

PUBLIC DISCLOSURE COPY

EXTENDED TO MAY 15, 2017

Form **990**

Return of Organization Exempt From Income Tax
Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except private foundations)

OMB No. 1545-0047

2015
Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- Do not enter social security numbers on this form as it may be made public.
- Information about Form 990 and its instructions is at www.irs.gov/form990.

A For the 2015 calendar year, or tax year beginning JUL 1, 2015 **and ending** JUN 30, 2016

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 THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY, INC. Doing business as		D Employer identification number 61-1100993
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number 502-585-4649
	City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40202		G Gross receipts \$ 14,728,945.
	F Name and address of principal officer: SUSAN A. BARRY SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) H(c) Group exemption number
I Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
J Website: WWW.CFLOUISVILLE.COM			
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: 1986
			M State of legal domicile: KY

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO FACILITATE DONORS' CHARITABLE GIVING.
	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 VI, line 1a) 3 12
	4	Number of independent voting members of the governing body (Part VI, line 1b) 4 12
	5	Total number of individuals employed in calendar year 2015 (Part V, line 2a) 5 0
	6	Total number of volunteers (estimate if necessary) 6 12
	7a	Total unrelated business revenue from Part VIII, column (C), line 12 7a 0.
7b	Net unrelated business taxable income from Form 990-T, line 34 7b 0.	
Revenue	8	Contributions and grants (Part VIII, line 1h) 8 5,861,264. 13,937,544.
	9	Program service revenue (Part VIII, line 2g) 9 0. 0.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d) 10 402,218. 248,333.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 0. 0.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 6,263,482. 14,185,877.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3) 13 2,709,943. 10,533,952.
	14	Benefits paid to or for members (Part IX, column (A), line 4) 14 0. 0.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 15 0. 0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e) 16a 0. 0.
	b	Total fundraising expenses (Part IX, column (D), line 25) b 0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 17 1,716,229. 1,417,898.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 18 4,426,172. 11,951,850.
19	Revenue less expenses. Subtract line 18 from line 12 19 1,837,310. 2,234,027.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16) 20 10,879,683. 13,295,524.
	21	Total liabilities (Part X, line 26) 21 51,880. 153,670.
	22	Net assets or fund balances. Subtract line 21 from line 20 22 10,827,803. 13,141,854.

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		Date
	MATTHEW L. BACON, VICE PRESIDENT & CFO		Type or print name and title
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date
	REBECCA L. PHILLIPS, CPA		
Firm's name		Firm's EIN	Check if self-employed <input type="checkbox"/> PTIN
MOUNTJOY CHILTON MEDLEY LLP		27-1235638	P00024055
Firm's address		Phone no. (502) 749-1900	
462 S. FOURTH ST., SUITE 2600		LOUISVILLE, KY 40202-3445	

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

Part III Statement of Program Service Accomplishments

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

1 Briefly describe the organization's mission:
TO STRENGTHEN OUR REGION THROUGH INSPIRED PHILANTHROPY AND OUTSTANDING
STEWARDSHIP BY: PARTNERING WITH DONORS TO ENSURE LASTING IMPACT,
LEVERAGING OUR KNOWLEDGE OF OUR COMMUNITIES, AND OFFERING OUR
CONSTITUENTS AN UNMATCHED LEVEL OF PERSONAL ENGAGEMENT.

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No
If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No
If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 11,927,447. including grants of \$ 10,533,952.) (Revenue \$)
DISTRIBUTE GRANTS AND CONTRIBUTIONS TO 501(C)(3) ORGANIZATIONS
QUALIFYING UNDER SECTION 509(A).

4b (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4c (Code:) (Expenses \$ including grants of \$) (Revenue \$)

4d Other program services (Describe in Schedule O.)
(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses **11,927,447.**

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)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		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 "Yes," complete Schedule C, Part II</i>		X
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? <i>If "Yes," complete Schedule C, Part III</i>		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? <i>If "Yes," complete Schedule D, Part I</i>		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? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
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? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>		X
b Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		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? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
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)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
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? <i>If "Yes," complete Schedule F, Parts I and IV</i>		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 foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
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? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
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? <i>If "Yes," complete Schedule G, Part I</i>		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? <i>If "Yes," complete Schedule G, Part II</i>		X
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X

