 4, or 5 about compensation of the organization sourcet and former officers, disectors, insulted in the section of the section of the organization have a tax-exempt bond seuw with an outstanding principal amount of more than \$100,000 as of the less tiday of the year, that wes issued after December 31, 2002? If Yes, * answer lines 24b through 24d and complete Schedule IV 170, * part of the 25b b D dt the organization nevest any proceeds of tax-exempt bonds? * 24b b D dt the organization mental an escow account other than a refunding escore at any time during the year to defense any tax-exempt bonds? * D dt the organization mental an escow account other than a refunding escore at any time during the year to defense any tax-exempt bonds? * D dt the organization mental an escow account other than a refunding escore at any time during the year to defense any tax-exempt bonds? * D dt the organization engage in an excess benefit transaction with a designative period of the organization engage in an excess benefit transaction with a designative period of the organization of part of the organization engage in an excess benefit transaction with a discussified personne? If Yes, complete Schedule L, Part IV D dt the organization reports at great or other assistance to an officer, director, trustee, key amployees, or discussified personne? If Yes, complete Schedule L, Part IV is accomplete Schedule				Yes	No
23 Dd the organization inswer "Yes" to Part VII, Section A, Inia 3, 4, or 5 should compensation of the organization's current and former officers, directions, flusteses, key employees, and highest compensated employees? If "Yes," complete Schedule I, Part IV instructions from the Compensation of the Initiation of the Vision of Vision of the Vision of Vis	22 +	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
and former officers, directors, frustees, key employees, and highest compensated employees? If Yes,* complete Schedule I, Part II Ves,* to any season and the least day of the year, that was season date? December 31, 2002? If Yes,* answer lines 24th through 24d and complete Schedule I, If I Wes,* to provide a season and the least day of the year, that was season date? December 31, 2002? If Yes,* answer lines 24th through 24d and complete Schedule I, I I Wes,* to provide a temporary period exception?  24b Did the organization reviet any proceeds of tax exempt bonds beyond a temporary period exception?  25c Section 501(5)(3), 501(6)(4), and 501(6)(6) organizations. Did the organization engage in an excess benefit transaction with a decignated period dump the year?  25c Section 501(5)(3), 501(6)(4), and 501(6)(6) organizations. Did the organization engage in an excess benefit transaction with a decignated period dump the year? If Yes,* complete Schedule I, Part II Ves,* complete Schedule II		Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		X
Schedule / I was sound after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule X If "No." got to fine 25a  Do the organization misses and after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule X If "No." got to fine 25a  Do the organization misses any proceeds of tax exempt bonds beyond a temporary period exception?  Do the organization misses any proceeds of tax exempt bonds beyond a temporary period exception?  Do the organization misses and are scrow account other than a refunding escrive at any time during the year to delease any tax exempt bonds?  Do the organization misses and an escrow account other than a refunding escrive at any time during the year?  Do the organization and act as an "on behalf of "issuer for bonds outstanding at any time during the year?  Do the organization aware that it engaged in an excess benefit transaction on that a dequalited person outlines to the expension of the time of the part of the schedule I, Part I I I I I I I I I I I I I I I I I I I	23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
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 IV, "INO," go to line 25a Did the organization mixed any proceeds of tax-exempt bonds beyond a temporary period exception?  24b Did the organization mixed any proceeds of tax-exempt bonds beyond a temporary period exception?  24c Did the organization mixed any proceeds of tax-exempt bonds beyond a temporary period exception?  24d Did the organization mixed as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Saction 50(fc)(3), 30(fc)(4), and 50(fc)(29) organizations. Did the organization organize in an excess benefit transaction with a disqualed person unit and prevention of the organization are consistent transaction with a disqualed person unit and that the transaction with a disqualed person unit and that the transaction with a disqualed person unit and provided schedule IV, Part IV and that the transaction has not been reported on any of the organization prome forms 990 or 900-E27 If "Yes," complete Schedule IV, Part IV and the organization or any and that the transaction with a disqualed persons?" If "Yes," complete Schedule IV, Part IV and the organization or early organization or early organization organization organization organization organization organization organization aparty to a businesse transaction with one of the following parties (see Schedule IV, Part IV and IV, P		and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			ļ
slast day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete Schedule K. If "No." po to the 25a  b Did the organization invest any proceeds of tax exempt bonds beyond a temporary period exception?  c Did the organization ministin an escrive account other than a refunding escrive at any time during the year to defease any tax exempt bonds?  d Did the organization acts as in "on behalf of" issuer for bonds outstanding at any time during the year?  24d 25d Section 50 (Ci(3), 50 (Ci(4)), and 50 (Ci(2)9) organizations. Did the organization engage in an excess benefit transaction with a disqualited person during the year? If "Yes," complete Schedule I, Part I  b Is the organization aware that engaged am excess benefit transaction than the transaction has not been reported on any of the organization specific properties. It is a strained to a the transaction has not been reported on any of the organization proof each grant of other easistance to an officer, director, trustee, key employee, substantial contribution or employee thereof, a grant selection committee member, or to a 556 controlled property in "Yes," complete Schedule I, Part IV  Did the organization provide a grant or other easistance to an officer, director, trustee, key employee, substantial contribution or employee thereof, a grant selection committee member, or to a 556 controlled entity or family member of any of these perions? If "Yes," complete Schedule I, Part IV  Did the organization from officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV  A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV  Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule I, Part IV  Did the organization related to any tax every the service of the rel		Schedule J	23		X
Schedule K. If "No." go to line 25a b Did the organization meantain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  d) Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 50 (E(3), 50 (E(4), 40 (5) (E(6))) organizations. Did the organization engage in an excess benefit transaction with a disqueleted person at a great that the transaction with a disqueleted person in a price year, and that the transaction has not been reported on any of the organizations prior forms 890 or 950-E2? If "Yes," complete Schedule I. Part I I D did the organization report any amount on Part X. line 5, 6, or 22 for receivables from or psyables to any current or former officiers, directors, trustees, key employees, highest compensated employees, or disqueleted persons? If "Yes," complete Schedule I. Part IV D difference or spipoles thereofs, a grant selection committee member, or to a 5% controlled antity or family member of acroin for fromer officier, director, trustee, level employees, substantial contribution or employee thereofs, a grant selection committee member, or to a 5% controlled antity or family member of acroin for former officier, director, trustee, level employees? If "Yes," complete Schedule I. Part IV mistrictions for applicable finity thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I. Part IV D A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I. Part IV D A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I. Part IV D D D D D D D D D D D D	24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
Schedule K. If "No." go to line 25a b Did the organization meantain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  d) Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax exempt bonds?  d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  d) Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  25a Section 50 (E(3), 50 (E(4), 40 (5) (E(6))) organizations. Did the organization engage in an excess benefit transaction with a disqueleted person at a great that the transaction with a disqueleted person in a price year, and that the transaction has not been reported on any of the organizations prior forms 890 or 950-E2? If "Yes," complete Schedule I. Part I I D did the organization report any amount on Part X. line 5, 6, or 22 for receivables from or psyables to any current or former officiers, directors, trustees, key employees, highest compensated employees, or disqueleted persons? If "Yes," complete Schedule I. Part IV D difference or spipoles thereofs, a grant selection committee member, or to a 5% controlled antity or family member of acroin for fromer officier, director, trustee, level employees, substantial contribution or employee thereofs, a grant selection committee member, or to a 5% controlled antity or family member of acroin for former officier, director, trustee, level employees? If "Yes," complete Schedule I. Part IV mistrictions for applicable finity thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I. Part IV D A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I. Part IV D A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I. Part IV D D D D D D D D D D D D		last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
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any tax-exempt bonds?  Of the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?  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 1, Part I is the organization aware that the dregaged and excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule 1, Part I is the organization aware that the transaction has not been reported on any of the organization provide any of the organization in profession of the organization in profession of the organization report any amount on Part X, Ine 5, 6, or 22 for receivables from or payables to any current or former officers, circleros, furstees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II is with the organization provide a grant or other assistance to an officer, director, furstee, key employee, substantial contributor or employee threed, a grant selection committee member, or to a 35% controlled entity or family immebre of any of these persons? If "Yes," complete Schedule I, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  A current or former officer, director, furstee, rely employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions?  A current or former officer, director, furstee, or key employee? If "Yes," complete Schedule L, Part IV in Annie In Italy in the International Contribution of the Complete Schedule L, Part IV in Annie International Contribution of the Complete Schedule L, Part IV in Annie International Contributions of the Complete Schedule L, Part IV in Italy in	b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
d Dut the organization act as an 'no behalf of 'ssuer for bonds outstanding at any time during the year?  25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Dut the organization apage in an excess benefit transaction with a disqualified person during the year? If 'Yes,' complete Schedule I, Part I  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 with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization with a disqualified person in a prior year, and that the transaction has not organization provided agrant or other assistance to an officer, director, trustee, bey employees, substantial contributor or employee thereof, a grant selection committee member, or to a 35% contributed entry or farmity member of any of these persons? If 'Yes,' complete Schedule I, Part IV 'yes,' complete Schedule I, Part IV' 'yes,' complete	С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I 25a X 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 II 25b 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 27b 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 28 Was the organization provide a grant or other assistance to an officer, director, trustee, expending the schedule L, Part IV 28 was the organization provide of lining thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 27b A family member of a current or former officer, director, trustee, or well-give Schedule L, Part IV 27b A family member of a current or former officer, director, trustee, o		any tax-exempt bonds?	24c		<u> </u>
b is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a pnor 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 I, Part II  25b  X  27  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, frustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule I, Part II  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 all of these persons? If "Yes," complete Schedule I, Part III  28  Was the organization aparty to a business transaction with one of the following parties (see Schedule I, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  a A current or former officer, director, frustee, or key employee? If "Yes," complete Schedule I, Part IV  b A family member of a current or former officer, director, frustee, or key employee? If "Yes," complete Schedule I, Part IV  28  Did the organization receive contributions of art, histoneal treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule II is a schedule II in III is a schedule III is a schedule III in III is a schedule III i	d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		<u></u>
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 99 or 930 E2? If "Yes," complete Schedule L, Part I 25 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or torms officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II 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 33% controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part III 28 Was the organization provide a grant for other assistance to an officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable thing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M 30 X X 30 Did the organization receive contributions of art in histonical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M, Part I 30 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 30 17701-3? If "Yes," complete Schedule R, Part II, III 32 X 34 Was the organization own 100% of an entity disregarded as separate from the organization with a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part II, III 34 X 35 X X 34 Was the organization have a controlled entity within the meaning of section	25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
that the transaction has not been reported on any of the organization's pnor Forms 990 or 990-E2? If "Yes," complete Schedule I., Part I 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 I., Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereol, a grant selection committee member, or to a 3% controlled entity or family member of any of these persons? If "Yes," complete Schedule I., Part II Did the organization a party to a business transaction with one of the following parties (see Schedule I., Part IV Instructions for applicable fling thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part IV Instructions for applicable fling thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, or key employee for a family member thereof was an officer, director, trustee, or key employee? If "Yes," complete Schedule I., Part IV Instructions or director or indirect owner? If "Yes," complete Schedule I., Part IV Instructions or director, director or indirect owner? If "Yes," complete Schedule II., Part IV Instructions? Instructions on the sample and the second of the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule II., Part II Instruction on 100% of an entity disregarded as separate from the organization under Regulations sections 301 (701-32 and 301 7701-32 If "Yes," complete Schedule II., Part IV, Instruction of the organization on on 100% of an entity disregarded as separate from the organization on		transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		X
Schedule L, Part I  Dot the organization report any amount on Part X, line 5, 6, or 22 for receivables from or psyables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II  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  Was the organization a persons transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV instructions of a family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV institute, or director indirect owner? If "Yes," complete Schedule L, Part IV institute, or director or indirect owner? If "Yes," complete Schedule L, Part IV institute, or director indirect owner? If "Yes," complete Schedule M instituted in the organization receive contributions of art, histonical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M institute, or displayed to the organization inquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule M, Part I II  Did the organization inquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule M, Part II III, or IV, and Part V, Iin 1  Did the organization related to any tax exempt or taxable entity? If "Yes," complete Schedule R, Part II III, or IV, and Part V, Iin 1  Did the organization rela	b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
26 Did the organization report any amount on Part X, Ine 5, 6, or 22 for receivables from or payables to any current or former officers, directors, frustees, key employees, highest compensated employees, or disqualified persons? // "Yes," complete Schedule I, Part III  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? // "Yes," complete Schedule I, Part III  28 Was the organization a party to a business transaction with one of the following parties (see Schedule I, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  a A current or former officer, director, frustee, or key employee? // "Yes," complete Schedule I, Part IV  b A family member of a current or former officer, director, trustee, or key employee? // "Yes," complete Schedule I, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? (a family member thereof) was an officer, director, trustee, or key employee? (a family member thereof) was an officer, director, trustee, or key employee? (a family member thereof) was an officer, director, trustee, or key employee? (a family member thereof) was an officer, director, trustee, or key employee? (a family member thereof) was an officer, director, trustee, or key employee? (a family member thereof) was an officer, director, trustee, or key employee? (a family member thereof) was an officer, director, trustee, or key employee? (a family member thereof) was an officer, director, trustee, or direct or indirect owner? (a **Yes, **complete Schedule I, Part IV (a **28.)  Did the organization receive more than \$250 to 10 to		that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? # "Yes," and complete Schedule L, Part II		Schedule L, Part I	25b		X
complete Schedule L, Part II  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  Was the organization a party to a business stransaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV  d Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  30	26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
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 II 27 X X 28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable fluing thresholds, conditions, and exceptions) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 X 28 X 28 A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV 28 X 28 X 29 Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule L, Part IV 28 X 29 Did the organization receive contributions of air, histonical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule IM 30 X X 31 Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule IM 30 X X 31 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701.2 and 301 7701.3" If "Yes," complete Schedule R, Part II 33 X X 35a Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701.2 and 301 7701.3" If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 33 X X 35a Did the organization oven 100% of the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? 35b X 3		former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			}
27 Did the organization provide a grant or other assistance to an officer, director, fusitee, key employee, substantial contributor or employee thered, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? // "Yes," complete Schedule L, Part II/  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part II/  29 but for former officer, director, fusitee, or key employee? // "Yes," complete Schedule L, Part II/  29 Dut the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule M  29 Dut the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule M  29 Dut the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule M  29 Dut the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule M  29 Dut the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule M  20 Dut the organization receive more than \$25,000 in non-cash contributions? // "Yes," complete Schedule M  21 Did the organization inquidate, terminate, or dissolve and cease operations? // "Yes," complete Schedule M, Part I    22 Dut the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // "Yes," complete Schedule N, Part II    23 Dut the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // "Yes," complete Schedule N, Part II    24 Dut the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // "Yes," complete Schedule N, Part II    25 Dut the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // "Yes," complete Schedule N, Part II    26 Dut the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // "Yes," complete Schedule N, Part II    26 Dut the organization news of the organization of transf		complete Schedule L. Part II	26		Х
of any of these persons? // 'Yes,' complete Schedule L, Part III  28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable fling thresholds, conditions, and exceptions)  a A current or former officer, director, trustee, or key employee? // 'Yes,' complete Schedule L, Part IV  b A family member of a current or former officer, director, trustee, or key employee? // 'Yes,' complete Schedule L, Part IV  c An entity of which a current or former officer, director, trustee, or key employee? // 'Yes,' complete Schedule L, Part IV  28 Dut the organization receive more than \$25,000 in non-cash contributions? // 'Yes,' complete Schedule M  29 Dut the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? // 'Yes,' complete Schedule M  30 X  31 Dut the organization induvidete, terminate, or dissolve and cease operations? // 'Yes,' complete Schedule N, Part I  31 Dut the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? // 'Yes,' complete Schedule N, Part II  32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701.2 and 301 7701.3? // 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, Iine 1  33 Did the organization related to any tax-exempt or taxable entity? // 'Yes,' complete Schedule R, Part II, III, or IV, and Part V, Iine 1  34 Was the organization have a controlled entity within the meaning of section 512(b)(13)? // 'Yes,' complete Schedule R, Part V, Iine 2  35 Did the organization have a controlled entity within the meaning of section 512(b)(13)? // 'Yes,' complete Schedule R, Part V, Iine 2  35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? // 'Yes,' complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organizations. Did the organization mand that is treated	27	·			
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) a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, histonical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization individuals, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part II Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Ime 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Ime 2  35 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, Ime 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, Ime 2  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 purp		contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
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a A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV c An entity of which a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part I Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I  A Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," to line 35a, dd 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, Iine 2  Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V  The statements Regarding Other IRS Fillings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  The short organization comply with backup withholding rules for reportable payments	28				
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV c 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 undirect owner? If "Yes," complete Schedule I, Part IV 28b		instructions for applicable filing thresholds, conditions, and exceptions)			·
b A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule I, Part IV c 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 undirect owner? If "Yes," complete Schedule I, Part IV 28b	а	A current or former officer, director, trustee, or key employee? If "Yes." complete Schedule L. Part IV	28a	_	Х
c 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			28b		X
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?  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, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization?  If "Yes," complete Schedule R, Part V, Iine 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization?  If "Yes," complete Schedule R, Part V, Iine 2  38 Did the organization complete Schedule O Tax polytically and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part V III and 19?  Note. All Form 990 filers are required to complete Schedule O  Part V  Tax better the number of Forms W-2G included in line 1a. Enter 0- if not applicable  b Enter the number of Forms W-2G included in line 1a. Enter 0- if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and repo					
Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M  Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M  Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I II  Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II II  Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I II  Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a X  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 51(b)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-chantable related organization? If "Yes," complete Schedule R, Part V, Iine 2  37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization? If "Yes," complete Schedule R, Part V, Iine 2  38 Did the organization complete Schedule O And provide explanations in Schedule O Fear VI, Iines 11b and 19?  Note. All Form 990 filers are required to complete Schedule O  Part V Statements Regarding Other IRS Filings and Tax Compliance  Check if Schedule O contains a response or note to any line in this Part V  Test No  1a Enter the number of Forms W-2G included in line 1a Enter 0- if not applicable  b Enter the number of Forms W-		director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	28c		X
Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? If "Yes," complete Schedule M 30 X  31 Did the organization liquidate, terminate, or dissolve and cease operations?  If "Yes," complete Schedule N, Part I 31 X  32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete Schedule N, Part II 32 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301 7701-2 and 301 7701-3? If "Yes," complete Schedule R, Part I 33 X  34 Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and Part V, Iine 1 34 X  35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? 35a Did the organization have a controlled entity within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, Iine 2  36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?  If "Yes," complete Schedule R, Part V, Iine 2  36 Did the organization conduct more than 5% of its activities through an entity that is not a related organization?  If "Yes," complete Schedule R, Part V, Iine 2  37 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, Iines 11b and 19?  Note, All Form 990 filers are required to complete Schedule O  18 Enter the number reported in Box 3 of Form 1096 Enter -0 if not applicable  Check if Schedule O contains a response or note to any line in this Part V  10 Enter the number of Forms W-2G included in line 1 Enter -0 if not applicable  b Enter the number of Forms W-2G included in line 1 Enter -0 if not applicable  c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming  (gambling) winnings to prize winners?	29		29		Х
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If "Yes," complete Schedule N, Part I 31	31				
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Part V Statements Regarding Other IRS Filings and Tax Compliance Check if Schedule O contains a response or note to any line in this Part V  Table Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?  The statements Regarding Other IRS Filings and Tax Compliance  Yes No  1a Enter the number reported in Box 3 of Form 1096 Enter -0- if not applicable b Enter the number of Forms W-2G included in line 1a Enter -0- if not applicable c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?			38	X	
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(gambling) winnings to prize winners?					
			1c	X	
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Page 5

