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CLIENT'S COPY



Lexington Strides Ahead Foundation, Inc. 330 East Main Street No. 205 Lexington, KY 40507

Lexington Strides Ahead Foundation, Inc.:

Enclosed is the organization's 2019 Exempt Organization return.

Specific filing instructions are as follows.

FORM 990 RETURN:

This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

Please mail an additional copy on or before November 15, 2020.

Mail to - Office of the Attorney General 1024 Capital Center Drive, Suite 200 Frankfort, Kentucky 40601

Attn: Charity Registration

A copy of the return is enclosed for your files. We suggest that you retain this copy indefinitely.

Sincerely,

RFH, PLLC

TAX RETURN FILING INSTRUCTIONS

FORM 990

FOR THE YEAR ENDING

December 31, 2019

Prepared for	Lexington Strides Ahead Foundation, Inc. 330 East Main Street No. 205 Lexington, KY 40507
Prepared by	RFH, PLLC 300 West Vine Street, Ste 800 Lexington, KY 40507-1812
Amount due or refund	Not applicable
Make check payable to	Not applicable
Mail tax return and check (if applicable) to	Not applicable
Return must be mailed on or before	Not applicable
Special Instructions	This return has been prepared for electronic filing. If you wish to have it transmitted electronically to the IRS, please sign, date, and return Form 8879-EO to our office. We will then submit the electronic return to the IRS. Do not mail a paper copy of the return to the IRS.

IRS e-file Signature Authorization for an Exempt Organization

For calendar year 2019, or fiscal year beginning	, 2019, and ending	, 20

OMB No. 1545-1878

Department of the Treasury nternal Revenue Service			
illerial rieveriue del vice	 Do not send to the IRS. Keep for your records. Go to www.irs.gov/Form8879EO for the latest information. 		
Name of exempt organization	n	Employer	identification number
LEXINGTON STE	RIDES AHEAD FOUNDATION, INC.	**_*	****
Name and title of officer			
BOB HEWETT			
CHAIRMAN			
Part I Type of	Return and Return Information (Whole Dollars Only)		
on line 1a, 2a, 3a, 4a, or 5	turn for which you are using this Form 8879-EO and enter the applicable amount, if any, fron 5a, below, and the amount on that line for the return being filed with this form was blank, the blank (do not enter -0-). But, if you entered -0- on the return, then enter -0- on the applicable	en leave	line 1b, 2b, 3b, 4b, or 5b,
1a Form 990 check here	b Total revenue, if any (Form 990, Part VIII, column (A), line 12)	1b	747,600.
2a Form 990-EZ check h		2b	
3a Form 1120-POL chec			
4a Form 990-PF check h		4b	
5a Form 8868 check her			
	ation and Signature Authorization of Officer y, I declare that I am an officer of the above organization and that I have examined a copy o		
a) an acknowledgement the date of any refund. If	vider, transmitter, or electronic return originator (ERO) to send the organization's return to the of receipt or reason for rejection of the transmission, (b) the reason for any delay in process applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an elected in the tax preparation software for payment of the organization.	sing the re ectronic f	eturn or refund, and (c) runds withdrawal (direct
a) an acknowledgement he date of any refund. If debit) entry to the financial eturn, and the financial in 1-888-353-4537 no later to processing of the electron payment. I have selected organization's consent to	of receipt or reason for rejection of the transmission, (b) the reason for any delay in process applicable, I authorize the U.S. Treasury and its designated Financial Agent to initiate an electial institution account indicated in the tax preparation software for payment of the organization institution to debit the entry to this account. To revoke a payment, I must contact the U.S. Than 2 business days prior to the payment (settlement) date. I also authorize the financial institution in the payment of taxes to receive confidential information necessary to answer inquiries and representation in the payment (PIN) as my signature for the organization's electronic return electronic funds withdrawal.	sing the re ectronic f ion's fede reasury F stitutions resolve is	eturn or refund, and (c) funds withdrawal (direct eral taxes owed on this Financial Agent at involved in the sues related to the
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Do Not Submit This Form to the IRS Unless Requested To Do So

LHA For Paperwork Reduction Act Notice, see instructions.

Form **8879-EO** (2019)

EXTENDED TO NOVEMBER 16, 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)

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

A For the 2019 calendar year, or tax year beginning

▶ Do not enter social security numbers on this form as it may be made public.

