2949205117503

Form 990-EZ

Short Form Return of Organization Exempt From Income Tax

2019

Department of the Treasury Internal Revenue Service

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 publications

Go to www.irs.gov/Form990EZ for instructions and the latest information.

Open to Public Inspection

A	For th	ne 2019 calen	ndar year, or tax year begin	ning	9/1/2019	, and	dending		8/31/20)20
В	Check	ıf applicable	C Name of organization					DE	mployer ic	lentification number
	Addres	s change	MUHLENBERG COUNTY	CHILDRENS FU	ND, INC					
	Name	change	Number and street (or PO box	f mail is not delivered to	street address)		Room/suite	_}	6	1-1129397
Г	Initial re	eturn	C/O CHARLES R LEWIS	S, CPA 123 S M	AIN ST			ΕŢ	elephone n	umber
下	Final retu	um/terminated	City or town		State	ZIP cod	e			
┌	Amend	ed return	GREENVILLE		KY	42345			(27	0) 338-1709
F	╡	ition pending	Foreign country name	Foreign province			postal/code	FO	Froup Exe	emption
Ь.				.	•	·	(V)		Iumber ▶	•
_					_		\cup			
G		nting Method	X Cash Accrual	Other (specify)						if the organization is
ı	Websi	ite: ► <u>N/A</u>			· ,				•	o attach Schedule B
J	Tax-exe	mpt status (che	ck only one) — X 501(c)(3)	501(c) ()◀ (insert no)	4947(a)(1)	or527	(FOII	11 990, 99	0-EZ, or 990-PF)
<u>к</u>	Form o	f organization	X Corporation	Trust	Association	Ot	her			
		•			_					
L			7b to line 9 to determine gro	· -		o, ooo or mor	e, or ii totai	asseis	▶ €	3,676
			are \$500,000 or more, file For			Palanasa	/ago tha	truc	tions fo	
	Part I		e, Expenses, and Cha						dions io	
_			the organization used			question	in this Pa			<u>X</u>
	1		ns, gifts, grants, and simila						1	3,254
	2	_	ervice revenue including go	vernment fees and	contracts				2	
	3	Membership	p dues and assessments						3	
	4	Investment	ıncome						4	422
	5a		unt from sale of assets oth			5a			-	
	b		or other basis and sales ex			5b			J	_
	C		ss) from sale of assets othe	er than inventory (s	ubtract line 5b	from line 5a	1)		5c	0
	6	-	d fundraising events							
: : a	, a		me from gaming (attach So	chedule G if greater	than	1 - 1				
eineved	<u> </u>	\$15,000)			_	6a			-	
: 9	b		me from fundraising events		\$	of con	tributions			
3 6	<u> </u>		ising events reported on hi			ایما				
2			h gross income and contrib			6b			-	
2	C		t expenses from gaming ar			6c				
	d		or (loss) from gaming and	fundraising events	(add lines 6a	and 6b and	subtract			•
	1 _	line 6c)				1 1			6d	0
	7a		s of inventory, less returns	and allowances		7a 7b			-	
	b		of goods sold		- 7h fuana luga "					0
•	C		t or (loss) from sales of inv		e /b from line	(a)			7c	
<u>ښ</u>	8		nue (describe in Schedule		۲	DECI	EIVED		9	3,676
<u> </u>	9		nue. Add lines 1, 2, 3, 4, 50			REU	_1 V L	<u> 70Ť</u>	10	3,070
	10 11		similar amounts paid (list i id to or for members	iii ociiedale O)	ļ			1-1	11	
		•	her compensation, and em	nlovee henefits	D03	DEC	8 2020	0	12	
ď	12		al fees and other payments		ntractors			_\x'	13	
٥	13				Titlactors		EN. UT		14	
Fynenses	14 15		, rent, utilities, and mainter iblications, postage, and sh		[<u> </u>	LIV. UI		15	
ш	16		nses (describe in Schedule		-				16	2,979
	17		nses (describe in Schedule nses. Add lines 10 through					>	17	2,979
_	40		deficit) for the year (subtra		9)	-			18	697
y a	19	Not seeds	or fund balances at beginn	and of vear (from h	e 27 column	(A)) (must a	aree with			
ď	3 13		r figure reported on prior ye		.5 27, 501011117	,, (J. 00		19	60,624
Not Assets	20		ges in net assets or fund b		Schedule (0)				20	
Ž	21		or fund balances at end of			0		•	21	61,321
		, , , , , , , , , , , , , , , , , , , ,	Daila 1000 at 0114 01	,						