Part V

Yes No 2a Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return X b If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions) X Did the organization have unrelated business gross income of \$1,000 or more during the year? За b If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O 3b At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a X financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a **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) Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a X b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b c If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5с 6a Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit Х any contributions that were not tax deductible as charitable contributions? 6a b If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b Organizations that may receive deductible contributions under section 170(c). 7 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 b If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b c Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c d If "Yes," indicate the number of Forms 8282 filed during the year Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e 7f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7g 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? 7h Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8 Sponsoring organizations maintaining donor advised funds. Did the sponsoring organization make any taxable distributions under section 4966? 9a Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b 10 Section 501(c)(7) organizations. Enter a Initiation fees and capital contributions included on Part VIII, line 12 10a b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b Section 501(c)(12) organizations. Enter 11 Gross income from members or shareholders 11a Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them ) 11b 12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a 12b b If "Yes," enter the amount of tax exempt interest received or accrued during the year Section 501(c)(29) qualified nonprofit health insurance issuers. a 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 13b organization is licensed to issue qualified health plans c Enter the amount of reserves on hand 13c X 14a Did the organization receive any payments for indoor tanning services during the tax year? 14a b If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O 14b Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15 If "Yes," see instructions and file Form 4720, Schedule N Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16 If "Yes," complete Form 4720, Schedule O