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

and ending

Open to Public Inspection

OMB No. 1545-0047

В	Check if applicable	C Name of organization	D	Employer identification	cation number
	Addres				
H	change Name	•		**_***	**
F	change Initial	Doing business as Number and street (or P.0. box if mail is not delivered to street address) Room/s	ouito F		
F	return Final	330 EAST MAIN STREET 205	suite E	Telephone numbe 859-225-	
	—lreturn/ termin- ated		 	Gross receipts \$	747,600.
Г	Ameno			(a) Is this a group re	
F	return Application	-	⊣"	for subordinates	
	pendin	250 WEST MAIN STREET, LEXINGTON, KY 40507	7 н	(b) Are all subordinates in	
$\overline{\mathbf{T}}$	Tax-exe	empt status:	527		list. (see instructions)
		e: ► N/A		(c) Group exemptio	
					A State of legal domicile: KY
		Summary			<u>. </u>
О	1	Briefly describe the organization's mission or most significant activities: FUNDING	OF I	ECONOMIC D	EVELOPMENT
Activities & Governance		INITIATIVE DESIGNED TO PROMOTE BALANCED, RES	SPON	SIBLE EXPA	NSION FOR
ř.	2	Check this box 🕨 🔲 if the organization discontinued its operations or disposed of	more th	an 25% of its net as	
Š	3	Number of voting members of the governing body (Part VI, line 1a)		3	10
ھ ص		Number of independent voting members of the governing body (Part VI, line 1b)			10
es	5	Total number of individuals employed in calendar year 2019 (Part V, line 2a)		5	0
Ĭ₹		Total number of volunteers (estimate if necessary)			10
Act		Total unrelated business revenue from Part VIII, column (C), line 12			0.
_	b	Net unrelated business taxable income from Form 990-T, line 39	······		0.
				Prior Year	Current Year
ne	8	Contributions and grants (Part VIII, line 1h)		738,076.	747,600.
Revenue	9	Program service revenue (Part VIII, line 2g)		0.	0.
Be	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		0.	0.
		Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		738,076.	747,600.
		Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	1	810,746.	619,904.
	1	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		0.0,740.	010,004.
"		Benefits paid to or for members (Part IX, column (A), line 4) Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.
Expenses	162	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.
ber	h.	Total fundraising expenses (Part IX, column (D), line 25)			
ŭ	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		4,145.	86,251.
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		814,891.	706,155.
		Revenue less expenses. Subtract line 18 from line 12		-76,815.	41,445.
OF Sol	3	·	Begin	ning of Current Year	End of Year
Net Assets	20	Total assets (Part X, line 16)		45,210.	86,655.
ASS	21	Total liabilities (Part X, line 26)		0.	0.
	22	Net assets or fund balances. Subtract line 21 from line 20		45,210.	86,655.
	art II	Signature Block			
	-	lties of perjury, I declare that I have examined this return, including accompanying schedules and st			y knowledge and belief, it is
true	e, correc	t, and complete. Declaration of preparer (other than officer) is based on all information of which pre	parer has	s any knowledge.	
		Signature of officer		 Date	
Sig				Date	
He	re	BOB HEWETT, CHAIRMAN Type or print name and title			
_			Date	Check	PTIN
Pai	_d	Print/Type preparer's name HEATHER R. COCHRAN, CPA		if	
	parer	Firm's name RFH, PLLC		self-employ Firm's EIN ▶	**_*****
	Only	Firm's address 300 WEST VINE STREET, STE 800		I IIIII 3 LIIV	
200	,	LEXINGTON, KY 40507-1812		Phone no 85	9-231-1800
Ma	v the IF	RS discuss this return with the preparer shown above? (see instructions)		1. 110110 110.00	X Yes No

Total program service expenses

Form **990** (2019)

Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	37	X
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	<u> </u>
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			٠,,
	public office? If "Yes," complete Schedule C, Part I	3		X
4	Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If</i> "Yes," <i>complete Schedule C, Part II</i>	4		
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
-	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		X
10	Did the organization, directly or through a related organization, hold assets in donor-restricted endowments			
	or in quasi endowments? If "Yes," complete Schedule D, Part V	10		X
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VIII, IX, or X			
	as applicable.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			х
	Part VI	11a		
D	Did the organization report an amount for investments - other securities in Part X, line 12, that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII	11b		x
_	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		X
d	Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e		Х
f	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f		X
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		X
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			3,7
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b		X
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business,			
	investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? If "Yes," complete Schedule F, Parts I and IV	14b		x
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	140		
.0	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		X
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		X
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			\ _{3,7}
	complete Schedule G, Part III	19		X
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	Х	
	domostic government on ratin, column (7), interess to complete deficables, ratio rand is	4 1		

Form 990 (2019	LEXINGTON STRIDES
Part IV	Ch	cklist of Required Schedules (continued)