Page 2

Form **990-EZ** (2019)

MUHLENBERG COUNTY CHILDRENS FUND, INC

	Check if the organization used Schedule O to re	spond to any que	estion in t	his Part II				
				(A)	Beginning o	f year		(B) End of year
22	Cash, savings, and investments					0,084	22	60,781
23	Land and buildings					540	23	540
24	Other assets (describe in Schedule O)						24	
25	Total assets				- 6	0,624	-	61,321
26	Total liabilities (describe in Schedule O)						26	
27				_		0,624	27	61,321
Pa	IT III Statement of Program Service Accomplish Check if the organization used Schedule O to	•						Expenses
A /l-							(Re	quired for section
	at is the organization's primary exempt purpose? <u>I</u> cribe the organization's program service accomplish			ALIFYING CHILDRE				(c)(3) and 501(c)(4) anizations, optional
	cribe the organization's program service accomplishing the surface of the complishing the concise manner and concise manner.							others)
	ons benefited, and other relevant information for each		ervices pri	ovided, the namber o				
	PROVIDING MEDICAL CARE AND TRAVEL FOR C		R 19 VF	ARS OF AGE WHO C	ΔN		.	T
20	NOT AFFORD MEDICAL CARE OTHERWISE USU 20 CHILDREN ANNUALLY							
		includes foreign	grants, cl	heck here	>		28a	2,890
29								
								