Form 990 (2018) FEEDING KENTUCKY, INC 61-1398656 Page Part VI: Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions		·	
	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year 1a 7			
	If there are material differences in voting rights among members of the governing body, or if the governing	Mg/ 04	w a	" "
	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 7			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision	Į .		
	of officoro, directors, or tructoco, or key employees to a management company or other person?	3		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		X
5	Did the organization become award during the year of a significant diversion of the organization's assets?	5		X
6	Did the organization have members or stockholders?	6		X
7a	Did the organization have members, ctockholders, or other persons who had the power to elect or appoint one or			1
	more members of the governing body?	7a		X
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or			
	persons other than the governing body?	7b		Х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:	_=		
а	The governing body?	8a	Х	
b	Each committee with authority to act on bohalf of the governing body?	.8b_	X	<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	L	X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	
10a	Did the organization have local chapters, branches, or affiliates?	10a		X
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates,			
	and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	77	<b> </b>
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	X	├─
h	Describe in Schedule O the process, if any, used by the organization to review this Form 990		<del></del>	
12á	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	├─
ь	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	X	ļ
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe		v	
40	in Schedule O how this was done	12c	X	-
13	Did the organization have a written whistleblower policy?	13		
11	Did the organization have a written document rotention and destruction policy?	11	_X.	<del> </del>
15	Did the process for determining compensation of the following persons include a review and approval by independent	1		
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		`œ X	
	The organization's CEO, Executive Director, or top management official	15a	Λ_	Х
D	Other officers or key employees of the organization	15b		<del>  ^</del>
16-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions)  Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			1
104		160		X
<b>h</b>	taxable entity during the year?	16a		
U	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	Œ	•	1,
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	**		<del>`</del>
Sec	exempt status with respect to such arrangements? tion C. Disclosure	16b	L	L
	List the states with which a copy of this Form 990 is required to be filed ▶KY			
17 18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s	only)	اداددرد	nle
10	for public inspection. Indicate how you made these available. Check all that apply	Jilly)	av anial	J10
10		finana	ıol	
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and	manc	idi	
00	statements available to the public during the tax year			
20	State the name, address, and telephone number of the person who possesses the organization's books and records  TAMARA SANDBERG - 502-699-2656			
	P.O. BOX 5522, FRANKFORT, KY 40602			
	1.0. Don July I thank on , M. 4000			

age 7

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's Lax 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"
- Liot the organization's five current highest compensated employees (other than an officer, director, trustice, or key employee) who received report able 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 i	nor any related	orga	nıza	tion	con	nper	sate	ed any current officer, d	rector, or trustee	
(A) Name and Title	(B) Average hours per week	offi	not c unle	ss per	ntion more	than of s both or/trus	an	(D) Reportable compensation from	<b>(E)</b> Reportable compensation from related	(F) Estimated amount of other
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key emoloyee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MISC)	compensation from the organization and related organizations
(1) KURT REIBER CHAIR	4.00	x		х				0.	0.	0.
(2) BRIAN RIENDEAU	2.00									•
VICE-CHAIR (3) GLENN ROBERTS	4.00	X	-	X				0.	0.	0.
TREASURER		X		X		_		0.	0.	0.
(4) CYNTHIA KIRKHART SECRETARY	2.00	х		x				0.	0.	0.
(5) JAMIE SIZEMORE DIRECTOR	2.00	x						0.	0.	0.
(6) MICHAEL HALLIGAN DIRECTOR	2.00	x						0.	0.	0.
(7) STACEY COURTNEY DIRECTOR	2.00	х						0.	0.	0.
(8) TAMARA SANDBERG EXECUTIVE DIRECTOR	40.00			x				90,972.	0.	8,109.
										<u> </u>

Part VII   Section A. Officers, Directors, Tri		ploy	<del>0</del> 05,			ghes	st C	E			F	
(A)	(B)			Pos	•	,		(D)	(E)		i e	(F)
Name and title	Average hours per		not c	heck (	more	than o		Reportable	Reportable			mated
	week		cer ar					compensation from	compensation from related		l .	ount of ther
	(list any	į						the	organization			ensation
	hours for	age	_			표		organization	(W-2/1099-MI	SC)	froi	m the
	related	ste o	ruste		_	eusa		(W-2/1099-MISC)			_	nization
	organizations below	at tr	onal t		loyee	E a	ŀ				1	related
	line)	Individual trustee or director	Institutional trustee	Officer	Key emptoyee	Highest compensated employee	Former				organ	izations
<del></del>	+	투	ᄩ	٩.	\₹	= =	۳	<del>                                     </del>	<del></del>			
		1										
···	-	├		$\vdash$	$\vdash$	├	_		·			<del></del>
		1										
		L		_	_	┝	_		····			
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		├	<u> </u>	ļ	_	-	_					
		1									i	
	<del> </del>	┞	<u> </u>	_	_	├	_					
		}	ļ					<b>1</b> 10				
1b Sub-total					<u> </u>	•	▶	90,972.	-	0.	8	,109.
c Total from continuation sheets to Part	VII, Section A						▶	0.		0.		0.
d Total (add lines 1b and 1c)							<u> </u>	90,972.		0.	8	,109.
Total number of individuals (including but	not limited to th	iose	liste	d ab	ove	) wh	o re	eceived more than \$100,	000 of reportable	ө		,
compensation from the organization											Tv	es No
3 Did the organization list any former office	er, director, or tri	ıster	e ke	v en	olan	vee	or t	highest compensated er	nolovee on		r T	30   100
line 1a? If "Yes," complete Schedule J for	-		o,o	,		,,,,,,	· · ·	ingrious componented of	npioyee en		3	X
4 For any individual listed on line 1a, is the		le co	mpe	ensa	tion	and	oth	er compensation from t	he organization			
and related organizations greater than \$1									ū		4	X
5 Did any person listed on line 1a receive o									dual for services			
rendered to the organization? If "Yes." or	mplete Schedul	e <i>J f</i>	or su	ıch r	oers	on					5	X
Section B. Independent Contractors				-4 -			41	A Ab Ab	400 000 - 6			
1 Complete this table for your five highest of the organization. Report compensation for	•	•							•	pensa	uon iron	1
(A)								(B)			(C)	
Name and busine	ss address	N	INC	<u> </u>				Description of s	ervices		compens	ation
							$\dashv$					
											<del></del>	
							$\dashv$					
2 Total number of independent contractors \$100,000 of compensation from the orga		ot lır	nited	to t	_	_	ted	above) who received me	ore than			
	nization 🗩				(					<u> </u>		

Form 990 (2018) FEEDING KENTUCKY, INC
Part VIII Statement of Revenue

L		Check if Schedule O cont	tains a response	or note to any lir	ne in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514
nts uts	1 a	Federated campaigns	1a					
iza D	b	Membership dues	1b	50,052.				
ts, (	С	•	1c					
P E	d	•	<u>1d</u>	<del></del>				
s d	6	• ,		528,725.		·		ļ
E S	f	All other contributions, gifts, gran		405 740				
들됨		similar amounts not included abo		425,743.	-			
Contributions, Gifts, Grants and Other Similar Amounts	9	Noncash contributions included in lines	1a-1f \$		1,004,520.			ļ
<u>0 e</u>		Total. Add lines 1a-1f		Business Code				<del> </del>
	2 a	·		Dusiness Code				·
Š	b			<del></del>				<u> </u>
<i>§</i> and	c							<u> </u>
am	d							
Program Service Revenue	ө							
4	f	All other program service reve	nue					
$\dashv$	9	Total. Add lines 2a-2f		<u> </u>				
i	3	Investment income (including	dividends, intere	est, and				
İ		other similar amounts)	•	<b>.</b>	5,047.		·	5,047.
	4	Income from investment of ta	x-exempt bond p	roceeds			<del></del>	ļ
	5	Royalties	(A.D1	(A) (B)			<del></del>	<del> </del>
	٠.	Overe vente	(i) Real	(ii) Personal	-			
	6 a	Gross rents Less rental expenses			1			
	c	5		1	1			
		Net rental income or (loss)		<u> </u>				•
		Gross amount from sales of	(i) Securities	(ii) Other				<u>†                                     </u>
		assets other than inventory			1			
	b	Less cost or other basis			1			
- 1		and sales expenses			]			
	С	Gain or (loss)		<u> </u>				
}		Net gain or (loss)						
enne/	8 a	Gross income from fundraisin including \$	•					
		contributions reported on line						
r Bg		Part IV, line 18	а					
Other	b	Less direct expenses	b			ļ		
۲۱	C	Net income or (loss) from fund	traising events	<u> </u>				
	9 a	Gross income from gaming ac	tivities See					
		Part IV, line 19	а			1		
		Less direct expenses	b				<del></del>	·
l		Net income or (loss) from gam						
l	10 a	Gross sales of inventory, less			İ			
ľ	<b>h</b>	and allowances  Less cost of goods sold	a b					İ
		Net income or (loss) from sale		_				·
- 1		Miscellaneous Revenu		Business Code				<del> </del>
- 1	11 a	MISCELLANEOUS		445200	28,436.	28,436.	<del></del> -	·
	b							
	C							
	d	All other revenue		L			<del> </del>	
		Total. Add lines 11a-11d		<b>&gt;</b>	28,436.	20 426		<del>  -= -=  </del>
	12	Total revenue See instructions	<del>- · · · · · · · · · · · · · · · · · · ·</del>		1,038,003.	28,436.	0.	5,047.

Form 990 (2018) FEEDING KENTUCKY, INC Part IX Statement of Functional Expenses

Secti	on 501(c)(3) and 501(c)(4) organizations must comp	olete all columns. All othe	er organizations must con	nplete column (A).	
<u> </u>	Check if Schedule O contains a respon			(0)	<u> </u>
	not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	<b>(D)</b> Fundraising expenses
1	Grants and other assistance to domestic organizations				
	and domestic governments. See Part IV, line 21	687,878.	687,878.		· · · · · · · · · · · · · · · · · · ·
2	Grants and other assistance to domestic				
	ındıvıduals See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign			Ī	
	individuals See Part IV, lines 15 and 16				· · · · · · · · · · · · · · · · · · ·
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				· · · · · · · · · · · · · · · · · · ·
6	Compensation not included above, to disqualified				
	persons (as defined under section 4958(f)(1)) and			1	
	persons described in section 4958(c)(3)(B)	165 040	145 600	12 265	4 055
7	Other salaries and wages	165,842.	147,600.	13,267.	4,975.
8	Pension plan accruals and contributions (include			į	
	section 401(k) and 403(b) employer contributions)	20 252	10.004	1 (20	600
9	Other employee benefits	20,252. 12,455.	18,024. 11,085.	1,620.	608. 374.
10	Payroll taxes	12,455.	11,000.	990.	3/4.
11	Fees for services (non-employees)				
a	Management			<del></del>	
b	Legal	12,600.	12,600.		<del> </del>
	Accounting	12,000.	12,000.		
d e	Lobbying Professional fundraising services. See Part IV, line 17				
f	Investment management fees	·			
, g	Other (If line 11g amount exceeds 10% of line 25,				
9	column (A) amount, list line 11g expenses on Sch O.)	19,881.	16,309.	2,598.	974.
12	Advertising and promotion		= 0, 0, 0, 0, 0		
13	Office expenses	3,990.	3,551.	319.	120.
14	Information technology	2,681.	2,387.	214.	80.
15	Royalties				
16	Occupancy	9,610.	8,553.	769.	288.
17	Travel				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	17,719.	17,719.		
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4 4			
23	Insurance	1,000.	890.	80.	30.
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 0.)				
а	MEMBERSHIP DUES AND OTH	21,291.	18,949.	1,703.	639.
b	PRINTING AND POSTAGE	7,354.	6,545.	588.	221.
c	TELEPHONE AND INTERNET	4,088.	3,638.	327.	123.
d	OTHER EXPENSES	1,883.		1,883.	
е	All other expenses	2,614.	2,545.	69.	
25	Total functional expenses. Add lines 1 through 24e	991,138.	958,273.	24,433.	8,432.
26	Joint costs Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Form 990 (2018)
Part X. Balance Sheet