	Citation of the date of the da			·
00	Did the appropriation was at the conference of COO of secretary and the conference of the description of the conference		Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on	00		x
22	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current	22		<u> </u>
23	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
		23		х
24 a	Schedule J Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
c	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		
26	Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current			
	or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35%			
	controlled entity or family member of any of these persons? If "Yes," complete Schedule L, Part II	26		X
27	Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee,			
	creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled			3,7
	entity (including an employee thereof) or family member of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions, for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? If	00-		х
L	"Yes," complete Schedule L, Part IV	28a 28b		X
	A family member of any individual described in line 28a? If "Yes," complete Schedule L, Part IV	280		
C		28c		x
29	"Yes," complete Schedule L, Part IV Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29		X
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
00	contributions? If "Yes," complete Schedule M	30		х
31	Did the organization liquidate, terminate, or dissolve and cease operations? If "Yes," complete Schedule N, Part I	31		Х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		Х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		Х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34		Х
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			.
00	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	38	х	
Pa	Note: All Form 990 filers are required to complete Schedule 0 rt V Statements Regarding Other IRS Filings and Tax Compliance	38	72	
	Check if Schedule O contains a response or note to any line in this Part V			
	Chock in Contoduic C Contains a reciponac of flote to any line in this fact v		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable			
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b	Ī		
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
	(gambling) winnings to prize winners?	1c		

Form 990 (2019) LEXINGTON STRIDES AHEAD FOUNDATION, INC.

Part V Statements Regarding Other IRS Filings and Tax Compliance (continued)

			Yes	Na					
22	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,		res	No					
Za	filed for the calendar year ending with or within the year covered by this return 2a 2a								
h	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 <i>e-file</i> (see instructions)								
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	За		х					
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O	3b							
	a At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a								
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?								
b	If "Yes," enter the name of the foreign country	4a							
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).								
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?	5a		Х					
		5b		Х					
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5с							
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit								
	any contributions that were not tax deductible as charitable contributions?	6a		X					
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts								
	were not tax deductible?	6b							
7	Organizations that may receive deductible contributions under section 170(c).								
а	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							
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b							
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required								
	to file Form 8282?	7с							
	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							
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f							
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g							
п 8	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h							
0	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							
9	sponsoring organization have excess business holdings at any time during the year? Sponsoring organizations maintaining donor advised funds.	۴							
а	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:								
а	Initiation fees and capital contributions included on Part VIII, line 12								
	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b								
11	Section 501(c)(12) organizations. Enter:								
а	Gross income from members or shareholders								
b	, , , , , , , , , , , , , , , , , , , ,								
	amounts due or received from them.)								
	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a							
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year								
13	Section 501(c)(29) qualified nonprofit health insurance issuers.								
а	Is the organization licensed to issue qualified health plans in more than one state?	13a							
1-	Note: See the instructions for additional information the organization must report on Schedule O.								
D	Enter the amount of reserves the organization is required to maintain by the states in which the								
_	organization is licensed to issue qualified health plans Enter the amount of reserves on hand 13b								
		14a		Х					
	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O	14a							
15	Is the organization subject to the section 4960 tax on payments; it is not section 4960 tax on payments.	1-70							
. •	excess parachute payment(s) during the year?	15		х					
	If "Yes," see instructions and file Form 4720, Schedule N.								
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income?	16		Х					
	If "Yes," complete Form 4720, Schedule O.								
			200						

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

	Check if Schedule O contains a response or note to any line in this Part VI			X
Sec	tion A. Governing Body and Management			
			Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year			
	If there are material differences in voting rights among members of the governing body, or if the governing			
	body delegated broad authority to an executive committee or similar committee, explain on Schedule O.			
b	Enter the number of voting members included on line 1a, above, who are independent 1b 1			
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other			
	officer, director, trustee, or key employee?	2		Х
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision			
	of officers, directors, trustees, or key employees to a management company or other person?	3		Х
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4		Х
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5		Х
6	Did the organization have members or stockholders?	6		Х
7a	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or			
	more members of the governing body?	7a		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		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:			
а	The governing body?	8a	Х	
b	Each committee with authority to act on behalf of the governing body?	8b	Х	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the			
	organization's mailing address? If "Yes," provide the names and addresses on Schedule O	9		X
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)			
			Yes	No
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		
	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Х	
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.			
	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	X	
	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Х	
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe			
	in Schedule O how this was done	12c		X
13	Did the organization have a written whistleblower policy?	13		Х
14	Did the organization have a written document retention and destruction policy?	14		Х
15	Did the process for determining compensation of the following persons include a review and approval by independent			
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?			37
	The organization's CEO, Executive Director, or top management official	15a		X
b	Other officers or key employees of the organization	15b		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).			
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a			v
	taxable entity during the year?	16a		X
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation			
	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's	401		
8	exempt status with respect to such arrangements?	16b		
	tion C. Disclosure			
17	List the states with which a copy of this Form 990 is required to be filed KY	_ c:-!	A =="	- -
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(5)	ys only) avaıl	abie
	for public inspection. Indicate how you made these available. Check all that apply.			
40	Own website X Another's website X Upon request Other (explain on Schedule O)	، ۔۔ اعلی	a a le l	
19	Describe on Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, are	ia tinai	ıcıal	
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 GINA GREATHOUSE - 859-226-1623			
	330 EAST MAIN STREET LEXINGTON KV 40507			