	(Grants \$) If this amount	includes foreign	grants, cl	heck here	>	<u> </u>	29a	1
30								
	(Grants \$) If this amount	includes foreign	grants, cl	heck here	•		30a	1
31	Other program services (describe in Schedule O)				_			
		includes foreign	grants, ci	neck nere		<u> </u>	31a	
マつ						_		1 0000
	Total program service expenses. (add lines 28a th					<u> </u>	32	
	rt IV List of Officers, Directors, Trustees, and Ko	ey Employees (li			ated—see t	he inst		
		ey Employees (le respond to any o	question i	n this Part IV	T	he inst	ructio	ns for Part IV)
	rt IV List of Officers, Directors, Trustees, and Ko	ey Employees (li	question i ge eek	n this Part IV	(d) Hea	ith benefit outions to benefit pla	ructions,	
Pa	rt IV List of Officers, Directors, Trustees, and Ko Check if the organization used Schedule O to	respond to any (b) Average hours per w	question i ge eek	n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Hea contrit employee	ith benefit outions to benefit pla	ructions,	ns for Part IV)
Pa ROC	Check if the organization used Schedule O to	respond to any (b) Average hours per w	question i ge eek	n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC)	(d) Hea contrit employee	ith benefit outions to benefit pla	ructions,	ns for Part IV)
ROC	Check if the organization used Schedule O to (a) Name and title GER ARBUCKLE	respond to any of the following to the following per winders devoted to po	question i ge eek sition	n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Hea contrit employee	ith benefit outions to benefit pla	ruction s, ans, sation	(e) Estimated amount of other compensation
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ROC PRE TAM SEC	Check if the organization used Schedule O to (a) Name and title GER ARBUCKLE SIDENT IMY BREWER CRETARY ZABETH GENTRY ASURER	(b) Average hours per widevoted to po	question i ge eek sition	n this Part IV (c) Reportable compensation (Forms W-2/1099-MISC) (if not paid, enter -0-)	(d) Hea contrit employee	ith benefit outions to benefit pla	ruction s, ens, sation	(e) Estimated amount of other compensation
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MUHLENBERG COUNTY CHILDRENS FUND, INC Page 3 Part V Other Information (Note the Schedule A and personal benefit contract statement requirements in the instructions for Part V) Check if the organization used Schedule O to respond to any question in this Part V. Yes No 33 Did the organization engage in any significant activity not previously reported to the IRS? If "Yes," provide a detailed description of each activity in Schedule O 33 Х 34 Were any significant changes made to the organizing or governing documents? If "Yes," attach a conformed copy of the amended documents if they reflect a change to the organization's name. Otherwise, explain the change on Schedule O See instructions 34 35 a Did the organization have unrelated business gross income of \$1,000 or more during the year from business activities (such as those reported on lines 2, 6a, and 7a, among others)? 35a b If "Yes" to line 35a, has the organization filed a Form 990-T for the year? If "No," provide an explanation in Schedule O 35b c Was the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization subject to section 6033(e) notice, reporting, and proxy tax requirements during the year? If "Yes," complete Schedule C, Part III 35c Х 36 Did the organization undergo a liquidation, dissolution, termination, or significant disposition of net assets during the year? If "Yes," complete applicable parts of Schedule N 36 37 a Enter amount of political expenditures, direct or indirect, as described in the instructions b Did the organization file Form 1120-POL for this year? 37b Х 38 a Did the organization borrow from, or make any loans to, any officer, director, trustee, or key employee, or were any such loans made in a prior year and still outstanding at the end of the tax year covered by this return? 38a Х b If "Yes," complete Schedule L, Part II and enter the total amount involved 38b 39 Section 501(c)(7) organizations Enter-Initiation fees and capital contributions included on line 9 39a b Gross receipts, included on line 9, for public use of club facilities 40 a Section 501(c)(3) organizations Enter amount of tax imposed on the organization during the year under section 4911 ▶ , section 4912 ► , section 4955 ► b Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Did the organization engage in any section 4958 excess benefit transaction during the year, or did it engage in an excess benefit transaction in a prior year that has not been reported on any of its prior Forms 990 or 990-EZ? If "Yes," complete Schedule L, Part I 40b c Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Enter amount of tax imposed on organization managers or disqualified persons during the year under sections 4912, 4955, and 4958 d Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations Enter amount of tax on line 40c reimbursed by the organization e All organizations. At any time during the tax year, was the organization a party to a prohibited tax shelter transaction? If "Yes," complete Form 8886-T 40e List the states with which a copy of this return is filed 42 a The organization's books are in care of ► ELIZABETH GENTRY Telephone no ▶ (270) 754-4300 Located at ► 203 N 2ND ST City CENTRAL CITY ST KY 42330 b At any time during the calendar year, did the organization have an interest in or a signature or other authority over Yes No a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 42b If "Yes," enter the name of the foreign country See the instructions for exceptions and filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR) c At any time during the calendar year, did the organization maintain an office outside the United States? 42c If "Yes," enter the name of the foreign country Section 4947(a)(1) nonexempt charitable trusts filing Form 990-EZ in lieu of Form 1041—Check here 43 43 and enter the amount of tax-exempt interest received or accrued during the tax year Yes No 44 a Did the organization maintain any donor advised funds during the year? If "Yes," Form 990 must be cômpleted instead of Form 990-EZ 44a Х b Did the organization operate one or more hospital facilities during the year? If "Yes," Form 990 must be 1, 40 completed instead of Form 990-EZ 44b c Did the organization receive any payments for indoor tanning services during the year? 44c Х d If "Yes" to line 44c, has the organization filed a Form 720 to report these payments? If "No," provide an 44d Х explanation in Schedule O 45a 45 a Did the organization have a controlled entity within the meaning of section 512(b)(13)? **b** 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," Form 990 and Schedule R may need to be completed instead of