Part IV Checklist of Required Schedules (continued)

	Yes	No
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
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? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
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? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		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):		
a A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i>		X
c An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i>		X
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i>		X
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i>	X	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
b If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i>		
36 Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i>		X
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?	X	

Note. All Form 990 filers are required to complete Schedule O

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

		Yes	No
1a	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
1b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
1c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
2b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)		
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
3b	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
4a	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)?		X
4b	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
5b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
5c	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
6b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
7	Organizations that may receive deductible contributions under section 170(c).		
7a	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?		X
7b	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
7c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
7d	If "Yes," indicate the number of Forms 8282 filed during the year		
7e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
7f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
7g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
7h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
8	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?		
9	Sponsoring organizations maintaining donor advised funds.		
9a	Did the sponsoring organization make any taxable distributions under section 4966?		
9b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		
10	Section 501(c)(7) organizations. Enter:		
10a	Initiation fees and capital contributions included on Part VIII, line 12		
10b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
11	Section 501(c)(12) organizations. Enter:		
11a	Gross income from members or shareholders		
11b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?		
12b	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.		
13a	Is the organization licensed to issue qualified health plans in more than one state? Note. See the instructions for additional information the organization must report on Schedule O.		
13b	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		
13c	Enter the amount of reserves on hand		
14a	Did the organization receive any payments for indoor tanning services during the tax year?		X
14b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

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

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

Section 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 in Schedule O.		
1b	Enter the number of voting members included in line 1a, above, who are independent		
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?		X
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person?		X
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?		X
5	Did the organization become aware during the year of a significant diversion of the organization's assets?		X
6	Did the organization have members or stockholders?		X
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?		X
7b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?		X
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
8a	a The governing body?	X	
8b	b Each committee with authority to act on behalf of the governing body?	X	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O		X

Section 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?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
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?		
15a	a The organization's CEO, Executive Director, or top management official		X
15b	b Other officers or key employees of the organization		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 taxable entity during the year?		X
16b	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 exempt status with respect to such arrangements?		

Section C. Disclosure

- 17** List the states with which a copy of this Form 990 is required to be filed **KY**
- 18** Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain in Schedule O)
- 19** Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial 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: **MATTHEW L. BACON - 502-585-4649**
325 W. MAIN STREET, SUITE 1110, LOUISVILLE, KY 40202

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.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) MARSHALL BRADLEY, JR. CHAIRPERSON OF THE BOARD	2.00 4.00	X		X				0.	0.	0.
(2) ERIC W. TAYLOR VICE CHAIRPERSON OF THE BO	2.00 4.00	X		X				0.	0.	0.
(3) MARIA G. HAMPTON SECRETARY OF THE BOARD	2.00 4.00	X		X				0.	0.	0.
(4) JULIE LAVALLE JONES TREASURER OF THE BOARD	2.00 4.00	X		X				0.	0.	0.
(5) DOROTHY S. RIDINGS MEMBER - AT - LARGE	2.00 4.00	X						0.	0.	0.
(6) M. CLAIRE ALAGIA COMPENSATION COMM. CHAIR	2.00 4.00	X						0.	0.	0.
(7) HARRIET L. LAIR D & S COMM. CHAIR	2.00 4.00	X						0.	0.	0.
(8) CHARLES J. KANE, JR. INVESTMENT COMM. CHAIR	2.00 4.00	X						0.	0.	0.
(9) SUZANNE BERGMEISTER COMMUNICATIONS & MARKETING COMM. CHA	2.00 4.00	X						0.	0.	0.
(10) MARK A. CAMPISANO GRANTMAKING, PARTNERSHIP,	2.00 4.00	X						0.	0.	0.
(11) STEPHANIE H. SMITH IMPACT INVESTING COMM. CHA	2.00 4.00	X						0.	0.	0.
(12) JAMES H. TAYLOR BOARD DEVELOPMENT COMM. CH	2.00 4.00	X						0.	0.	0.
(13) SUSAN A BARRY PRESIDENT & CEO	5.00 35.00			X				0.	240,614.	23,304.
(14) MATTHEW L. BACON VP & CFO	5.00 35.00			X				0.	134,210.	16,273.
(15) MICHAEL J. SCHULTZ VP, DEVELOPMENT & STEWARDS	5.00 35.00			X				0.	100,049.	21,703.
(16) CARA BERNOSKY BARIBEAU VP, COMMUNICATIONS & MARKE	5.00 35.00			X				0.	79,423.	14,908.
(17) TRISHA FINNEGAN VP, COMMUNITY LEADERSHIP	5.00 35.00			X				0.	84,540.	4,102.