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

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

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

- 1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's current officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's former officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's former directors or trustees that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

Check this box if neither the organization		T	21 IIZ			npei	isai			(E)
(A)	(B)			Pos	C) ition	1		(D)	(E)	(F)
Name and title	Average hours per		not c	heck	more	than		Reportable compensation	Reportable compensation	Estimated amount of
	week					or/trus		from	from related	other
	(list any	tor						the	organizations	compensation
	hours for	direc				pa		organization	(W-2/1099-MISC)	from the
	related	tee or	ustee			ensat		(W-2/1099-MISC)		organization
	organizations	altrus	nal tr		loyee	o mb				and related
	below	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
	line)	트	lus	₩	ě.	E E	쥰			
(1) BOB HEWETT	0.50	١,,		,,						•
CHAIRMAN	0.50	Х		X				0.	0.	0.
(2) MARTHA JONES	0.50	١		l						•
SECRETARY/TREASURER		Х		Х				0.	0.	0.
(3) DAVID FREIBERT	0.50									
DIRECTOR		Х						0.	0.	0.
(4) JANET BEARD	0.50								_	_
DIRECTOR		Х						0.	0.	0.
(5) KIM MENKE	0.50									
DIRECTOR		Х						0.	0.	0.
(6) KEN SAGAN	0.50									
DIRECTOR		Х						0.	0.	0.
(7) GREG MULLINS	0.50									
DIRECTOR		Х						0.	0.	0.
(8) TOM HARRIS	0.50									
DIRECTOR		Х						0.	0.	0.
(9) LUTHER ANDAL	0.50									
DIRECTOR		Х						0.	0.	0.
(10) ROBERT QUICK	0.50									
DIRECTOR	40.00	X						0.	0.	0.
		1								
		1								
		1								
		1								

Form **990** (2019)

[Part VII] Section A. Officers, Directors, Tri	ustees, Key Em (B)	ploy	ees		d Hi C)	igne	st C	Compensated Employe (D)				(F)	
(A) Name and title	Average		Pos	itior			(ם) Reportable	(E) Reportable		Fc	(F) stimate	h.	
Name and title	hours per	box	, unle	ss pe	rson	than is bot	h an	compensation	compensation		l	nount	
	week	\vdash	cer ar	nd a d	lirecto	or/trus	tee)	from	from related			other	
	(list any hours for	irecto						the	organization			pensa om the	
	related	e or d	stee			sated		organization (W-2/1099-MISC)	(W-2/1099-MIS	30)		om me anizati	_
	organizations	Itrust	nal tru)yee	ompe					_	d relat	
	below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	mer				orga	anizatio	ons
	iii ie)	ļ <u>Ē</u>	Su .	#0	Ke	불"등	호			\dashv			
		1_											
		-											
		₽											
		$\frac{1}{2}$											
		\vdash											
		1											
		-											
		╀											
		1											
1b Subtotal								0.		0.			0.
c Total from continuation sheets to Part								0.		0.	<u> </u>		0.
d Total (add lines 1b and 1c) 2 Total number of individuals (including but								•	l),000 of reportab				<u> </u>
compensation from the organization												v	0
3 Did the organization list any former office	er director trust	ree l	kev e	emn	love	e o	r hic	nhest compensated emr	olovee on	Ī		Yes	No
line 1a? If "Yes," complete Schedule J for			•		•		_	•	•		3		Х
4 For any individual listed on line 1a, is the													
and related organizations greater than \$1											4		Х
5 Did any person listed on line 1a receive o					•			•		·	_		Х
rendered to the organization? If "Yes," co	mpiete Scriedui	e J i	or s	ucn	pers	son .					5		
1 Complete this table for your five highest										npens	ation f	rom	
the organization. Report compensation for (A)	or the calendar y	ear	endi	ng v	vith	or w	rithir 	n the organization's tax (B)	year.		(0	<u>:)</u>	
Name and busine	ss address	N	INC	Ξ				Description of s	ervices	C	ompe		ก
							\perp						
2 Total number of independent contractors\$100,000 of compensation from the orga		ıot li	mite	d to		se li: 0	stec	above) who received m	nore than				
											Form	990 (2	2019)

m 990 (20	119)	LEXINGTON	STRIDES	AHEAD	FOUNDATION,	TN
art VIII	Statement of	of Revenue				