Form 990-EZ See instructions

Form 9	90-EZ (201	9) MUHLENBERG COUNT	Y CHILDRENS FUND, INC	<u> </u>		61-11293	97	Page 4
					· · - · - · · - · · · · · · · · · ·		Yes	
46		organization engage, directly or indirect		ivities on behalf of or i	n opposition			
		dates for public office? If "Yes," complete				46		X
Part	A	ection 501(c)(3) Organizations O Ill section 501(c)(3) organizations n 0 and 51		17–49b and 52, and	I complete the tabl	es for line	s	
		check if the organization used Sche	edule O to respond to ar	ny question in this P	art VI .			
							Yes	No
47		the organization engage in lobbying activities or have a section 501(h) election in effect during the tax? If "Yes," complete Schedule C, Part II						x
48	is the or	ganization a school as described in sec	tion 170(b)(1)(A)(ii)? If "Ye	s," complete Schedule	Ε	48		Х
49 a		organization make any transfers to an e		ed organization?		49a		X
		was the related organization a section	-			49b		<u> </u>
50		te this table for the organization's five hi ees) who each received more than \$100						
	employe	ses) who each received more than \$100	T		(d) Health benefits,	T		
	(a) Name and title of each employee	(b) Average hours per week devoted to position	(c) Reportable compensation (Forms W-2/1099-MISC)	contributions to employee benefit plans, and deferred compensation	(e) Estima other co		
Name Title	None		Hr/WK 00					
Name			Hr/WK 00			+		
Title			Hr/WK 00					
Name								
Title			Hr/WK 00					
Name								
Title			Hr/WK 00			 		
Name			Hr/WK 00					
Title f	Total nu	mber of other employees paid over \$10	· · · · · · · · · · · · · · · · · · ·	<u> </u>	L			
51		te this table for the organization's five hi		endent contractors who		than		
	•	0 of compensation from the organization	-					
	<u> </u>	(a) Name and business address of each independ	ent contractor	(b) Type of service	ce (c) Compensa	tion	
Name	None	Str				 -		
City		ST	ZIP					
Name		Str						
City		ST	ZIP					
Name		Str	710					
City		Str	ZIP					
Name City		ST	ZIP					
Name		Str						
City		ST	ZIP	! 				
	Total nui	mber of other independent contractors e	each receiving over \$100,00	00	·			
52 		organization complete Schedule A? Not ed Schedule A	e: All section 501(c)(3) orga	anizations must attach	ı a 	▶ X Ye	s	No
-		perjury, I declare that I have examined this return, in omplete. Declaration of preparer (other than officer)				elief, it is		
		Runco			[-1] W	125		
Sign		Signature of officer)		Date			
Here		12 oger Arbuck	رام					<u>.</u>
		Type or print name and title		- A		DTW		 ;
Paid		Print/Type preparer's name	Preparer's signature	Date Date	Check X	If DOOROS	200	
Prep		CHARLES R LEWIS	CHARLES R LEWIS	A 11/	17/2020 self-employed		5/90	
Use		Firm's name ► CHARLES R LEWIS (Firm's address ► 123 S MAIN ST, GRE		-111	Firm's EIN ▶ 6 Phone no (2	1-0982527 270) 338-17	709	
		scuss this return with the preparer show				► Ye		No
		The state of the s				Form 99		

SCHEDULE A (Form 990 or 990-EZ)

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.

20**19**

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

Employer identification number

MUH	<u>ILEI</u>	NBERG COUNTY CHILDRENS	FUND, INC				61-11	29397
Par	t I	Reason for Public Char	rity Status (All or	ganizations must co	mplete t	his part)	See instructions	
The	orga	anization is not a private foundat	·			-	·	
1	Ш	A church, convention of church	ies, or association o	of churches described in	n section	170(b)(1)	(A)(i).	
2		A school described in section	170(b)(1)(A)(ii). (At	tach Schedule E (Form	990 or 99	90-EZ))	() \	
3		A hospital or a cooperative hos	pital service organi	zation described in sec	tion 170(b)(1)(A)(ii	i).	
4		A medical research organization hospital's name, city, and state	•	nction with a hospital o	lescribed	ın sectio n	170(b)(1)(A)(iii). Er	nter the
5		An organization operated for the section 170(b)(1)(A)(iv). (Com		ge or university owned	or operate	ed by a go	vernmental unit desc	cribed in
6		A federal, state, or local govern	nment or governmer	ntal unit described in se	ection 170	0(b)(1)(A)	(v).	
7	X	An organization that normally r described in section 170(b)(1)			m a gove	rnmental	unit or from the gene	ral public
8		A community trust described in	section 170(b)(1)(A)(vi). (Complete Part	II)			
9		An agricultural research organi or university or a non-land-gran university						
10		An organization that normally receipts from activities related support from gross investment acquired by the organization at	to its exempt function income and unrelated	ons—subject to certain ted business taxable in	exception come (les	ns, and (2) as section	no more than 33 1/3 511 tax) from busine	3% of its
11		An organization organized and	operated exclusive	ly to test for public safe	ety See s	ection 50	9(a)(4).	
12		An organization organized and of one or more publicly support Check the box in lines 12a thro	ted organizations de	escribed in section 509	(a)(1) or	section 5	09(a)(2). See section	n 509(a)(3).
а	[Type I. A supporting organization the supported organization organization You must cor	s) the power to regu	ularly appoint or elect a	oy its supp majority (oorted org of the dire	anization(s), typically ctors or trustees of th	by giving ne supporting
b	[Type II. A supporting organic control or management of the organization(s) You must o	ne supporting organ	ization vested in the sa	on with its ime perso	s supporte ins that co	d organization(s), by introl or manage the	having supported
С	[Type III functionally integral its supported organization(s) (see instructions)	You must complete F	Part IV, Se	ections A,	D, and E.	
d	Į	Type III non-functionally in that is not functionally integr requirement (see instruction	rated The organizat	tion generally must sat	isfy a distr	ibution re	quirement and an att	
е	[Check this box if the organiz	zation received a wr	ritten determination froi	n the IRS	that it is a		e III
_		functionally integrated, or Ty		ally integrated supporting	ng organiz	ation		
T		Enter the number of supported	-	ed organization(s)				0
g		Provide the following information Name of supported organization	(ii) EIN	(iii) Type of organization		organization	(v) Amount of monetary	(vi) Amount of
				(described on lines 1–10 above (see instructions))		ur governing ment?	support (see instructions)	other support (see instructions)
					Yes	No		
(A)								
В)								
(C)		#					• · · ·	
D)					-			· · · · · · ·
E)				, <u>,, , , , , , , , , , , , , , , , , , </u>	-	_		
			L.					