	t X.	Check if Schedule O contains a response or note	to any line in this Part X			
•				(A) Beginning of year		<b>(B)</b> End of year
	1	Cash - non-interest-bearing		527,315.	1	663,623.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net		300,000.	3	200,000.
	4	Accounts receivable, net		3,756.	4	785.
	5	Loans and other receivables from current and for	mer officers, directors,			
		trustees, key employees, and highest compensa-	ted employees Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqualifi	ed persons (as defined under			
		section 4958(f)(1)), persons described in section	4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of secti				
s		employees' beneficiary organizations (see instr)	· · · · · · · · · · · · · · · · · · ·		6	
Assets	7	Notes and loans receivable, net			7	
As	8	Inventories for sale or use			8	
	9	Prepaid expenses and deferred charges			9	
	_	Land, buildings, and equipment cost or other			Ť	
i		basis Complete Part VI of Schedule D	10a			
	b	Less accumulated depreciation	10b		10c	
ŀ	11	Investments - publicly traded securities			11	
	12	Investments - other securities See Part IV, line 1	1		12	
	13	Investments - program-related See Part IV, line 1	·	· · · · · · · · · · · · · · · · · · ·	13	
	14	Intangible assets	· · · •		14	
	15	Other assets See Part IV, line 11		0.	15	1,436.
	16	Total assets. Add lines 1 through 15 (must equa	I line 34)	831,071.	16	865,844.
	17	Accounts payable and accrued expenses		63,684.	17	51,592.
	18	Grants payable			18	
	19	Deferred revenue			19	· · · · · · · · · · · · · · · · · · ·
	20	Tax-exempt bond liabilities			20	
	21	Escrow or custodial account liability Complete F	art IV of Schedule D		21	
<sub>s</sub>	22	Loans and other payables to current and former				
Liabilities		key employees, highest compensated employees	s, and disqualified persons			
폁		Complete Part II of Schedule L		<u>-</u>	22	
اڌ	23	Secured mortgages and notes payable to unrelate	ed third parties		23	
	24	Unsecured notes and loans payable to unrelated	third parties		24	
	25	Other liabilities (including federal income tax, pay	ables to related third			
		parties, and other liabilities not included on lines	17-24) Complete Part X of			
		Schedule D			25	
	26	Total liabilities. Add lines 17 through 25		63,684.	26	51,592.
		Organizations that follow SFAS 117 (ASC 958)	, check here ▶ X and	·		
ဖွ		complete lines 27 through 29, and lines 33 and	134.			
2	27	Unrestricted net assets		226,664.	27	247,434.
aa	28	Temporarily restricted net assets		540,723.	28	566,818.
q B	29	Permanently restricted net assets			29	-, ·,, ·
Net Assets or Fund Balances		Organizations that do not follow SFAS 117 (AS	6C 958), check here 🕨 🔲 📗			
P		and complete lines 30 through 34.	Į.			
əts	30	Capital stock or trust principal, or current funds	_ [		30	
\SS(	31	Paid-in or capital surplus, or land, building, or eq	uipment fund		31	
et A	32	Retained earnings, endowment, accumulated inc	ome, or other funds		32	
ž	33	Total net assets or fund balances		767,387.	33	814,252.
	34	Total liabilities and net assets/fund balances		831,071.	34	865,844.

Form 990 (2018)

#### **SCHEDULE A**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

### **Public Charity Status and Public Support**

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

► Attach to Form 990 or Form 990-EZ.

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

OMB No 1545-0047

Open to Public Inspection

Name of the organization Employer identification number 61-1398656 FEEDING KENTUCKY, INC Reason for Public Charity Status (All organizations must complete this part ) See instructions Part The organization is not a private foundation because it is (For lines 1 through 12, check only one box.) A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ)) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). 4 A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in section 170(b)(1)(A)(iv). (Complete Part II) A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 6 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi), (Complete Part II) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land grant college or university or a non land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or .10 🔏 An organization that normally receives (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975 See section 509(a)(2). (Complete Part III) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 12 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s) You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions) You must complete Part IV, Sections A, D, and E. Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions) You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed (i) Name of supported (iii) Type of organization (v) Amount of monetary (vi) Amount of other nno document? (described on lines 1-10 organization support (see instructions) support (see instructions) above (see instructions))

	edule A (Form 990 or 990 EZ) 2018 F irt II Support Schedule for	EEDING\KE Organizations	NTUCKY, II	NC Sections 1700	h)(1)(A)(iv) and	61-1398 (170/Б)(1)(170/Б)	3656 Page 2
1 4	(Complete only if you checked	- \		-	•		
	fails to qualify under the tests	<b>\</b>			in falled to quality t	inder Fait in in the	organization
500	ction A. Public Support	illited below, pipe	ioc complete r art r		,		/
		(-) 0014	(h) 0015	(-) 0016	(-0.0017	(-) 0019	/O Total
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018/	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received (Do not		\		ļ		
_	include any "unusual grants ")		<del>  \                                   </del>		ļ		
2	Tax revenues levied for the organ-		\			4	
	ization's benefit and either paid to		\			1	
	or expended on its behalf		<b>\</b>		/		
3	The value of services or facilities		l \				
	furnished by a governmental unit to		\		/		
	the organization without charge		\\		/		
4	Total. Add lines 1 through 3		<u> </u>		1	<del> </del>	
5	The portion of total contributions		l \				
	by each person (other than a		\			{	
	governmental unit or publicly		Ŋ				
	supported organization) included						
	on line 1 that exceeds 2% of the	!		V		]	
	amount shown on line 11,						
_	column (f)			<del>\</del>		<del> </del>	
	Public support. Subtract line 5 from line 4	<u> </u>		<u> </u>	L	1	
		(-) 0014	1 45 0035	(-) 0016	(4) 0017	(-) 0018	/A Total
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gross income from interest,		/	<del></del>	<del> </del>	<u> </u>	
0	dividends, payments received on			\			
	securities loans, rents, royalties,		/	\		ļ.	
	and income from similar sources	/		<b>\</b>	,		
9	Net income from unrelated business	/			<b>\</b>		
3	activities, whether or not the				1	į	
	business is regularly carried on				\		
10	Other income Do not include gain						
10	or loss from the sale of capital		į		\		
	assets (Explain in Part VI)	/			\		
11	Total support, Add lines 7 through 10	1					
	Gross receipts from related activities,	etc (see instruction	ons)	, , ,	· · · · · ·	12	····
	First five years. If the Form 990 is for			d. fourth, or fifth ta	ex vear as a sectio		
	organization, check this box and stop	o here		-,	7		▶□
Sec	ction C. Computation of Publi	c Support Per	centage			<b>\</b>	
14	Public support percentage for 2018 (	ine 6, column (f) di	ivided by line 11, c	olumn (f))		14	%
15	Public support percentage from 2017	Schedule A, Part	II, line 14			15	%
16a	. 33 1/3% support test - 2018. If the c	organization did no	ot check the box or	line 13, and line	14 is 33 1/3% or m	ore, check this box	and
	stop here. The organization qualifies	as a publicly supp	orted organization			\	▶□
b	33 1/3% support test - 2017. If the o	organization did no	ot check a box on I	ine 13 or 16a, and	line 15 is 33 1/3%	or more, check thi	s box
	and stop here. The organization qual	ifies as a publicly s	supported organiza	ition		\	▶□
17a	10% -facts and-circumstances test	- 2018. If the org	janization did not c	heck a box on line	e 13, 16a, or 16b,	and line 14 is 10% o	or more,
	and if the organization meets the "fac-	ts-and-circumstan	ces" test, check th	is box and stop h	nere. Explain in Pa	ırt VI how the organ	ization
	meets the "facts-and-circumstances"	test The organiza	tion qualifies as a p	oublicly supported	organization	Į	▶□
b	10% -facts-and-circumstances test	- 2017. If the org	ganization did not c	heck a box on line	e 13, 16a, 16b, or	17a, and line 1 🦞 is 1	0% or
	phore, and if the organization meets th	ne "facts-and-circu	mstances" test, ch	eck this box and	stop here. Explai	n in Part VI how\the	
•	organization meets the "facts-and-circ			•		- V	▶□
18	Private foundation. If the organization	n did not check a	box on line 13, 16a	a, 16b, 17a, or 17b			
					Sch	edule A (Form 990	òr 990-EZ) 2018
							\
							\

# Schedule A (Form 990 or 990-EZ) 2018 FEEDING KENTUCKY, INC Part III | Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II If the organization fails to

Sec	ction A. Public Support	elow, please comp	nete Part II )		<u></u>	<del></del>	
	ndar year (or fiscal year beginning in)	(a) 2014	<b>(b)</b> 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and	12/2011	(0) 20.0	(0) 20.0	(4)2511	10/2010	10.000
·	membership fees received (Do not						
	include any "unusual grants ")	841,206.	899,098.	1075136.	1414591.	1004520.	5234551.
2	Gross receipts from admissions, merchandise sold or services per- formed, or facilities furnished in		000,000			20013200	-
	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 organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities furnished by a governmental unit to				:		
	the organization without charge						
6	Total. Add lines 1 through 5	841,206.	899,098.	1075136.	1414591.	1004520.	5234551.
7 a	Amounts included on lines 1, 2, and 3 received from disqualified persons					~	0.
b	Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 196 of the						
	amount on line 13 for the year					· · · · · · · · · · · · · · · · · · ·	0.
C	Add lines 7a and 7b						0.
	Public support. (Subtract line 7c from line 6)						5234551.
Cale	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6	841,206.	899,098.	1075136.	1414591.	1004520.	5234551.
10a	Gross income from interest, dividends, payments received on securities loans, rents, royalties,			_			
	and income from similar sources	182.	360.	351.	903.	5,047.	6,843.
b	Unrelated business taxable income						
	(less section 511 taxes) from businesses acquired after June 30, 1975						
С	Add lines 10a and 10b	182.	360.	351.	903.	5,047.	6,843.
11	Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carned on						
12	Other income Do not include gain or loss from the sale of capital	697.	5,040.	7,864.	19,443.	28,436.	61,480.
13	assets (Explain in Part VI)  Total support. (Add lines 9, 10c, 11, and 12)	842,085.	904,498.	1083351.	1434937.	1038003.	5302874.
	First five years. If the Form 990 is for						
	check this box and stop here						
	ction C. Computation of Publi			<del></del>		,	
	Public support percentage for 2018 (I		•	olumn (f))		15	98.71 %
	Public support percentage from 2017 ction D. Computation of Investigation					16	99.23 %
	Investment income percentage for 20			no 13 column (ft)		17	.13 %
	Investment income percentage from 2	•	•	ie 13, column (i))		18	.13 %
	33 1/3% support tests - 2018. If the	•	-	n line 14 and line	15 is more than 3		
	more than 33 1/3%, check this box ar	nd stop here. The	organization qualif	ies as a publicly si	upported organizat	tion	<b>►</b> X
b	33 1/3% support tests - 2017. If the						nd
20	line 18 is not more than 33 1/3%, che			-		Ū	
<u> 20</u>	Private foundation. If the organization	a did not check a l	JUA UIT III 14, 198	LOT 13D, CHECK III	IS DUX BIID SEE INSI	TUCTIONS	