		Check if Schedule O contains a response of	r note to any lin	e in this Part VIII			
		<u> </u>		(A)	(B)	(C)	_ (D)
				Total revenue	Related or exempt		Revenue excluded
					function revenue	business revenue	from tax under sections 512 - 514
<u>ω</u> ω							000110110 012 011
		a Federated campaigns1a					
اعق		b Membership dues 1b					
A,	(c Fundraising events1c					
la if	(d Related organizations 1d					
Contributions, Gifts, Grants and Other Similar Amounts	6	e Government grants (contributions)					
		f All other contributions, gifts, grants, and					
is et			747,600.				
즐	,	g Noncash contributions included in lines 1a-1f	,				
Š	_	h Total. Add lines 1a-1f		747,600.			
"			Business Code	7 2 7 7 0 0 0 1			
	_	-	Business Code				
<u>i</u>	2 8	a					
e ⊆	k	b					
en:	(c					
ev a	(d L					
Program Service Revenue	•	e					
<u> </u>	f	f All other program service revenue					
		g Total. Add lines 2a-2f					
	3	Investment income (including dividends, interes					
	Ŭ	other similar amounts)					
	4						
	4	Income from investment of tax-exempt bond pro					
	5	Royalties					
		(i) Real	(ii) Personal				
	6 a	a Gross rents 6a					
	k	b Less: rental expenses 6b					
	(c Rental income or (loss) 6c					
		d Net rental income or (loss)					
		a Gross amount from sales of (i) Securities	(ii) Other				
		assets other than inventory 7a	.,				
	ı	b Less; cost or other basis					
ø	,						
ther Revenue		and sales expenses					
e e		c Gain or (loss)7c	_				
r R		d Net gain or (loss)					
the	8 8	a Gross income from fundraising events (not					
ō		including \$ of					
		contributions reported on line 1c). See					
		Part IV, line 188a					
	k	b Less: direct expenses 8b					
		- Not be a second of the secon					
		a Gross income from gaming activities. See					
	•	Part IV, line 19 9a					
		c Net income or (loss) from gaming activities					
	10 a	a Gross sales of inventory, less returns					
		and allowances 10a					
	k	b Less: cost of goods sold10b					
		c Net income or (loss) from sales of inventory					
S			Business Code				
۾ ا	11 a	a					
nue		b					
Miscellaneous Revenue							_
Re							
Σ		d All other revenue					
		e Total. Add lines 11a-11d		747 600	^	0	0
	12	Total revenue. See instructions		747,600.	0.	0.	0.

	t IX Statement of Functional Expense	es	1 CONDITION,	1110.	rage 10
	on 501(c)(3) and 501(c)(4) organizations must comp		er organizations must o	complete column (A).	
	Check if Schedule O contains a respons				
	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	(D) Fundraising expenses
1	Grants and other assistance to domestic organizations		•		•
	and domestic governments. See Part IV, line 21	619,904.			
2	Grants and other assistance to domestic				
	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
	organizations, foreign governments, and foreign				
	individuals. See Part IV, lines 15 and 16				
4	Benefits paid to or for members				
5	Compensation of current officers, directors,				
	trustees, and key employees				
6	Compensation not included above to disqualified				
	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages				
8	Pension plan accruals and contributions (include				
	section 401(k) and 403(b) employer contributions)				
9	Other employee benefits				
10	Payroll taxes				
11	Fees for services (nonemployees):				
а	Management				
b	Legal	900.			
С	Accounting	900.			
d	Lobbying				
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees				
g	Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch 0.)				
10					
12 13	Advertising and promotion	3,021.			
13 14	Office expenses	3,0220			
15	Royalties				
16					
17	Occupancy				
18	Payments of travel or entertainment expenses				
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings				
20	Interest				
21	Payments to affiliates				
22	Depreciation, depletion, and amortization				
23	Insurance	2,330.			
24	Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A)				
	amount, list line 24e expenses on Schedule 0.) CAMPAIGN EXPENSES	80,000.			
a	CTATE AT GIVE ENDED	00,000.		+	
b					
c d					
	All other expenses				
25	Total functional expenses. Add lines 1 through 24e	706,155.			
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)