Sche	dule A (Form 990 or 990°EZ) 2019 MUHLE	NBERG COUNTY	CHILDRENS FUI	ND, INC	٠.,	61-11293	97 Page 2
Pa	rt II Support Schedule for Or	ganizations Des	scribed in Sec	tions 170(b)(1)	(A)(iv) and 17	0(b)(1)(A)(vi)	
	(Complete only if you ched	ked the box on I	ine 5, 7, or 8 of	Part I or if the	organization fai	led to qualify u	nder
	Part III If the organization	fails to qualify ur	nder the tests li	sted below, plea	ase complete P	art III)	
Sec	ction A. Public Support	•					
Cale	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and			,	•	•	
	membership fees received (Do not						
	include any "unusual grants.")	2,419	2,537	2,802	2,100	3,254	13,112
2	Tax revenues levied for the '	.,					
	organization's benefit and either paid			'			_
	to or expended on its behalf						0
3	The value of services or facilities						
	furnished by a governmental unit to the						
	organization without charge	2.440	2 527	2 902	2,100	2.254	0,
4	Total. Add lines 1 through 3	2,419	2,537	2,802	2,100	3,254	13,112
5	The portion of total contributions by each person (other than a						
	governmental unit or publicly						
	supported organization) included on						
	line 1 that exceeds 2% of the amount						
	shown on line 11, column (f)						
6	Public support. Subtract line 5 from line 4						13,112
Sec	ction B. Total Support	Total 11 selection and 1 total 20 to 18 distanta	THE PROPERTY OF THE PARTY OF THE PARTY OF THE	So. House to and a said market big and	Market III. Hillerin di Resilian i an		, , ,
	ndar year (or fiscal year beginning in)	► (a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4	2,419		2,802	2,100	3,254	- 13,112
8	Gross income from interest, dividends,				, .		
-	payments received on securities loans,		* * * * * * * * * * * * * * * * * * *		Ŧ '	in the contract of the contra	
•	rents, royalties, and income from						
	sımılar sources	194	229	221	520	422	1,5 <u>86</u>
9	Net income from unrelated business						
	activities, whether or not the business is						
	regularly carried on						0
10	Other income Do not include gain or			`			
	loss from the sale of capital assets						
,	(Explain in Part VI)	DELICATED FOR DELIGHBERT BY M. S. MINNE.	SCHOOLSERS SCHOOL TIME AND AREA SEAS	UK BIOLFMAN AND MAKENDERSON HIT	nan samananan di Salahan dalah sahari	SAKASAN AND AND SAKASAN AND AND AND AND AND AND AND AND AND A	0
11	Total support. Add lines 7 through 10			ENGINEE IN		TO SEPTEMBER VO.01	14,698
	Gross receipts from related activities, etc	•				12	
13	First five years. If the Form 990 is for the	- T	second, third, fourti	h, or fifth tax year a	is a section 501(c)(·3) •	<u>.</u>
	organization, check this box and stop her		· · · · · · · · · · · · · · · · · · ·				
Sec	tion C. Computation of Public S						
14	Public support percentage for 2019 (line 6		-	f))		15	89 21% ⁻ 92 27%
15	Public support percentage from 2018 Scho				4 (0.04		92 21 70
16a	33 1/3% support test—2019. If the organ			, and line 14 is 33	1/3% or more, che	CK this dox .	▶ X
	and stop here. The organization qualifies				00.4100/		
b	33 1/3% support test—2018. If the organ				s 33 1/3% or more	, cneck this	_ □
	box and stop here. The organization qual		•				
17a	10%-facts-and-circumstances test—20						•
	10% or more, and if the organization meet Part VI how the organization meets the "fa	is the itacts-and-circu acts-and-circumstance	imstances test, ch es" test. The organ	ieck this box and Si ization qualifies as	a publiciv supporte	ed .	
	organization	una onoumblano	or took the organ	400,000 00	- Parison Sabban		` ▶□
b	10%-facts-and-circumstances test—20	18. If the organizatio	n did not check a b	ox on line 13, 16a,	16b, or 17a, and l	ne	
-	15 is 10% or more, and if the organization Explain in Part VI how the organization me	meets the "facts-and	l-circumstances" te	st, check this box a	and stop here.		,