#### Part IV | Supporting Organizations

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

Section A	A. All	Supporting	) Organiza	tions
-----------	--------	------------	------------	-------

Yes No 1 Are all of the organization's supported organizations listed by name in the organization's governing documents? If "No," describe in Part VI how the supported organizations are designated. If designated by 1 class or purpose, describe the designation. If historic and continuing relationship, explain 2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? If "Yes," explain in Part VI how the organization determined that the supported 2 organization was described in section 509(a)(1) or (2) 3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? If "Yes." answer За (b) and (c) below b Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? If "Yes," describe in Part VI when and how the Зb organization made the determination c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? If "Yes," explain in Part VI what controls the organization put in place to ensure such use Зс 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 c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) 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 Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed, (ii) the reasons for each such action. (iii) the authority under the organization's organizing document authorizing such action, and (iv) how the action was accomplished (such as by amendment to the organizing document) 5a b Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document? 5b c Substitutions only. Was the substitution the result of an event beyond the organization's control? 5c 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 chantable 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 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 7 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) 8 9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? If "Yes," provide detail in Part VI. 9a b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? If "Yes," provide detail in Part VI. 9b c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? If "Yes," provide detail in Part VI. 9с

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

b Did the organization have any excess business holdings in the tax year? (Use Schedule C, Form 4720, to

supporting organizations)? If "Yes," answer 10b below.

determine whether the organization had excess business holdings.)

10a

10b

	1			
Sche	edule A (Form 990 or 990-EZ) 2018 FEEDING KENTUCKY, INC 61-13	9865	6 Pa	age 5
	rt IV   Supporting Organizations (continued)			
	(O)TAINACA)		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		
b	A family member of a person described in (a) above?	11b		
c	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		
Sec	tion B. Type I Supporting Organizations			
			Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to			
	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the	ļ		
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	controlled the organization's activities. If the organization had more than one supported organization,			
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			<b> </b> _
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	L	ļ
2	Did the organization operate for the benefit of any supported organization other than the supported	i	1	•
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			l
	Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization.	2		L
Sec	tion C. Type II Supporting Organizations			
	f		Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	ļ		
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control	ļ		
	or management of the supporting organization was vested in the same persons that controlled or managed			
500	the supported organization(s). tion D. All Type III Supporting Organizations	1		
<u> </u>	uon D. Ali Type in Supporting Organizations			· .
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		Yes	No
•	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax	ļ		
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the	ļ		
	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1		<del></del> -
2	Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported		-	
_	organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the organization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By reason of the relationship described in (2), did the organization's supported organizations have a			
	significant voice in the organization's investment policies and in directing the use of the organization's			
	income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's	ŀ		'
	supported organizations played in this regard.	3		
Sec	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).		-	
а	The organization satisfied the Activities Test Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.			
С	The organization supported a governmental entity Describe in Part VI how you supported a government entity (see instr	uctions)		
2	Activities Test Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of	ŀ		
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			'
	how the organization was responsive to those supported organizations, and how the organization determined			
	that these activities constituted substantially all of its activities	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
	activities but for the organization's involvement	2b		
3	Parent of Supported Organizations Answer (a) and (b) below.			
а	Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or			
	trustees of each of the supported organizations? Provide details in Part VI.	3a		
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each			

	dule A (Form 990 or 990-EZ) 2018 FEEDING KENTUCKY, INC			61-1398656 Page 6
Pa	- JPs test : Line tiestally integration ecolaries explorin			
1	Check here if the organization satisfied the Integral Part Test as a qualifying			Part VI) See instructions. A
Sect	other Type III non-functionally integrated supporting organizations must co	ompiete Sec	(A) Pnor Year	(B) Current Year (optional)
1	Net short-term capital gain	1 1		
	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	-   -		
Ů	collection of gross income or for management, conservation, or			1
	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		
	Adjusted Net Income (submact lines of of and 7 from line 4)			(B) Current Year
Sect	ion B - Minimum Asset Amount		(A) Pnor 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		
<u>b</u>	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
<u>d</u>	Total (add lines 1a, 1b, and 1c)	1d		
θ	Discount claimed for blockage or other			
	factors (explain in detail in Part VI)			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6_	Multiply line 5 by 035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount	İ		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		1
7	Check here if the current year is the organization's first as a non-functiona	lly integrated	Type III supporting orga	anization (see

instructions)

Schedule A (Form 990 or 990-EZ) 2018

	dule A (Form 990 or 990 EZ) 2018 FEEDING KENTU	CKY, INC	6	1-1398656 Page 7
Pai	t V. Type III Non-Functionally Integrated 509(	a)(3) Supporting Orga	nizations (continued)	
<u>ect</u>	on D - Distributions			Current Year
1.	Amounts paid to supported organizations to accomplish exer	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	t purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizations	<b>3</b>	
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 which the	ne organization is responsive	<del></del>	
	(provide details in Part VI) See instructions			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount		·	-
	on E - Distribution Allocations (see instructions)	(ı) 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 (reason-			
	able cause required explain in Part VI) See instructions			
3	Excess distributions carryover, if any, to 2018			
а	From 2013			
ւ	From 2014			
С	From 2015			
d	From 2016			
в	From 2017			
f	Total of lines 3a through e			
	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
ı	Carryover from 2013 not applied (see instructions)		· · · · · · · · · · · · · · · · · · ·	
i	Remainder Subtract lines 3g, 3h, and 3i from 3f			
4	Distributions for 2018 from Section D.			
•	line 7 \$			
a	Applied to underdistributions of prior years			
	Applied to 2018 distributable amount			
	Remainder Subtract lines 4a and 4b from 4			
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 Part VI. See instructions			
6	Remaining underdistributions for 2018 Subtract lines 3h			
Ü				
	and 4b from line 1. For result greater than zero, explain in			
7	Part VI See instructions  Expect distributions correspond to 2010. Add lines 3:			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c			<u></u>
8	Breakdown of line 7			
	Excess from 2014			
	Excess from 2015			
	Excess from 2016			
d	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

Schedule A	(Form 990 or 990-EZ) 2018 FEEDING KENTUCKY, INC	61-1398656 Page 8
<u>Part,VII</u>	<b>Supplemental Information.</b> Provide the explanations required by Part II, line 10, Part II, line 17a or 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 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 D, lines 5, 6, and 8, and Part V, Section E, lines 2, 5, and 6 Also complete this part for any addition	and 2, Part IV, Section C, , Section B, line 1e, Part V.
	(See instructions )	
		· · · · · · · · · · · · · · · · · · ·
		<del></del>
<u> </u>		
<del></del>		
<del></del>		
<del> </del>		

#### **SCHEDULE C**

(Form 990 or 990-EZ)

Department of the Treasury

### **Political Campaign and Lobbying Activities**

For Organizations Exempt From Income Tax Under section 501(c) and section 527

Complete if the organization is described below.
 ► Attach to Form 990 or Form 990-EZ.
 ► Go to www.irs.gov/Form990 for instructions and the latest information.

2018

Open to Public Inspection

If the organization answered "Yes," on Form 990, Part IV, line 3, or Form 990-EZ, Part V, line 46 (Political Campaign Activities), then

- Section 501(c)(3) organizations Complete Parts I-A and B Do not complete Part I-C
- Cection 501(c) (other than dection 501(e)(3)) organizations. Complete Parts I-A and C below. Do not complete Part I-B
- Section 527 organizations Complete Part I-A only

If the organization answered "Yes," on Form 990, Part IV, line 4, or Form 990-EZ, Part VI, line 47 (Lobbying Activities), then

- Section 501(c)(3) organizations that have filed Form 5768 (election under section 501(h)) Complete Part II-A Do not complete Part II-B
- Section 501(c)(3) organizations that have NOT filed Form 5768 (election under section 501(h)) Complete Part II-B Do not complete Part II-B

If the organization answered "Yes," on Form 990, Part IV, line 5 (Proxy Tax) (see separate instructions) or Form 990-EZ, Part V, line 35c (Proxy Tax) (see separate instructions), then

	section 50	)1(c)(4), (5), or (6) organizat	ions Complete Part III		T E	mployer identification number
IVAII	io oi oiga		KENTUCKY, INC		-	61-1398656
Pa	rt I-A		anization is exempt unde	r section 501(c)	or is a section 527	organization
<u> </u>		Tompioto ii tiio org	unization to exempt unite	7 00000011 001(0)	51 15 G 555 H 511 521	organization.
4	Droudo	description of the organiz	ation's direct and indirect solition	l comporan cotruitios i	n Dort IV	
		· · · · · · · · · · · · · · · · · · ·	ation's direct and indirect politica	ıı campaign activities i	_	<b>•</b> •
2		campaign activity expendit r hours for political campai			•	<b>&gt;</b> \$
3	Voluntee	riours for political campai	gn activities	-	-	
Pa	rt I-B	Complete if the org	anization is exempt unde	er section 501(c)(	3).	· · · · · · · · · · · · · · · · · · ·
1	Enter the		incurred by the organization unde			<b>▶</b> \$
		•	incurred by organization manage			<b>▶</b> \$
3		•	n 4955 tax, did it filo Form 4720 f		·	Yes No.
4a	_	rrection made?	,	•		Yes No
b	If "Yes,"	describe in Part IV				
Pa	rt I-C	Complete if the org	anization is exempt unde	er section 501(c),	except section 50	1(c)(3).
1	Enter the	amount directly expended	by the filing organization for sec	tion 527 exempt funct	non activities	<b>→</b> \$
2	Enter the	amount of the filing organ	zation's funds contributed to oth	er organizations for se	ection 527	
	exempt f	unction activities		_	. 1	<b>&gt;</b> \$
3	Total exe	mpt function expenditures	Add lines 1 and 2 Enter here ar	nd on Form 1120-POL,	ı	
	line 17b				J	<b>\$</b>
4	Did the fi	ling organization file Form	1120-POL for this year?		• -	Yes No
5	Enter the	names, addresses and em	ployer identification number (EIN	l) of all section 527 po	litical organizations to w	hich the filing organization
	made pa	ments For each organization	tion listed, enter the amount paid	from the filing organiz	ration's funds. Also enter	r the amount of political
		•	omptly and directly delivered to a			arate segregated fund or a
	political a	ction committee (PAC) If	additional space is needed, provi	de information in Part	IV	
		(a) Name	(b) Address	(c) EIN	(d) Amount paid fro	1 7 7
				1	filing organization's	
					funds If none, enter	-0. promptly and directly delivered to a separate
						political organization
						If none, enter -0-
				<u> </u>		
					<b>\</b>	
			<u> </u>			
				<del>- </del>	<u> </u>	
		<del></del>	····		<del> </del>	
				1	l	ŀ