		Check if Schedule O contains a response or not	e to any lin	e in this Part X		· · · · · · · · · · · · · · · · · · ·	
					(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing			45,210.	1	86,655.
	2	Savings and temporary cash investments		2			
	3	Pledges and grants receivable, net		3			
	4	Accounts receivable, net				4	
	5	Loans and other receivables from any current or					
		trustee, key employee, creator or founder, subst	antial cont	ributor, or 35%			
		controlled entity or family member of any of thes	se persons			5	
	6	Loans and other receivables from other disqualit	fied person	s (as defined			
		under section 4958(f)(1)), and persons described	d in section	1 4958(c)(3)(B)		6	
ţ	7	Notes and loans receivable, net				7	
Assets	8	Inventories for sale or use				8	
Ä	9	Prepaid expenses and deferred charges				9	
	10a	Land, buildings, and equipment: cost or other					
		basis. Complete Part VI of Schedule D	10a				
	b	Less: accumulated depreciation	10b			10c	
	11	Investments - publicly traded securities				11	
	12	Investments - other securities. See Part IV, line 11				12	
	13	Investments - program-related. See Part IV, line 11				13	
	14	Intangible assets				14	
	15	Other assets. See Part IV, line 11				15	
	16	Total assets. Add lines 1 through 15 (must equa			45,210.	16	86,655.
	17	Accounts payable and accrued expenses				17	
	18	Grants payable			18		
	19	Deferred revenue			19		
	20	Tax-exempt bond liabilities				20	
	21	Escrow or custodial account liability. Complete F	Part IV of S	chedule D		21	
S S	22	Loans and other payables to any current or form	ner officer,	director,			
Liabilities		trustee, key employee, creator or founder, substantial contributor, or 35%					
iabi		controlled entity or family member of any of thes	se persons			22	
	23	Secured mortgages and notes payable to unrela	ted third p			23	
	24	Unsecured notes and loans payable to unrelated	d third part	ies		24	
	25	Other liabilities (including federal income tax, pay	yables to re	elated third			
		parties, and other liabilities not included on lines	17-24). Co	omplete Part X			
		of Schedule D				25	
	26				0.	26	0.
S		Organizations that follow FASB ASC 958, che	ck here	• <u> X </u>			
ဥ		and complete lines 27, 28, 32, and 33.					
alar	27	Net assets without donor restrictions			45,210.	27	86,655.
Ä	28	Net assets with donor restrictions				28	
Ĕ		Organizations that do not follow FASB ASC 9	58, check	here 🕨 🔲 📗			
Net Assets or Fund Balances		and complete lines 29 through 33.		ļ			
ţ	29	Capital stock or trust principal, or current funds				29	
sse	30	Paid-in or capital surplus, or land, building, or eq				30	
ţ	31	Retained earnings, endowment, accumulated in		F	/= 04.5	31	66.65
Š	32	Total net assets or fund balances			45,210.	32	86,655.
	33	Total liabilities and net assets/fund balances			45,210.	33	86,655.

Both consolidated and separate basis

Х

2c

За

Separate basis

Consolidated basis

or audits, explain why on Schedule O and describe any steps taken to undergo such audits

c If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?

If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit

b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit

Act and OMB Circular A-133?

Schedule B

(Form 990, 990-EZ, or 990-PF)

Department of the Treasury Internal Revenue Service

Schedule of Contributors

➤ Attach to Form 990, Form 990-EZ, or Form 990-PF.

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

INC.

OMB No. 1545-0047

2019

Name of the organization

LEXINGTON STRIDES AHEAD FOUNDATION,

Employer identification number

_**

Organization type (check one):						
Filers of	:	Section:				
Form 990	0 or 990-EZ	X 501(c)(6) (enter number) organization				
		4947(a)(1) nonexempt charitable trust not treated as a private foundation				
		527 political organization				
Form 990)-PF	501(c)(3) exempt private foundation				
		4947(a)(1) nonexempt charitable trust treated as a private foundation				
		501(c)(3) taxable private foundation				
Note: Or	nly a section 501(c)(covered by the General Rule or a Special Rule . 7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.				
General	Rule					
		filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.				
Special I	Rules					
	For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000; or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h; or (ii) Form 990-EZ, line 1. Complete Parts I and II.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 exclusively for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.					
	For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions exclusively for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an exclusively religious, charitable, etc., purpose. Don't complete any of the parts unless the General Rule applies to this organization because it received nonexclusively religious, charitable, etc., contributions totaling \$5,000 or more during the year \$\bigsim \frac{1}{2} \frac{1}{2} \frac{1}{2}					
but it mu	Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it must answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to specify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-PF).					