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see

supported organization

instructions

61-1129397

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

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 qu	alify under the	tests listed bel	ow, please com	plete Part II)		
	ction A. Public Support	T			I	1 /2 /2	
Cale	ndar year (or fiscal year beginning ın)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees					/	_
_	received (Do not include any "unusual grants")					/	0
2	Gross receipts from admissions, merchandise sold or services performed, or facilities			j.	/	1	
	furnished in any activity that is related to the				/		
	organization's tax-exempt purpose						0
3	Gross receipts from activities that are not an						
	unrelated trade or business under section 513						0
4	Tax revenues levied for the						
	organization's benefit and either paid to				/		
	or expended on its behalf		•		/		. 0
5	The value of services or facilities		 -		/		
	furnished by a governmental unit to the			/			
	organization without charge			/			0
6	Total. Add lines 1 through 5	0	0	/ 0	0	ol	0
	Amounts included on lines 1, 2, and 3		-	/			
, a	received from disqualified persons			/			0
h	Amounts included on lines 2 and 3			/			
D	,			/			
	received from other than disqualified			/			
	persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year			/		ì	ò
_	•		0/	0	0	0	0
_	Add lines 7a and 7b					100500000000000000000000000000000000000	<u>·</u>
- 8	Public support (Subtract line 7c from						ر منع " د منع "
	line 6)	INDERSECUEDANI DANGERDASE DE NOVEMBRE DE	HAMPERICEPERATE STREET, VIRGINIE	(*55/16.1975/87.1875/497.187.187.18	ESSTERNATIONENESS PRANCOS PRANCOS	EMILAGRED MATERIAL	
	ction B. Total Support	(=) 2015	(b) 2016	(=) 2017	(4) 2019	(a) 2010	(f) Total
	ndar year (or fiscal year beginning in)	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(1) 10tai
9	Amounts from line 6	0	/ 0	0	<u> </u>		0
10a	Gross income from interest, dividends,		/				
	payments received on securities loans, rents,		/				^
	royalties, and income from similar sources					-	0
b	Unrelated business taxable income (less		/_				
	section 511 taxes) from businesses		/_				
	acquired after June 30, 1975	/					0
С	Add lines 10a and 10b		0	0	0	0	0
11	Net income from unrelated business	/			•		
	activities not included in line 10b, whether	/					
	or not the business is regularly carried on						· 0
12	Other income Do not include gain or	/					
	loss from the sale of capital assets	/		_			
	(Explain in Part VI)						0
13	Total support. (Add lines 9, 10c, 11,	/					
	and 12)	/ 0	0	0	0	0	0
14	First five years. If the Form 990 is for the o	rganization's first, s	second, third, fourth	h, or fifth tax year a	is a section 501(c)	(3)	_
	organization, check this box and stop here	<i>[</i> "					▶
Sec	ction C. Computation of Public Su	pport Percenta	age				
15	Public support percentage for 2019 (line 8,			(f))		15	0 00%
16	Public support percentage from 2018 Sched			· //		16	0 00%
	ction D. Computation of Investmen					1.	-
17	Investment income percentage for 2019 (line			column (ft)	· · · · · ·	17	0 00%
18	Investment income percentage for 2019 (income percentage from 2018 S			··· •···· (///		18	0 00%
	33 1/3% support tests—2019. If the organ			4. and line 15 is m	ore than 33 1/3%.		
. Ja	not more than 33 1/3%, check this pox and					_	▶ [
h	33 1/3% support tests—2018. If the organ					33 1/3%, and	
-	line 18 is not more than 33 1/3% check this	box and stop here	e. The organization	qualifies as a pub	licly supported org	anızatıon	▶ _
20	Private foundation. If the organization did						▶ [