	FEEDING I	KENTUCKY, INC exempt under section	1 501(c)(3) and file	61-1 d Form 5768 (ele	398656 Page 2
section 501(h)).					
A Check ▶ ☐ If the filing organization	ion belongs to a	an affiliated group (and list in	Part IV each affiliated	group member's nam	e, address, EIN,
expenses, and share	of excess lobb	ying expenditures)			
B Check ▶	on checked bo	x A and "limited control" pro	visions apply		
	s on Lobbying I itures" means a	Expenditures amounts paid or incurred.)		(a) Filing organization's totals	(b) Affiliated group totals
1a Total lobbying expenditures to influe					
b Total lobbying expenditures to influe					
c Total lobbying expenditures (add lin	-			-	
d Other exempt purpose expenditures	•				
e Total exempt purpose expenditures		nd 1d)			
f_Lobbying nontaxable amount_Enter	•	· ·	h columns.		
If the amount on line 1e, column (a) or		ne lobbying nontaxable am			
Not over \$500,000		% of the amount on line 1e	ount io.		1
Over \$500,000 but not over \$1,000,		00,000 plus 15% of the exc	ess over \$500 000		
Over \$1,000,000 but not over \$1,500		75,000 plus 10% of the exc			
Over \$1,500,000 but not over \$17,00		25,000 plus 5% of the exce			
Over \$17,000,000		,000,000	ss over ψ1,500,000		
Over \$17,000,000	Ι Ψι	,000,000		1:	l i
g Grassroots nontaxable amount (enter 25% of line 1f) h Subtract line 1g from line 1a If zero or less, enter -0					
i Subtract line 1f from line 1c If zero	•				
j If there is an amount other than zero	-		ation file Form 4720		
reporting section 4911 tax for this y		mo mo ma are organiza		i	Yes No
	4-Yea at made a sect	ar Averaging Period Under ion 501(h) election do not separate instructions for lin	have to complete all o	f the five columns b	
	Lobbying f	Expenditures During 4-Yea	r Averaging Period		
Calendar year (or fiscal year beginning in)	(a) 2015	<b>(b)</b> 2016	(c) 2017	( <b>d</b> ) 2018	(e) Total
2a Lobbying nontaxable amount				<del></del>	
b Lobbying ceiling amount (150% of line 2a, column(e))					
c Total lobbying expenditures					
d Grassroots nontaxable amount					
e Grassroots ceiling amount					
(150% of line 2d, column (e))					
f Grassroots lobbying expenditures					

Schedule C (Form 990 or 990-EZ) 2018

### Schedule C (Form 990 or 990-EZ) 2018 FEED ING KENTUCKY, INC 61-1398656 Page 3 Part II-B Complete if the organization is exempt under section 501(c)(3) and has NOT filed Form 5768 (election under section 501(h)).

or each "Ycs," rosponso on lines 1a through 1i below, provide in Part IV a detailed description		(a)		(b)	
the lobbying activity			No	Amo	ount
During the year, did the filing organization attempt to influence foreign	, national, state, or				
local legislation, including any attempt to influence public opinion on	a legislative matter				
or referendum, through the use of		<u> </u>			
a Volunteers?		<del></del>	Х		
b Paid staff or management (include compensation in expenses reported	d on lines 1c through 1i)?	X	х		
c Media advertisements?		-	X		
d Mailings to members, legislators, or the public?  e Publications, or published or broadcast statements?			X		
f Grants to other organizations for lobbying purposes?		·	X		
g Direct contact with legislators, their staffs, government officials, or a legislators.	egislative body?	Х			2,117.
h Rallies, demonstrations, seminars, conventions, speeches, lectures, of	•	Х			835.
i Other activities?	· ··· <b>,</b> ·····	Х		3	3,956.
j Total Add lines 1c through 1i					5,908.
2a Did the activities in line 1 cause the organization to be not described	n section 501(c)(3)?		Х		
b If "Yes," enter the amount of any tax incurred under section 4912					
c If "Yes," enter the amount of any tax incurred by organization manage	ers under section 4912				
d If the filing organization incurred a section 4912 tax, did it file Form 47	20 for this year?				
Part III-A Complete if the organization is exempt under 501(c)(6).	section 501(c)(4), section	on 501(c)(	5), or sec	tion	
				Yes	No
1 Were substantially all (90% or more) dues received nondeductible by	nembers?		1		
2 Did the organization make only in-house lobbying expenditures of \$2,	000 or less?		2		
3 Did the organization agree to carry over lobbying and political campal Part III-B Complete if the organization is exempt under					<b></b>
501(c)(6) and if either (a) BOTH Part III-A, lines answered "Yes."			• -		3, is
Dues, assessments and similar amounts from members			1		
2 Section 162(e) nondeductible lobbying and political expenditures (do	not include amounts of polit	ical			
expenses for which the section 527(f) tax was paid).					
a Current year			2a		<del></del>
b Carryover from last year c Total			2b 2c		
3 Aggregate amount reported in section 6033(e)(1)(A) notices of nondec	luctible section 162(e) dues		3		<del></del>
4 If notices were sent and the amount on line 2c exceeds the amount o	• • • • • • • • • • • • • • • • • • • •	cess			
does the organization agree to carryover to the reasonable estimate of	•		1 1		
expenditure next year?	· · · · · · · · · · · · · · · · · · ·		4		
5 Taxable amount of lobbying and political expenditures (see instruction	ns)		5		
Part IV Supplemental Information					
Provide the descriptions required for Part I-A, line 1, Part I-B, line 4, Part I-C, instructions), and Part II-B, line 1 Also, complete this part for any additional PART II-B, LINE 1, LOBBYING ACTIVITIES	information	p list), Part II-	A, lines 1 ar	nd 2 (see	
OTHER ACTIVITIES INCLUDE EDUCATIONAL M	ATERIALS.				
	.,				
			_		

#### **SCHEDULE D**

(Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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.

FEEDING KENTUCKY, INC

Employer identification number 61-1398656

[Rai	til∎ Organizations Maintaining Donor ∧dvise	d Funds or Other Similar Funds o	or Accour	its. Complete if the
	organization answered "Yes" on Form 990, Part IV, lin	e 6		
		(a) Donor advised funds	(b) Fur	ds and other accounts
1	Total number at end of year			. <u></u>
2	Aggregate value of contributions to (dunng year)			
3	Aggregate value of grants from (during year)			
4	Aggregate value at end of year			
5	Did the organization inform all denore and denor advicore in v	writing that the assets held in donor advise	ed funds	
	are the organization's property, subject to the organization's $% \left( 1\right) =\left( 1\right) \left( 1$	oxclusive legal control?		L Yes L No
6	Did the organization inform all grantees, donors, and donor a	dvisors in writing that grant funds can be u	used only	
	for charitable purposes and not for the benefit of the donor o	r donor advisor, or for any other purpose o	onfernng	
line :	impermissible private benefit?			Yes No
	Conservation Easements. Complete if the org		art IV, line 7	
1	Purpose(s) of conservation easements held by the organization			
	Preservation of land for public use (e.g., recreation or e	· ——	•	
	Protection of natural habitat	Preservation of a certi	fied historic	structure
_	Preservation of open space		_	
2	Complete lines 2a through 2d if the organization held a qualif	ied conservation contribution in the form o	of a conserva	
	day of the tax year			Held at the End of the Tax Year
a	Total number of conservation easements		<u>2a</u>	
b	Total acreage restricted by conservation easements		2b	<del></del>
C	Number of conservation easements on a certified historic stri	• •	2c	
ď	Number of conservation easements included in (c) acquired a	after 1/25/06, and not on a historic structur	1 1	
2	listed in the National Register  Number of conservation easements modified, transferred, rel-	agend extinguished ar terminated by the	2d	during the toy
3	year	oacod, oxunguichod, or terminated by the	organization	during the lat
4	Number of states where property subject to conservation eas	sement is located		
5	Does the organization have a written policy regarding the por			
Ü	violations, and enforcement of the conservation casemonts it	• • •		Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting,		ervation ease	
	<b>&gt;</b>	Tanamag or Translations, said of the said		g a.c. year
7	Amount of expenses incurred in monitoring, inspecting, hand	lling of violations, and enforcing conservati	on easemen	ts dunna the vear
	▶\$	<b>3</b>		,
8	Does each conservation easement reported on line 2(d) abov	e satisfy the requirements of section 170(h	)(4)(B)(i)	
	and section 170(h)(4)(B)(ii)?			Yes No
9	In Part XIII, describe how the organization reports conservation	on easements in its revenue and expense s	statement, ar	nd balance sheet, and
	include, if applicable, the text of the footnote to the organizat	tion's financial statements that describes the	he organizati	on's accounting for
	conservation easements			
Lai	tillij Organizations Maintaining Collections of		ner Simila	r Assets.
	Complete if the organization answered "Yes" on Form	990, Part IV, line 8		
1a	If the organization elected, as permitted under SFAS 116 (AS	C 958), not to report in its revenue stateme	ent and balaı	nce sheet works of art,
	historical treasures, or other similar assets held for public exh	nibition, education, or research in furtheran	ce of public	service, provide, in Part XIII,
	the text of the footnote to its financial statements that describ	bes these items		
þ	If the organization elected, as permitted under SFAS 116 (AS	C 958), to report in its revenue statement a	and balance	sheet works of art, historical
	treasures, or other similar assets held for public exhibition, ed	ducation, or research in furtherance of pub	lic service, p	rovide the following amounts
	relating to these items			
	(i) Revenue included on Form 990, Part VIII, line 1		•	\$ \$
	(ii) Assets included in Form 990, Part X		<b>•</b>	\$
2	If the organization received or held works of art, historical treations	asures, or other similar assets for financial	gain, provide	•
	the following amounts required to be reported under SFAS 1	16 (ASC 958) relating to these items		
а	Revenue included on Form 990, Part VIII, line 1		<b>&gt;</b>	\$
h	Assets included in Form 990, Part X			s.