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2019)

Employer identification number

LEXINGTON STRIDES AHEAD FOUNDATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	N/A	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2	N/A	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3	N/A	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4	N/A	\$6,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5	N/A	\$\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6	N/A	\$\$	Person X Payroll

Employer identification number

LEXINGTON STRIDES AHEAD FOUNDATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if addition	al space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
<u>α</u>	N/A	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
9	N/A	\$37,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
10	N/A	\$ 24,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
11	N/A	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
12	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

LEXINGTON STRIDES AHEAD FOUNDATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
13	N/A	\$	Person X Payroll Oncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
14	N/A	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
15	N/A	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
16	N/A	\$10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
17	N/A	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
18	N/A	\$6,000.	Person X Payroll

Employer identification number

LEXINGTON STRIDES AHEAD FOUNDATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	ıl space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
19	N/A	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
20	N/A	\$6,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
21	N/A	\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
22	N/A	\$ 7,500.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
23	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
24	N/A	\$35,000.	Person X Payroll

Employer identification number

LEXINGTON STRIDES AHEAD FOUNDATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
25	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
26	N/A	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
27	N/A	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
28	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
29	N/A	\$ 6,500.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
30	N/A	\$5,000.	Person X Payroll

Employer identification number

LEXINGTON STRIDES AHEAD FOUNDATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
31	N/A	\$ 60,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
32	N/A	\$ 25,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
33	N/A	\$\$	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
34	N/A	\$5,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
35	N/A	\$ <u>6,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
36	N/A	\$5,000.	Person X Payroll

Employer identification number

LEXINGTON STRIDES AHEAD FOUNDATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	al space is needed.	
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
37	N/A	\$10,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
38	N/A	\$10,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
39	N/A	\$5,000.	Person X Payroll
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
40	N/A	\$11,000.	Person X Payroll
(a)	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
No. 41	N/A	\$ 25,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No. 42	Name, address, and ZIP + 4 N/A	\$ 10,000.	Person X Payroll Noncash (Complete Part II for noncash contributions.)

Employer identification number

LEXINGTON STRIDES AHEAD FOUNDATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
43	N/A	\$6,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
44	N/A	\$50,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
45	N/A	\$5,000.	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
46	N/A	\$\$	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
47	N/A	\$ <u>15,000.</u>	Person X Payroll
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
48	N/A	\$5,000.	Person X Payroll

Name of organization Employer identification number

LEXINGTON STRIDES AHEAD FOUNDATION, INC.

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.					
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
49	N/A	\$	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
50	N/A	\$9,750.	Person X Payroll			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution			
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)			

Name of organization Employer identification number

LEXINGTON STRIDES AHEAD FOUNDATION, INC.

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

Employer identification number

Name of organization

rt III	GTON STRIDES AHEAD FOUN Exclusively religious, charitable, etc., contribut		* - * * * * * * * section 501(c)(7), (8), or (10) that total more than \$1,000 for t			
	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious, Use duplicate copies of Part III if additional) through (e) and the following line en charitable, etc., contributions of \$1,000 or	tn/ For organizations			
No. om art I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee			
	Transfered & name, dual edg, d		Troutionomp of a anotor of to a anotor oc			
No. om rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
_	Transferee's name, address, a	(e) Transfer of gif	t Relationship of transferor to transferee			
No.						
m t I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
	(e) Transfer of gift					
	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee			
No. m rt I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held			
		(e) Transfer of gif				
	Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee			

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

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

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

► Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization **Employer identification number** **_*** LEXINGTON STRIDES AHEAD FOUNDATION, INC. Part I **General Information on Grants and Assistance** 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 X No criteria used to award the grants or assistance? 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Grants and Other Assistance to Domestic Organizations and Domestic Governments, Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of (c) IRC section 1 (a) Name and address of organization (b) EIN (d) Amount of (e) Amount of (a) Description of (h) Purpose of grant valuation (book, noncash assistance or government (if applicable) cash grant non-cash or assistance FMV, appraisal, assistance other) COMMERCE LEXINGTON PROMOTE AND FUND ECONOMIC DEVELOPMENT IN LEXINGTON 330 EAST MAIN STREET ** ****** AND SURROUNDING AREAS LEXINGTON, KY 40507 501(C)6 515,409 0 PROMOTE AND FUND BUSINESS & EDUCATION NETWORK, INC. WORKFORCE DEVELOPMENT IN LEXINGTON AND SURROUNDING 330 EAST MAIN STREET LEXINGTON, KY 40507 AREAS 501(C)3 104,495 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table

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

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

Schedule I (Form 990) (2019)

Part III 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.						
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance	
Part IV Supplemental Information. Provide the information rec	quired in Part I, lin	e 2; Part III, columr	n (b); and any other ac	dditional information.		