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-total							0.	638,836.	80,290.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							0.	638,836.	80,290.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization **0**

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? If "Yes," complete Schedule J for such individual		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? If "Yes," complete Schedule J for such individual	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? If "Yes," complete Schedule J for such person		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
NONE		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization **0**

Part VIII Statement of Revenue

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

		(A)	(B)	(C)	(D)	
		Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 29,805.				
	b Membership dues	1b				
	c Fundraising events	1c				
	d Related organizations	1d 469,279.				
	e Government grants (contributions)	1e 37,000.				
	f All other contributions, gifts, grants, and similar amounts not included above	1f 13,401,460.				
	g Noncash contributions included in lines 1a-1f: \$	190,529.				
	h Total. Add lines 1a-1f	▶ 13,937,544.				
	Program Service Revenue	2 a _____	Business Code			
b _____						
c _____						
d _____						
e _____						
f All other program service revenue						
g Total. Add lines 2a-2f		▶				
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)	▶ 167,809.			167,809.	
	4 Income from investment of tax-exempt bond proceeds	▶				
	5 Royalties	▶				
	6 a Gross rents	(i) Real				
		(ii) Personal				
		b Less: rental expenses				
		c Rental income or (loss)				
	d Net rental income or (loss)	▶				
	7 a Gross amount from sales of assets other than inventory	(i) Securities	623,592.			
		(ii) Other				
		b Less: cost or other basis and sales expenses	543,068.			
		c Gain or (loss)	80,524.			
	d Net gain or (loss)	▶ 80,524.			80,524.	
	8 a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18	a				
		b Less: direct expenses	b			
c Net income or (loss) from fundraising events		▶				
9 a Gross income from gaming activities. See Part IV, line 19	a					
	b Less: direct expenses	b				
	c Net income or (loss) from gaming activities	▶				
10 a Gross sales of inventory, less returns and allowances	a					
	b Less: cost of goods sold	b				
	c Net income or (loss) from sales of inventory	▶				
Miscellaneous Revenue		Business Code				
11 a _____						
	b _____					
	c _____					
	d All other revenue					
	e Total. Add lines 11a-11d	▶				
12 Total revenue. See instructions.	▶	14,185,877.	0.	0.	248,333.	

Part IX Statement of Functional Expenses

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

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

Do not include amounts reported on lines 6b, 7b, 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	10,533,952.	10,533,952.		
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 (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	24,403.		24,403.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
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				
24 Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FISCAL SPONSOR PROGRAM	1,300,825.	1,300,825.		
b INVEST. EARNINGS TO FDN	92,670.	92,670.		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	11,951,850.	11,927,447.	24,403.	0.
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)

Part X Balance Sheet

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

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	2,127,632.	1	4,517,746.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net		3	25,050.
	4 Accounts receivable, net	100.	4	100.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	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	8,751,951.	11	8,752,628.
	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 equal line 34)	10,879,683.	16	13,295,524.	
Liabilities	17 Accounts payable and accrued expenses	6,820.	17	62,558.
	18 Grants payable		18	
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	45,060.	25	91,112.
	26 Total liabilities. Add lines 17 through 25	51,880.	26	153,670.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets		27	
	28 Temporarily restricted net assets	10,827,803.	28	13,141,854.
	29 Permanently restricted net assets		29	
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
33 Total net assets or fund balances	10,827,803.	33	13,141,854.	
34 Total liabilities and net assets/fund balances	10,879,683.	34	13,295,524.	

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	14,185,877.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,951,850.
3	Revenue less expenses. Subtract line 2 from line 1	3	2,234,027.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	10,827,803.
5	Net unrealized gains (losses) on investments	5	80,025.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	13,141,855.

Part XII Financial Statements and Reporting

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

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
2a Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
b Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
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 in Schedule O.	X	
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 Act and OMB Circular A-133? _____		X
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

Form **990** (2015)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.
▶ Attach to Form 990 or Form 990-EZ.