	dule D (Form 990) 2018 FEEDING	KENTUCKY,	INC						98656	
Pa	tilli Organizatione Maintaining C	olloctions of Ar	t, Hist	orical Tre	asures, or C	ther S	imila	r Assets	Continu	ed)
3	Using the organization's acquisition, accessi	on, and other record	ls, checl	k any of the f	following that are	e a signi	icant ι	use of its c	ollection it	ems
	(check all that apply)		_							
а	Public exhibition	(	ı 🗀	Loan or exc	hange programs	3				
b	Scholarly research	•	• 🗀	Other						
c	Preservation for future generations									
4	Provide a description of the organization's co	ollections and explain	n how th	ney further th	ie organization's	exempt	purpo	ișe in Part	XIII	
5	During the year, did the organization solicit of	r roceive donations	of art, hi	ctorical treas	sures, or other si	ımılar eş	sets		_	
	to be sold to raise funds rather than to be ma								Yes	No
Par	tilV Escrow and Custodial Arran		ete if the	e organizatio	n answered "Ye	s° on Fo	rm 990	), Part IV,	line 9, or	
	reported an amount on Form 990, Pa	· · · · · · · · · · · · · · · · · · ·			<del> </del>					
1a	Is the organization an agent, trustee, custodi	an or other intermed	liary for	contributions	s or other assets	not incl	uded	_	_	
	on Form 990, Part X?							L	_ Yes	No
ь	If "Yes," explain the arrangement in Part XIII	and complete the fo	llowing 1	table						<del></del>
							<u> </u>	1	Amount	<del></del>
C .	Beginning balance						1c	ļ		
	Additions during the year	-					1d			
θ	Distributions during the year						<u>1e</u>	l	·	
f O-	Ending balance	000 D-+V I	04 5			1.5.11.6			7	<del></del>
	Did the organization include an amount on Fe		•			•	,		」Yes	⊢ No
	If "Yes," explain the arrangement in Part XIII <b>tVa</b> Endowment Funds. Complete									<u> </u>
E-Marie	Complete	(a) Current year		Prior year	(c) Two years b	-	Thron	years back	(e) Four y	nare back
1a	Beginning of year balance	(a) Current year	10, 5	-Hor year	(C) Two years b	ack (C)	IIIIee	years Dack	( <del>O) Foul y</del>	ears nack
b	Contributions									
c	Net investment earnings, gains, and losses				<del></del>					
ď	Grants or scholarships		ļ .				-			<del></del>
	Other expenditures for facilities		l	<del></del>						
•	and programs								1	
f	Administrative expenses		<u> </u>							
a	End of year balance									
2	Provide the estimated percentage of the curr	ent year end balanc	o (lino 1	a, column (3)	) held as				·	· · ·
а	Board designated or quasi-endowment	•	`%	, (,	•					
ь	Permanent endowment	%								
С	Temporarily restricted endowment	<del></del> %								
	The percentages on lines 2a, 2b, and 2c sho	uld equal 100%								
3a	Are there endowment funds not in the posse		ation tha	t are held an	d administered	for the o	rganız	ation		
	by								Y	es No
	(i) unrelated organizations								3a(i)	
	(ii) related organizations .								3a(II)	
b	If "Yes" on line 3a(ii), are the related organiza	tions listed as requir	ed on S	chedule R?					3b	
4	Describe in Part XIII the intended uses of the		wment f	funds						<del></del>
Par	tiVIII Land, Buildings, and Equipm									
	Complete if the organization answered	d "Yes" on Form 990	), Part I\	/, line 11a S	ee Form 990, Pa	art X, line	10			
	Description of property	(a) Cost or o				(c) Accı			(d) Book	value
		basis (investr	nent)	basis	(other)	depre	ciation			
	Land									
b	Buildings									
С	Leasehold improvements	-								<del></del>
d	Equipment	<u> </u>								
	Other			<u> </u>						
<u>Total</u>	. Add lines 1a through 1e (Column (d) must e	aual Form 990. Part	X. colun	nn (B), line 10	Oc.)					<u> </u>

Schedule D (Form 990) 2018

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of v	aluation Cost or en	d-of-year market value
) Financial derivatives				
) Closely-held equity interests	****			
3) Other				
(A)				
(B)				·
(C)				
(D)				
(E)				
(F)			·····	
(G)				
(H)				
ital (Col (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.	·- · · · · · · · · · · · · · · · · · ·			
Complete if the organization answered "Yes" of	on Form 990 Dart IV	ine 11c. See Form 000	Dart V. line 13	
(a) Description of investment	(b) Book value			d-of-year market value
(1)	(5) 500 (4.40	(o) moment		
(2)				
(3)				
(4)		<del>                                     </del>		
(5)				
(6)				
(7)	····			
(8)				
(9) tal. (Col. (b) must equal Form 990, Part X, col. (B) line 13 ) ▶				·
Part IX Other Assets.  Complete if the organization answered "Yes" of	on Form 990 Pert IV	una 11 d. Can Form 000		
		me 11d See romi 990,	Part X, line 15	(b) Book value
(a) (	Description	ille 11d See Form 990,	Part X, line 15	(b) Book value
(a) (		me 11d See Form 990,	Part X, line 15	(b) Book value
(a) ( (1) (2)		me Tra See Form 990,	Part X, line 15	(b) Book value
(a) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d		me i id See romi 990,	Part X, line 15	(b) Book value
(a) (i) (2) (3) (4)		me i id See romi 990,	Part X, line 15	(b) Book value
(a) (i) (2) (3) (4) (5)		me i id See romi 990,	Part X, line 15	(b) Book value
(a) (d) (d) (d) (5) (6)		me i id See romi 990,	Part X, line 15	(b) Book value
(a) (d) (d) (d) (d) (d) (d) (e) (e) (f) (f) (f) (f) (f) (f) (f) (f) (f) (f		me i id See romi 990,	Part X, line 15	(b) Book value
(a) (d) (d) (e) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e		me i id See romi 990,	Part X, line 15	(b) Book value
(a) (d) (d) (d) (d) (d) (d) (d) (d) (d) (d	Description	ine i id See romi 990,	Part X, line 15	(b) Book value
(a) ( (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (1) (Column (b) must equal Form 990, Part X, col. (B) line (Part X) Other Liabilities.	Description		<b>&gt;</b>	
(a) (i) (2) (3) (4) (5) (6) (7) (8) (9) (a) (column (b) must equal Form 990. Part X. col. (B) line (art X) (complete if the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" of the organization answered "Yes" organization answered "Yes" organization answered "Yes" organization answered "Yes" organization answered "Yes" organization answered "Yes" organization answered "Yes" organization answered "Yes" organization answered "Yes" organization answered "Yes" organization answered "Yes" organization answered "Yes" organization answered "Yes" organization answered "Yes" organization and "Yes" organization and "Yes" organization and "Yes" organization and "Yes" organization and "Yes" organization and "Yes" organization and "Yes" organization and "Yes" organization and "Yes" organization and "Yes" organization and "Yes" organization and "Yes" organization and "Yes" organization and "Yes" organization and "Yes" organization and "Yes" organization and "Yes" organization and "Yes" organization and "Yes" organization and "Yes" organization and "Yes" organization and "Yes" organizat	Description	ine 11e or 11f See Form	<b>&gt;</b>	
(a) (i) (2) (3) (4) (5) (6) (7) (8) (9) Ital (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities. Complete if the organization answered "Yes" of (a) Description of liability	Description		<b>&gt;</b>	
(a) (i) (2) (3) (4) (5) (6) (7) (8) (9) tal (Column (b) must equal Form 990. Part X. col. (B) line art X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes	Description	ine 11e or 11f See Form	<b>&gt;</b>	
(a) (i) (2) (3) (4) (5) (6) (7) (8) (9) Ital (Column (b) must equal Form 990. Part X. col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2)	Description	ine 11e or 11f See Form	<b>&gt;</b>	
(a) (a) (b) (c) (d) (d) (d) (d) (e) (e) (e) (e) (e) (e) (e) (e) (e) (e	Description	ine 11e or 11f See Form	<b>&gt;</b>	
(a) (i) (2) (3) (4) (5) (6) (7) (8) (9) Intal (Column (b) must equal Form 990, Part X. col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4)	Description	ine 11e or 11f See Form	<b>&gt;</b>	
(a) (i) (2) (3) (4) (5) (6) (7) (8) (9) (a) (Column (b) must equal Form 990. Part X. col. (B) line (Part X Other Liabilities.  Complete if the organization answered "Yes" of (a) Description of liability (1) Federal income taxes (2) (3) (4) (5)	Description	ine 11e or 11f See Form	<b>&gt;</b>	
(a) (i) (2) (3) (4) (5) (6) (7) (8) (9) (a) (Column (b) must equal Form 990. Part X. col. (B) line Part X. Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description	ine 11e or 11f See Form	<b>&gt;</b>	
(a) (1) (2) (3) (4) (5) (6) (7) (8) (9) Potal (Column (b) must equal Form 990, Part X, col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6) (7)	Description	ine 11e or 11f See Form	<b>&gt;</b>	
(a) (i) (2) (3) (4) (5) (6) (7) (8) (9) Plat (Column (b) must equal Form 990, Part X. col. (B) line Part X Other Liabilities.  Complete if the organization answered "Yes" (a) Description of liability (1) Federal income taxes (2) (3) (4) (5) (6)	Description	ine 11e or 11f See Form	<b>&gt;</b>	

organization's liability for uncertain tax positions under FIN 48 (ASC 740) Check here if the text of the footnote has been provided in Part XIII

	edule D (Form 990) 2018 FEEDING KENTUCKY, INC			Page 4
Pai	rt XI [1] Reconciliation of Revenue per Audited Financial State	ments With Revenu	ue per Return.	
	Complete if the organization answered "Yes" on Form 990, Part IV, line	12a		
1,	Total revenue, gains, and other support per audited financial statements	••	1 1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12	1 1		
a	Net unrealized gains (losses) on investments	2a		
b	Donated services and use of facilities	2b		
C	Recoveries of prior year grants	2c	<del></del> i	
d	Other (Describe in Part XIII)	2d		
9	Add lines 2a through 2d		20	
3	Subtract line 2e from line 1	•	3	-
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1	اما		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a   4b	<del></del>	
b	Other (Describe in Part XIII ) Add lines 4a and 4b	<u> 40  </u>	4-	
5	Total revenue Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		4c   5	
_	rt XII   Reconciliation of Expenses per Audited Financial State	ements With Expen		-
	Complete if the organization answered "Yes" on Form 990, Part IV, line	<del>-</del>	iooo poi riotariii	
1	Total expenses and losses per audited financial statements	· · · · · · · · · · · · · · · · · · ·	1	
2	Amounts included on line 1 but not on Form 990, Part IX, line 25	•	<del> </del>	
a	Donated services and use of facilities	2a	1 1	
b	Pnor year adjustments	2b		
c	Other losses	2c		
ď	Other (Describe in Part XIII )	2d	· · · · · · · · · · · · · · · · · · ·	
9	Add lines 2a through 2d	[ 20 ]	20	
3	Subtract line 2e from line 1	•	2e 3	
_			3	
4	Amounts included on Form 990, Part IX, line 25, but not on line 1	1 4-1	i I	
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	<del></del>	
b	Other (Describe in Part XIII )	_ 4b		
c	Add lines 4a and 4b		4c	
5 Pai	Total expenses Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.) rt XIII Supplemental Information.		5	
	ide the descriptions required for Part II, lines 3, 5, and 9, Part III, lines 1a and 4, 1	Dort IV knop 1b and 2b [	Part V Ivas 4 Part V Ivas 2 Part VI	
	2d and 4b, and Part XII, lines 2d and 4b. Also complete this part to provide any	•	Part V, line 4, Part A, line 2, Part AI,	
111162	20 and 40, and Part All, lines 20 and 40 Also complete this part to provide any	additional information		
			······································	
PAF	RT X, LINE 2:			
MAI	NAGEMENT HAS ANALYZED THE TAX POSITIONS T	TAKEN BY THE	ASSOCIATION, AND	
			1100001111110117 11110	
HAS	S CONCLUDED THAT AS OF JUNE 30, 2019, THE	ERE ARE NO UN	CERTAIN POSITIONS	
	, , , , , , , , , , , , , , , , , , , ,			
TAI	KEN OR EXPECTED TO BE TAKEN THAT WOULD RE	QUIRE RECOGN	ITION OF A	
LIA	ABILITY OR DISCLOSURE IN THE ACCOMPANYING	FINANCIAL S	TATEMENTS.	
	<u> </u>	<del></del>		

SCHEDULE (Form 990) Name of the organization

Department of the Treasury Internal Revenue Service

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

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

▶ Attach to Form 990.

