

Form **990**

Return of Organization Exempt From Income Tax

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

Do not enter social security numbers on this form as it may be made public.
Go to www.irs.gov/form990 for instructions and the latest information.

OMB No. 1545-0047

2021
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

A. For the 2021 calendar year, or tax year beginning _____, **and ending** _____

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization FEAT of Louisville, Inc.	D Employer identification number ***-***4663
	Doing business at Number and street (or P.O. box if mail is not delivered to street address) and city or town, state or province, country, and ZIP or foreign postal code 1100 E Market St Louisville KY 40206	E Telephone number 502-596-1258
F Name and address of principal officer: Melanie West 6201 Two Springs Lane Louisville KY 40207		G Gross receipts 495,039
H40 Is this a group return for subsidiaries? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H50 Are all subsidiaries included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions.		H90 Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (specify) <input type="checkbox"/> 501(a)(2) or <input type="checkbox"/> 527		
J Website: www.featoflouisville.org		
K Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other		L Year of formation: 1999 M State of legal domicile: KY

Part I Summary

Activities & Governance	1 Briefly describe the organization's mission or most significant activities: See Schedule O		
	2 Check this box: <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3 Number of voting members of the governing body (Part VII, line 1a)	3	17
	4 Number of independent voting members of the governing body (Part VII, line 1b)	4	17
	5 Total number of individuals employed in calendar year 2021 (Part V, line 2a)	5	4
	6 Total number of volunteers (estimate if necessary)	6	75
	7a Total unrelated business revenue from Part VIII, column (C), line 12	7a	0
7b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0	
Revenue	8 Contributions and grants (Part VIII, line 1h)	Prior Year 322,264	Current Year 462,011
	9 Program service revenue (Part VIII, line 2g)	650	1,870
	10 Investment income (Part VIII, column (A), lines 3, 4, and 7d)	198	58
	11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11a)	-316	-9,199
	12 Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	322,796	454,740
	13 Grants and similar amounts paid (Part IX, column (A), lines 1-3)	129,697	118,271
Expenses	14 Benefits paid to or for members (Part IX, column (A), line 4)		0
	15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	94,812	114,948
	16a Professional fundraising fees (Part IX, column (A), line 11a)	3,943	9,469
	b Total fundraising expenses (Part IX, column (C), line 25)	37,579	
	17 Other expenses (Part IX, column (A), lines 11a-11d, 11f-24a)	48,130	106,903
	18 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	276,582	349,591
	19 Revenue less expenses. Subtract line 18 from line 12	46,214	105,149
Net Assets or Fund Balances	20 Total assets (Part X, line 16)	Beginning of Current Year 274,483	End of Year 379,632
	21 Total liabilities (Part X, line 20)	0	0
	22 Net assets or fund balances. Subtract line 21 from line 20	274,483	379,632

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer Melanie West	Date			
	Type or print name and title Executive Director				
Paid Preparer Use Only	Print preparer's name Christopher Hatcher	Preparer's signature Christopher Hatcher	Date 03/23/22	Check <input type="checkbox"/> if self-employed	PTIN *****
	Firm's name Baldwin CPAs, PLLC	Firm's EIN ***-***6603			
	Firm's address 10180 Linn Station Road Suite 200 Louisville, KY 40223	Firm's phone 502-584-9793			

May the IRS discuss this return with the preparer shown above? See instructions. Yes No
For Paperwork Reduction Act Notice, see the separate instructions. Form **990** (2021)