OMB No. 1545-0047

2015

Open to Public Inspection

▶ Information about Schedule A (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

Name of the organization THE COMMUNITY FOUNDATION OF LOUISVILLE
CORPORATE DEPOSITORY, INC.

Employer identification number
61-1100993

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
Total						

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)

(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	3,525,382.	3,938,346.	3,817,160.	5,861,264.	13,937,544.	31,079,696.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge ...						
4 Total. Add lines 1 through 3	3,525,382.	3,938,346.	3,817,160.	5,861,264.	13,937,544.	31,079,696.
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)						12,210,804.
6 Public support. Subtract line 5 from line 4.						18,868,892.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
7 Amounts from line 4	3,525,382.	3,938,346.	3,817,160.	5,861,264.	13,937,544.	31,079,696.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	155,225.	158,903.	170,512.	151,842.	167,809.	804,291.
9 Net income from unrelated business activities, whether or not the business is regularly carried on ...						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
11 Total support. Add lines 7 through 10						31,883,987.
12 Gross receipts from related activities, etc. (see instructions)					12	
13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2015 (line 6, column (f) divided by line 11, column (f))	14	59.18 %
15 Public support percentage from 2014 Schedule A, Part II, line 14	15	62.78 %
16a 33 1/3% support test - 2015. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2014. If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2015. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2014. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization		<input type="checkbox"/>
18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions		<input type="checkbox"/>

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2011	(b) 2012	(c) 2013	(d) 2014	(e) 2015	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)						
13 Total support. (Add lines 9, 10c, 11, and 12.)						

14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and **stop here**

Section C. Computation of Public Support Percentage

15 Public support percentage for 2015 (line 8, column (f) divided by line 13, column (f))	15	%
16 Public support percentage from 2014 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2015 (line 10c, column (f) divided by line 13, column (f))	17	%
18 Investment income percentage from 2014 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2015. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2014. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supporting Organizations

(Complete only if you checked a box in line 11 on Part I. If you checked 11a of Part I, complete Sections A and B. If you checked 11b of Part I, complete Sections A and C. If you checked 11c of Part I, complete Sections A, D, and E. If you checked 11d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>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.</i>		
2 Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
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)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
c Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 11a or 11b in Part I, answer (b) and (c) below.</i>		
b Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>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.</i>		
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)? <i>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.</i>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>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).</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (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? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
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))? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
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? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
b Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		

Part IV Supporting Organizations *(continued)*

	Yes	No
11 Has the organization accepted a gift or contribution from any of the following persons?		
a 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?		
b A family member of a person described in (a) above?		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI .		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the directors, trustees, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's directors or trustees at all times during the tax year? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or controlled the organization's activities. If the organization had more than one supported organization, describe how the powers to appoint and/or remove directors or trustees were allocated among the supported organizations and what conditions or restrictions, if any, applied to such powers during the tax year.		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in Part VI how providing such benefit carried out the purposes of the supported organization(s) that operated, supervised, or controlled the supporting organization.		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control or management of the supporting organization was vested in the same persons that controlled or managed the supported organization(s).		

Section 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 organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		

Section E. Type III Functionally-Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions):			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see instructions).			
2 Activities Test. Answer (a) and (b) below.		Yes	No
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.			
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.			
3 Parent of Supported Organizations. Answer (a) and (b) below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? Provide details in Part VI .			
b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.			

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations

1 Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970. **See instructions.** All other Type III non-functionally integrated supporting organizations must complete Sections A through E.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6 and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions).		

Part V Type III Non-Functionally Integrated 509(a)(3) Supporting Organizations *(continued)*

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions.	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	
9 Distributable amount for 2015 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2015	(iii) Distributable Amount for 2015
1 Distributable amount for 2015 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2015 (reasonable cause required-see instructions)			
3 Excess distributions carryover, if any, to 2015:			
a			
b			
c			
d From 2013			
e From 2014			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2015 distributable amount			
i Carryover from 2010 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2015 from Section D, line 7: \$			
a Applied to underdistributions of prior years			
b Applied to 2015 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2015, if any. Subtract lines 3g and 4a from line 2 (if amount greater than zero, see instructions).			
6 Remaining underdistributions for 2015. Subtract lines 3h and 4b from line 1 (if amount greater than zero, see instructions).			
7 Excess distributions carryover to 2016. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a			
b			
c Excess from 2013			
d Excess from 2014			
e Excess from 2015			

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.
▶ Information about Schedule B (Form 990, 990-EZ, or 990-PF) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Name of the organization

THE COMMUNITY FOUNDATION OF LOUISVILLE
CORPORATE DEPOSITORY, INC.