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

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

_		Yes	No
	1		
	2		
		H.	
	3b		
	3c		
	4a		
	4b		
	46		
	4c		
	5a		100
	5b	- ATTECONS.	V-2907753
	5c		•
	6		
	7		
	8	i 1	
	- 1. 9a		
		e e	
	9c		
	10a	11116	
	10b		

Part	Supporting Organizations (continued)			,
44	Lies the community appeared a geft or contribution from any of the following parents	[mones	Yes	No Shirtan
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?	44-		Committee of
h		11a		1
b	A family member of a person described in (a) above?	11b	-	
Secti	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. on B. Type I Supporting Organizations	11c		
OCCU	on B. Type I Supporting Organizations		Yes	No
1	Did the directors, trustees, or membership of one or more supported organizations have the power to		103 124 1	46333
•	regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or		No.	
	controlled the organization's activities. If the organization had more than one supported organization,			26.5
	describe how the powers to appoint and/or remove directors or trustees were allocated among the supported			
	organizations and what conditions or restrictions, if any, applied to such powers during the tax year	1	يخابط الخ	1
2	Did the organization operate for the benefit of any supported organization other than the supported	1000	ANNER .	验型链
	organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part			
	VI how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	supervised, or controlled the supporting organization	2	1845 SQUAR	100000000000000000000000000000000000000
Secti	on C. Type II Supporting Organizations			
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors	1	製設	
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
	the supported organization(s)	1		
<u>Secti</u>	on D. All Type III Supporting Organizations			
			Yes	No
1	Did the organization provide to each of its supported organizations, by the last day of the fifth month of the		4	18.3
	organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			198
	year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
_	organization's governing documents in effect on the date of notification, to the extent not previously provided?	1	SAVE their	administration of
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	10171		
	the organization maintained a close and continuous working relationship with the supported organization(s)	2	27-19-49-	1780884688
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			
Socti	supported organizations played in this regard on E. Type III Functionally Integrated Supporting Organizations	3		L
4			-1	
a	Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see in The organization satisfied the Activities Test. Complete line 2 below	structions	5)	
	· · · · · · · · · · · · · · · · · · ·	•		
b	The organization is the parent of each of its supported organizations. Complete line 3 below			
· c	The organization supported a governmental entity. Describe in Part VI how you supported a government entity ('see instruct	ions)	•
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			álla.
	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	11.00		
	activities but for the organization's involvement	2b	Magar in a	J. 1231.53 .FI
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			26:10
_	trustees of each of the supported organizations? Provide details in Part VI.	3a	S\$\$\$4.7\$	St. Science
b	Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each	3b	LUR	
	At its supported Argenizations? If "Yes" describe in wait VI the fole bigWer by the Argenization in this federa	i Kin i		ì

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting C			
1 Check here if the organization satisfied the Integral Part Test as a qualifyin			
instructions. All other Type III non-functionally integrated supporting organ	nızati	ons must complete Section	
Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1 Net short-term capital gain	1		
2 Recoveries of prior-year distributions	2		
3 Other gross income (see instructions)	3		
4 Add lines 1 through 3	4	0	0
5 Depreciation and depletion	5		
6 Portion of operating expenses paid or incurred for production or			
collection of gross income or for management, conservation, or			
maintenance of property held for production of income (see instructions)	6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	0	0
Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
Aggregate fair market value of all non-exempt-use assets (see	新教		White State of the
instructions for short tax year or assets held for part of year)			
a Average monthly value of securities	1a		
b Average monthly cash balances	1b		
c Fair market value of other non-exempt-use assets	1c		
d Total (add lines 1a, 1b, and 1c)	1d	0	0
e Discount claimed for blockage or other			
factors (explain in detail in Part VI)			
Acquisition indebtedness applicable to non-exempt-use assets	2		
3 Subtract line 2 from line 1d	3	0	0
4 Cash deemed held for exempt use Enter 1-1/2% of line 3 (for greater amount,			
see instructions)	4	0	0
5 Net value of non-exempt-use assets (subtract line 4 from line 3)	5	0	0
6 Multiply line 5 by 035	6	0	0
7 Recoveries of prior-year distributions	7	0	0
8 Minimum Asset Amount (add line 7 to line 6)	8	0	0
Section C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column A)	1	THE PERSON NAMED IN THE PE	0
2 Enter 85% of line 1	2	STOREST TO THE SHOWING	0
3 Minimum asset amount for prior year (from Section B, line 8, Column A)	3	是中国的一个	0
4 Enter greater of line 2 or line 3	4		0
5 Income tax imposed in prior year	5	推到的基础的证据,不是是是一个企业的。	
6 Distributable Amount. Subtract line 5 from line 4, unless subject to			
emergency temporary reduction (see instructions)	6		0
7 Check here if the current year is the organization's first as a non-functional instructions)	lly inte	egrated Type III supporting	organization (see