OMB No 1545-0047

Employer identification number 398626 **≗** □

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

FEEDING KENTUCKY, INC	61-1
Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection	
cnteria used to award the grants or assistance?	X Yes

Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States

recipient that received more than \$5,000 Part II can be duplicated if additional space is needed	5,000 Part II can	be duplicated if additic	onal space is neede	þ			
1 (a) Name and address of organization or government	( <b>a</b> ) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
							ASSISTANCE FOR MEMBER
DARE TO CARE FOOD BANK							FOOD BANKS USED TO
PO BOX 35458						FOOD &	INCREASE ACCESS TO
LOUISVILLE, KY 40232	23-7345952	501(c)(3)	20,063.	170,701.	PURCHASE COST	EQUIPMENT	HEALTHY FOOD AMONG
							ASSISTANCE FOR MEMBER
FACING HUNGER FOOD BANK							FOOD BANKS USED TO
1327 SEVENTH AVENUE						FOOD &	INCREASE ACCESS TO
HUNTINGTON, WV 25701	55-0625915	501(C)(3)	162.	27,464.	PURCHASE COST	EQUIPMENT	HEALTHY FOOD AMONG
							ASSISTANCE FOR MEMBER
FEEDING AMERICA KY HEARTLAND							FOOD BANKS USED TO
PO BOX 821						FOOD &	INCREASE ACCESS TO
ELIZABETHTOWN, KY 42702	61-1043635	501(C)(3)	1,132.	105,236.	PURCHASE COST	EQUIPMENT	HEALTHY FOOD AMONG
							ASSISTANCE FOR MEMBER
FREESTORE FOODBANK							FOOD BANKS USED TO
1141 CENTRAL PARKWAY						POOD &	INCREASE ACCESS TO
CINCINNATI, OH 45202	23-7122205 501(C)	501(C)(3)	4,380.	27,826.	PURCHASE COST	EQUIPMENT	HEALTHY FOOD AMONG
							ASSISTANCE FOR MEMBER
GOD'S PANTRY FOOD BANK							FOOD BANKS USED TO
1685 JAGGIE FOX WAY						FOOD &	INCREASE ACCESS TO
LEXINGTON, KY 40511	31-0979404	501(C)(3)	14,299.	196,317.	PURCHASE COST	EQUIPMENT	HEALTHY FOOD AMONG
							ASSISTANCE FOR MEMBER
PURCHASE AREA DEVELOPMENT DISTRICT							POOD BANKS USED TO
PO BOX 588						FOOD &	INCREASE ACCESS TO
MAYFIELD, KY 42066	61-0703486 501(C)	501(C)(3)	1,531.	39,880.	39,880. PURCHASE COST	EQUIPMENT	HEALTHY FOOD AMONG
2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table	nd government org	anizations listed in the	line 1 table				8
of the transfer of other properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the second properties of the sec	foot of a botol	+ 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					

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

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

SEE PART IV FOR COLUMN (H) DESCRIPTIONS

Schedule I (Form 990) (2018)

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Schedule I (Form 990) FEEDING KENTUCKY, INC Part II   Continuation of Grants and Other Assistance to Governments	KENTUCKY,		and Organizations in the United States		(Schedule I (Form 990), Part II )		61-1398656 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant' or assistance
TRI-STATE FOOD BANK 801 E MICHIGAN STREET EVANSVILLE, IN 47711	35-1539870	501(C)(3)	256.	29,241.	PURCHASE COST	FOOD & EQUIPMENT	ASSISTANCE FOR MEMBER FOOD BANKS USED TO INCREASE ACCESS TO HEALTHY FOOD AMONG
BARDSTOWN CITY SCHOOLS 308N 5TH ST BARDSTOWN, KY 40004			.000,8	0.	FMV		ASSISTANCE TO INCREASE ACCESS TO HEALTHY FOOD.
BOWLING GREEN COMMUNITY SCHOOLS 137 CLOUGH ST BOWLING GREEN, OH 43402			5,551.	0.	PMV		ASSISTANCE TO INCREASE ACCESS TO HEALTHY POOD.
GRANT COUNT SCHOOLS 820 ARNIE RISEN BLVD WILLIAMSTOWN, KY 41097			5,000.	0.	FMV		ASSISTANCE TO INCREASE ACCESS TO HEALTHY FOOD.
HARDIN COUNTY SCHOOLS 65 W A JENKINS RD ELIZABETHTOWN, KY 42701			5,000.	•0	FMV		ASSISTANCE TO INCREASE ACCESS TO HEALTHY FOOD.
JEFFERSON COUNTY SCHOOLS 3332 NEWBURG RD LOUISVILLE, KY 40218			7,850.	*0	FMV		ASSISTANCE TO INCREASE ACCESS TO HEALTHY FOOD.
KCEOC COMMUNITY ACTION PARTNERSHIP 5448 OLD DIXIE HWY A GRAY, KY 40734	61-0647835	501(C)(3)	5,000.	0.	FMV		ASSISTANCE TO INCREASE ACCESS TO HEALTHY FOOD.
OHIO COUNTY SCHOOLS 315 EAST UNION STREET HARTFORD, XY 42347			5,000.	.0	PMV		ASSISTANCE TO INCREASE ACCESS TO HEALTHY FOOD.
VARIOUS			10,989.	0	0. PMV		ASSISTANCE TO INCREASE ACCESS TO HEALTHY FOOD.

Schedule I (Form 990) (2018) FEEDING KENTUCKY, INC

Page 2

61-1398656

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

(f) Description of noncash assistance (e) Method of valuation (book, FMV, appraisal, other) (d) Amount of ron-cash assistance (c) Amount of cash grant (b) Number of recipients (a) Type of grant or assistance

Part IV Supplemental Information. Provide the information required in Part I, line 2, Part III, column (b), and any other additional information

PART II, LINE 1, COLUMN (H):

NAME OF ORGANIZATION OR GOVERNMENT: DARE TO CARE FOOD BANK

(H) PURPOSE OF GRANT OR ASSISTANCE: ASSISTANCE FOR MEMBER FOCD BANKS

USED TO INCREASE ACCESS TO HEALTHY FOOD AMONG STRUGGLING KENTUCKIANS

NAME OF ORGANIZATION OR GOVERNMENT: FACING HUNGER FOOD BANK

GRANT OR ASSISTANCE: ASSISTANCE FOR MEMBER FOCD BANKS (H) PURPOSE OF USED TO INCREASE ACCESS TO HEALTHY FOOD AMONG STRUGGLING KENTUCKIANS

Schedule I (Form 990) (2018) 832102 11-02-18

Schedule I (Form 990) FEEDING KENTUCKY, INC Part IV   Supplemental Information	61-1398656	Page 2
NAME OF ORGANIZATION OR GOVERNMENT: FEEDING AMERICA KY HEAR	TLAND	
(H) PURPOSE OF GRANT OR ASSISTANCE: ASSISTANCE FOR MEMBER F	OOD BANKS	
JSED TO INCREASE ACCESS TO HEALTHY FOOD AMONG STRUGGLING KE	NTUCKIANS.	<del></del>
NAME OF ORGANIZATION OR GOVERNMENT: FREESTORE FOODBANK		
(H) PURPOSE OF GRANT OR ASSISTANCE: ASSISTANCE FOR MEMBER F	OOD BANKS	
JSED TO INCREASE ACCESS TO HEALTHY FOOD AMONG STRUGGLING KE	NTUCKIANS.	
NAME OF ORGANIZATION OR GOVERNMENT: GOD'S PANTRY FOOD BANK		
(H) PURPOSE OF GRANT OR ASSISTANCE: ASSISTANCE FOR MEMBER F	OOD BANKS	
JSED TO INCREASE ACCESS TO HEALTHY FOOD AMONG STRUGGLING KE	NTUCKIANS.	
		17. 7
NAME OF ORGANIZATION OR GOVERNMENT: PURCHASE AREA DEVELOPME		
(H) PURPOSE OF GRANT OR ASSISTANCE: ASSISTANCE FOR MEMBER F USED TO INCREASE ACCESS TO HEALTHY FOOD AMONG STRUGGLING KE		
TO INCREASE ACCESS TO HEALTHI FOOD AMONG STRUGGLING RE	MIOCKIANS.	
NAME OF ORGANIZATION OR GOVERNMENT: TRI-STATE FOOD BANK		
(H) PURPOSE OF GRANT OR ASSISTANCE: ASSISTANCE FOR MEMBER F	OOD BANKS	
JSED TO INCREASE ACCESS TO HEALTHY FOOD AMONG STRUGGLING KE	NTUCKIANS.	
		· · •··

#### **SCHEDULE O**

(Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

# Supplemental Information to Form 990 or 990-EZ Complete to provide information for responses to specific questions on

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

Attach to Form 990 or 990-EZ.

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

2018
Open to Public Inspection

Name of the organization

FEEDING KENTUCKY, INC

Employer identification number 61-1398656

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
TO END HUNGER, IN COLLABORATION WITH KENTUCKY'S FEEDING AMERICA FOOD
BANKS AND PARTNERS, THROUGH ADVOCACY AND RESOURCE DEVELOPMENT.
FORM 990, PART VI, SECTION B, LINE 11B:
THE BOARD OF DIRECTORS REVIEWS THE FORM 990 BEFORE IT IS FILED.
· · · · · · · · · · · · · · · · · · ·
FORM 990, PART VI, SECTION B, LINE 12C:
OFFICERS AND DIRECTORS SIGN DISCLOSURE STATEMENTS INDICATING COMPLIANCE.
FORM 990, PART VI, SECTION B, LINE 15A:
DETERMINATION OF COMPENSATION IS DONE BY THE BOARD.
FORM 990, PART VI, SECTION C, LINE 19:
MADE AVAILABLE ON THE ORGANIZATION'S WEBSITE AND UPON REQUEST.
FORM 990, PART XII, LINE 2C:
THE OVERSIGHT PROCESS IS UNCHANGED FROM THE PREVIOUS YEAR.