Employer identification number

61-1100993

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (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

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.

Special 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. Do not 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 ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not 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 certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 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) (2015)

Name of organization THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY, INC.	Employer identification number 61-1100993
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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
1		\$ 2,350,225.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 518,093.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 471,903.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 378,600.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 285,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6		\$ 441,872.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY, INC.	Employer identification number 61-1100993
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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
7		\$ 500,050.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9		\$ 5,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
10		\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY, INC.	Employer identification number 61-1100993
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Part II Noncash Property (see instructions). Use duplicate copies of 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
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	
		\$ _____	

Name of organization THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY, INC.	Employer identification number 61-1100993
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Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
 Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

▶ **Complete if the organization answered "Yes" on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.**
▶ **Attach to Form 990.**

OMB No. 1545-0047

2015

Open to Public Inspection

▶ **Information about Schedule D (Form 990) and its instructions is at www.irs.gov/form990.**

Name of the organization THE COMMUNITY FOUNDATION OF LOUISVILLE
CORPORATE DEPOSITORY, INC. **Employer identification number**
61-1100993

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6.

	(a) Donor advised funds	(b) Funds and other accounts
1 Total number at end of year		
2 Aggregate value of contributions to (during year)		
3 Aggregate value of grants from (during year)		
4 Aggregate value at end of year		
5 Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?		<input type="checkbox"/> Yes <input type="checkbox"/> No
6 Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?		<input type="checkbox"/> Yes <input type="checkbox"/> No

Part II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7.

1 Purpose(s) of conservation easements held by the organization (check all that apply).
 Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area
 Protection of natural habitat Preservation of a certified historic structure
 Preservation of open space

2 Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last day of the tax year.

	Held at the End of the Tax Year
a Total number of conservation easements	2a
b Total acreage restricted by conservation easements	2b
c Number of conservation easements on a certified historic structure included in (a)	2c
d Number of conservation easements included in (c) acquired after 8/17/06, and not on a historic structure listed in the National Register	2d

3 Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ▶ _____

4 Number of states where property subject to conservation easement is located ▶ _____

5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds?

6 Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ _____

7 Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ▶ \$ _____

8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)?

9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for conservation easements.

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.

b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:

(i) Revenue included on Form 990, Part VIII, line 1

(ii) Assets included in Form 990, Part X

2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:

a Revenue included on Form 990, Part VIII, line 1

b Assets included in Form 990, Part X

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition
- b Scholarly research
- c Preservation for future generations
- d Loan or exchange programs
- e Other _____

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" on Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No

b If "Yes," explain the arrangement in Part XIII and complete the following table:

	Amount
c Beginning balance	1c
d Additions during the year	1d
e Distributions during the year	1e
f Ending balance	1f

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

Part V Endowment Funds. Complete if the organization answered "Yes" on Form 990, Part IV, line 10.

	(a) Current year	(b) Prior year	(c) Two years back	(d) Three years back	(e) Four years back
1a Beginning of year balance					
b Contributions					
c Net investment earnings, gains, and losses					
d Grants or scholarships					
e Other expenditures for facilities and programs					
f Administrative expenses					
g End of year balance					

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
- b Permanent endowment %
- c Temporarily restricted endowment %

The percentages on lines 2a, 2b, and 2c should equal 100%.

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?	3b	

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11a. See Form 990, Part X, line 10.

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				
Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				0.

Part VII Investments - Other Securities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11b. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other		
(A)		
(B)		
(C)		
(D)		
(E)		
(F)		
(G)		
(H)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13.

(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities.

Complete if the organization answered "Yes" on Form 990, Part IV, line 11e or 11f. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYABLE TO RELATED ORGANIZATION	91,112.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	91,112.