Part	Type III Non-Functionally Integrated 509(a)(3) Supporting Organ	izations (continued)	T			
Section	Section D - Distributions						
1	Amounts paid to supported organizations to accomplish exe	empt purposes					
2	Amounts paid to perform activity that directly furthers exempt	ot purposes of supported	d				
	organizations, in excess of income from activity						
3	Administrative expenses paid to accomplish exempt purpos	es of supported organiz	ations				
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			0			
8	Distributions to attentive supported organizations to which the	he organization is respo	nsive				
	(provide details in Part VI) See instructions		·				
9	Distributable amount for 2019 from Section C, line 6			0			
10	Line 8 amount divided by line 9 amount			0 000			
	Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019			
1	Distributable amount for 2019 from Section C, line 6			0			
2	Underdistributions, if any, for years prior to 2019		,				
	(reasonable cause required—explain in Part VI) See						
	instructions						
3	Excess distributions carryover, if any, to 2019						
a	From 2014 0			District Colors			
<u> </u>	From 2015 0	min distribution of the control of t	45.00 146.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 15.00 1				
C	From 2016 0	The state of the s					
<u>d</u>	From 2017 0						
	From 2018 0	CHANGE STREET, ST.					
<u>f</u>	Total of lines 3a through e	O					
<u>g</u>	Applied to underdistributions of prior years		O				
	Applied to 2019 distributable amount			O Propositi inter-street-same same successive same successive same same same same same same same sam			
<u> </u>	Carryover from 2014 not applied (see instructions)						
	Remainder Subtract lines 3g, 3h, and 3i from 3f	U					
4	Distributions for 2019 from						
	Section D, line 7. \$ 0	ramin mortiandroproffonological paleira. Neilee					
	Applied to underdistributions of prior years		O WAR TO THE THE THE TANKE THE THE TANKE THE THE TANKE T				
b	Applied to 2019 distributable amount	TREASURE THE PROPERTY OF THE P					
	Remainder Subtract lines 4a and 4b from 4		THE STREET STREET, STR	gerseld der kommen bescheiden.			
5	Remaining underdistributions for years prior to 2019, if any Subtract lines 3g and 4a from line 2. For result						
	greater than zero, explain in Part VI See instructions		o				
	Remaining underdistributions for 2019 Subtract lines 3h						
U	and 4b from line 1. For result greater than zero, explain in						
	Part VI See instructions			0			
7	Excess distributions carryover to 2020. Add lines 3j	ethics with the transfer that the state of t		454000486487846700488			
,	and 4c	0					
8	Breakdown of line 7	Harry St. Chiefferds					
<u>o .</u> _ a	Excess from 2015	with the state of	## ## 270 1 77 77 77 79 70 70 70 70 70 70 70 70 70 70 70 70 70	o constant a Me Hausen Tembrit of Brand Day			
b	Excess from 2016 0						
c	Excess from 2017 0						
_ _d	Excess from 2018 0						
e							

SCHEDULE 0 (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 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 Open to Public

Inspection

Name of the organization	Employer identification number
MUHLENBERG COUNTY CHILDRENS FUND, INC	61-1129397
Form 990-EZ, Part I, Line 16, Other Expenses PROGRAM SERVICES-MEDICAL EXPENSE REII	MBURSMENTS
2,890	
Form 990-EZ, Part I, Line 16, Other Expenses SECRETARY OF STATE FEE 15	
Form 990-EZ, Part I, Line 16, Other Expenses OFFICE SUPPLY 64	
Form 990-EZ, Part I, Line 16, Other Expenses BANK FEE 10	

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