SCHEDULE 0

(Form 990 or 990-EZ)

Supplemental Information to Form 990 or 990-EZ

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

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

OMB No. 1545-0047

Inspection

Department of the Treasury Internal Revenue Service Name of the organization

LEXINGTON STRIDES AHEAD FOUNDATION, INC. **Employer identification number** **_***

FORM 990, PART I, LINE 1, DESCRIPTION OF ORGANIZATION MISSION:
THE GREATER LEXINGTON ECONOMY.
FORM 990, PART VI, SECTION B, LINE 11B:
CHAIRMAN REVIEWS 990 AND PRESENTS TO THE BOARD.
FORM 990, PART VI, SECTION C, LINE 19:
ORGANIZATION PROVIDES A COPY OF GOVERNING DOCUMENTS TO THE PUBLIC UPON
REQUEST.

Form **8868**

(Rev. January 2020)

Department of the Treasury Internal Revenue Service

Application for Automatic Extension of Time To File an Exempt Organization Return

File a separate application for each return.

► Go to www.irs.gov/Form8868 for the latest information.

OMB No. 1545-0047

Electronic filing (e-file). You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic

filing of th	is form, visit www.irs.gov/e-file-providers/e-file-for-chan	ities-and-n	on-profits.				
Automa	atic 6-Month Extension of Time. Only subm	nit origin	al (no copies needed).				
All corpor	ations required to file an income tax return other than F	orm 990-T	(including 1120-C filers), partnership	s, REMIC	Cs, and trusts		
must use	Form 7004 to request an extension of time to file incom	ne tax retui	rns.				
Type or	pe or Name of exempt organization or other filer, see instructions. Taxpayer identification number (T						
print	Name of exempt organization of other mer, see instructions.			· an (pary or	2.452) 6. 126.16216		
-	LEXINGTON STRIDES AHEAD FOUNDATION, INC.				**_****		
File by the due date for filing your	Number, street, and room or suite no. If a P.O. box, see instructions.						
return. See	330 EAST MAIN STREET, NO.						
instructions.	City, town or post office, state, and ZIP code. For a foreign address, see instructions. ${\tt LEXINGTON}$, ${\tt KY}$ 40507						
Enter the	Return Code for the return that this application is for (fil	e a separa	ate application for each return)			0 1	
Applicati	on	Return	Application			Return	
Is For		Code	Is For			Code	
Form 990	or Form 990-EZ	01	Form 990-T (corporation)			07	
Form 990-BL		02	Form 1041-A			08	
Form 472	0 (individual)	03	Form 4720 (other than individual)			09	
Form 990	-PF	04	Form 5227		10		
Form 990-T (sec. 401(a) or 408(a) trust)		05	Form 6069			11	
Form 990-T (trust other than above)		06	Form 8870				
	GINA GREATHOUS			40505			
	ooks are in the care of 330 EAST MAIN	STREE'		40507			
•	one No. ► 859-226-1623		Fax No.				
	organization does not have an office or place of busines					L	
. г	s for a Group Return, enter the organization's four digit						
box 🕨	. If it is for part of the group, check this box	_ and atta	ch a list with the names and TINs of	all memb	ers the extension is	s for.	
1 I red	quest an automatic 6-month extension of time until	NOVE	MBER 16, 2020 , to file	the exem	not organization ret	urn for	
	I request an automatic 6-month extension of time until NOVEMBER 16, 2020 , to file the exempt organization return for the organization named above. The extension is for the organization's return for:						
	\overline{X} calendar year 2019 or						
•	tax year beginning	. an	d ending				
,	, , , , , , , , , , , , , , , , , , , ,		3				
2 If th	ne tax year entered in line 1 is for less than 12 months, o	check reas	on: Initial return I	Final retur	n		
	Change in accounting period						
3a If th	a If this application is for Forms 990-BL, 990-PF, 990-T, 4720, or 6069, enter the tentative tax, less						
any	nonrefundable credits. See instructions.			3a	\$	0.	
b If th	is application is for Forms 990-PF, 990-T, 4720, or 6069	, enter an	y refundable credits and			_	
esti	mated tax payments made. Include any prior year overp	oayment a	llowed as a credit.	3b	\$	0.	
c Bal	ance due. Subtract line 3b from line 3a. Include your pa	ayment wit	h this form, if required, by			•	
	ng EFTPS (Electronic Federal Tax Payment System). See			3c	\$	0.	
Caution: instruction	If you are going to make an electronic funds withdrawal ns.	(direct de	bit) with this Form 8868, see Form 8	453-EO a	nd Form 8879-EO f	or payment	
LHA F	or Privacy Act and Paperwork Reduction Act Notice,	see instr	uctions.		Form 8868 (F	Rev. 1-2020)	

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