2. Liability for uncertain tax positions. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII

Part XI Reconciliation of Revenue per Audited Financial Statements With Revenue per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total revenue, gains, and other support per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:		
a	Net unrealized gains (losses) on investments	2a	
b	Donated services and use of facilities	2b	
c	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total revenue. Add lines 3 and 4c . (This must equal Form 990, Part I, line 12.)		5

Part XII Reconciliation of Expenses per Audited Financial Statements With Expenses per Return.

Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.

1	Total expenses and losses per audited financial statements		1
2	Amounts included on line 1 but not on Form 990, Part IX, line 25:		
a	Donated services and use of facilities	2a	
b	Prior year adjustments	2b	
c	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
e	Add lines 2a through 2d		2e
3	Subtract line 2e from line 1		3
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:		
a	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
c	Add lines 4a and 4b		4c
5	Total expenses. Add lines 3 and 4c . (This must equal Form 990, Part I, line 18.)		5

Part XIII Supplemental Information.

Provide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part IV, lines 1b and 2b; Part V, line 4; Part X, line 2; Part XI, lines 2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide any additional information.

PART X, LINE 2:

THE FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 501(C)(3)

OF THE INTERNAL REVENUE CODE (CODE). ADDITIONALLY, THE FOUNDATION HAS

BEEN DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVATE

FOUNDATION WITHIN THE CONTEXT OF SECTION 509(A) OF THE CODE.

WHEN APPLICABLE, THE FOUNDATION RECOGNIZES UNCERTAIN INCOME TAX POSITIONS

USING THE "MORE-LIKELY-THAN-NOT" APPROACH AS DEFINED IN THE ASC. NO

LIABILITY FOR UNCERTAIN TAX POSITIONS HAS BEEN REFLECTED IN THE

ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

**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.

▶ Information about Schedule I (Form 990) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization THE COMMUNITY FOUNDATION OF LOUISVILLE
CORPORATE DEPOSITORY, INC. Employer identification number 61-1100993

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 criteria used to award the grants or assistance? Yes No
- 2** Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
21ST CENTURY PARKS, INC. 471 W. MAIN ST. # 202 LOUISVILLE, KY 40202	20-1780317	501(C)(3) - 509(A)(1)	10,000.	0.			RECREATION & SPORTS
A CHOICE FOR LIFE INC. 101 W. MARKET ST. LOUISVILLE, KY 40202	61-1142823	501(C)(3) - 509(A)(1)	30,000.	0.			MENTAL HEALTH & CRISIS INTERVENTION
ACTORS THEATRE OF LOUISVILLE INC. 316 WEST MAIN STREET LOUISVILLE, KY 40202	61-0645030	501(C)(3) - 509(A)(1)	12,000.	0.			ARTS, CULTURE & HUMANITIES
ALSAC ST. JUDE CHILDREN'S RESEARCH HOSPITAL - LOUISVILLE - 135 W. MUHAMMAD ALI BLVD. #B - LOUISVILLE, KY 40202	35-1044585	501(C)(3) - 509(A)(1)	51,000.	0.			HEALTH CARE
AMERICAN DIABETES ASSOCIATION PO BOX 21903 LEXINGTON, KY 40522	13-1623888	501(C)(3) - 509(A)(1)	20,000.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES
AMERICAN HEART ASSOCIATION 240 WHITTINGTON PARKWAY LOUISVILLE, KY 40222	13-5613797	501(C)(3) - 509(A)(1)	84,180.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 178.
- 3** Enter total number of other organizations listed in the line 1 table ▶▶

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

Schedule I (Form 990) (2015)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS - LOUISVILLE AREA CHAPTER - 510 EAST CHESTNUT STREET - LOUISVILLE, KY 40201	53-0196605	501(C)(3) - 509(C)	5,100.	0.			PUBLIC SAFETY, DISASTER PREPAREDNESS & RELIEF
AMERICANA COMMUNITY CENTER 4801 SOUTHSIDE DR LOUISVILLE, KY 40214	61-1251306	501(C)(3) - 509(C)	11,260.	0.			HUMAN SERVICES
ANIMAL CARE SOCIETY INC. 12207 WESTPORT ROAD LOUISVILLE, KY 40245	61-1053516	501(C)(3) - 509(C)	7,250.	0.			ANIMAL-RELATED
APPLE PATCH COMMUNITY, INC. 7408 HWY 329 CRESTWOOD, KY 40014	61-1159539	501(C)(3) - 509(C)	20,000.	0.			HUMAN SERVICES
ASA EDUCATION FOUNDATION 1200 N. ARLINGTON HEIGHTS ROAD, ST ITASCA, IL 60143	36-2938004	501(C)(3) - 509(C)	15,000.	0.			EDUCATION
BACK ALLEY MUSICALS 2615 DARTMOUTH DRIVE OWENSBORO, KY 42301	27-3522260	501(C)(3) - 509(C)	6,000.	0.			ARTS, CULTURE & HUMANITIES
BELLARMI UNIVERSITY 2001 NEWBURG ROAD LOUISVILLE, KY 40205	61-0482955	501(C)(3) - 509(C)	46,600.	0.			EDUCATION
BLESSINGS IN A BACKPACK INC PO BOX 950291 LOUISVILLE, KY 40295	26-1964620	501(C)(3) - 509(C)	200,000.	0.			HUMAN SERVICES
BLUEGRASS CENTER FOR AUTISM 1250 BARDSTOWN ROAD LOUISVILLE, KY 40204	27-2279128	501(C)(3) - 509(C)	5,000.	0.			EDUCATION

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOY SCOUTS OF AMERICA - LINCOLN HERITAGE COUNCIL - 12001 SYCAMORE STATION PL. - LOUISVILLE, KY 40299	22-1576300	501(C)(3) - 509(C)	15,000.	0.			YOUTH DEVELOPMENT
BOYS & GIRLS CLUBS INC. 3900 CRITTENDEN DRIVE LOUISVILLE, KY 40209	61-0568789	501(C)(3) - 509(C)	10,500.	0.			YOUTH DEVELOPMENT
CABBAGE PATCH SETTLEMENT HOUSE, INC. - 1413 SOUTH SIXTH STREET - LOUISVILLE, KY 40208	61-0458359	501(C)(3) - 509(C)	77,300.	0.			HUMAN SERVICES
CATHEDRAL OF THE ASSUMPTION 443 SOUTH FIFTH STREET LOUISVILLE, KY 40202	61-0447247	501(C)(3) - 509(C)	11,875.	0.			RELIGION-RELATED
CATHOLIC CHARITIES OF LOUISVILLE, INC. - 2911 S. FOURTH ST. - LOUISVILLE, KY 40208	61-1239600	501(C)(3) - 509(C)	5,000.	0.			HUMAN SERVICES
CATHOLIC EDUCATION FOUNDATION 401 W. MAIN ST. #806 LOUISVILLE, KY 40202	61-1294640	501(C)(3) - 509(C)	12,500.	0.			EDUCATION
CEDAR LAKE FOUNDATION 9505 WILLIAMSBURG PLAZA #200 LOUISVILLE, KY 40222	61-1093278	501(C)(3) - 509(C)	10,000.	0.			HUMAN SERVICES
CENTER FOR NONPROFIT EXCELLENCE 323 WEST BROADWAY, STE 501 LOUISVILLE, KY 40202	20-0040424	501(C)(3) - 509(C)	57,500.	0.			PHILANTHROPY, VOLUNTEERISM
CENTER FOR WOMEN AND FAMILIES 927 S. 2ND ST. LOUISVILLE, KY 40201	61-0444846	501(C)(3) - 509(C)	41,307.	0.			HUMAN SERVICES

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTERFIELD ELEMENTARY SCHOOL 4512 CENTERFIELD DRIVE CRESTWOOD, KY 40014	61-1165130	501(C)(3) - 509(C)	59,305.	0.		EDUCATION	
CEREBRAL PALSY K.I.D.S. CENTER 982 EASTERN PARKWAY #6 LOUISVILLE, KY 40217	61-0492378	501(C)(3) - 509(C)	5,000.	0.		DISEASES, DISORDERS & MEDICAL DISCIPLINES	
CHILDREN'S HOSPITAL FOUNDATION - LOUISVILLE - 234 E. GRAY ST. #450 - LOUISVILLE, KY 40202	61-6027530	501(C)(3) - 509(C)	2,043,320.	0.		HEALTH CARE	
CHRISTIAN ACADEMY OF LOUISVILLE FOUNDATION, INC. - 700 S ENGLISH STATION RD - LOUISVILLE, KY 40245	61-1323813	501(C)(3) - 509(C)	5,000.	0.		EDUCATION	
CHRISTIAN CARE COMMUNITIES 12710 TOWNEPARK WAY, STE 1000 LOUISVILLE, KY 40243	61-0445828	501(C)(3) - 509(C)	5,000.	0.		HEALTH CARE	
COALITION FOR THE HOMELESS 1300 S 4TH ST STE 250 LOUISVILLE, KY 40208	61-1118307	501(C)(3) - 509(C)	6,700.	0.		HOUSING & SHELTER	
COMMUNITY CATHOLIC CENTER, INC. PO BOX 11065 LOUISVILLE, KY 40251	01-0785892	501(C)(3) - 509(C)	5,000.	0.		EDUCATION	
COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY - 325 WEST MAIN STREET - LOUISVILLE, KY 40202	61-1100993	501(C)(3) - 509(C)	181,511.	0.		PHILANTHROPY, VOLUNTEERISM	
COMMUNITY FOUNDATION OF LOUISVILLE INC. - 325 W. MAIN ST., STE. 1110 - LOUISVILLE, KY 40202	31-0997017	501(C)(3) - 509(C)	659,349.	0.		PHILANTHROPY, VOLUNTEERISM	

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CUSTOM QUALITY SERVICES 3401 JEWELL AVE. LOUISVILLE, KY 40212	61-0956156	501(C)(3) - 509(C)	5,000.	0.		EMPLOYMENT	
DARE TO CARE, INC. 5803 FERN VALLEY ROAD LOUISVILLE, KY 40232	23-7345952	501(C)(3) - 509(C)	22,440.	0.		FOOD, AGRICULTURE & NUTRITION	
DENTAL LIFELINE NETWORK 1800 15TH STREET, STE 100 DENVER, CO 80202	84-6129064	501(C)(3) - 509(C)	95,474.	0.		HEALTH CARE	
DREAM FACTORY, INC. 410 WEST CHESTNUT STREET, SUITE 53 LOUISVILLE, KY 40202	31-1009812	501(C)(3) - 509(C)	40,073.	0.		PHILANTHROPY, VOLUNTEERISM	
EDGE OUTREACH, INC. 625 MYRTLE ST. LOUISVILLE, KY 40208	61-1262016	501(C)(3) - 509(C)	26,250.	0.		PUBLIC SAFETY, DISASTER PREPAREDNESS & RELIEF	
EDITH & HENRY HEUSER HEARING INSTITUTE - 111-117 E. KENTUCKY ST. - LOUISVILLE, KY 40203	61-1383955	501(C)(3) - 509(C)	50,000.	0.		MEDICAL RESEARCH	
EVANGELISTIC INTERNATIONAL MINISTRIES, INC. - 114 BRADLEY ROAD, #23 - WARREN, AR 71671	77-0591016	501(C)(3) - 509(C)	5,000.	0.		RELIGION-RELATED	
FAMILY & CHILDREN FIRST, INC. 525 ZANE ST LOUISVILLE, KY 40203	61-0549561	501(C)(3) - 509(C)	107,695.	0.		HUMAN SERVICES	
FAMILY SCHOLAR HOUSE, INC. 403 REG SMITH CIRCLE LOUISVILLE, KY 40208	61-1285124	501(C)(3) - 509(C)	45,049.	0.		HUMAN SERVICES	

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FATHER MALONEY'S BOYS' HAVEN, INC. 2301 GOLDSMITH LN. LOUISVILLE, KY 40218	61-0479621	501(C)(3) - 509(C)	41,500.	0.			HUMAN SERVICES
FEAT OF LOUISVILLE, INC. 1100 E. MARKET ST. LOUISVILLE, KY 40206	61-1374663	501(C)(3) - 509(C)	18,600.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES
FILSON HISTORICAL SOCIETY 1310 SOUTH THIRD STREET LOUISVILLE, KY 40208	61-0444690	501(C)(3) - 509(C)	8,333.	0.			ARTS, CULTURE & HUMANITIES
FOOD FOR THE POOR, INC. 6401 LYONS ROAD COCONUT CREEK, FL 33073	59-2174510	501(C)(3) - 509(C)	44,064.	0.			INTERNATIONAL, FOREIGN AFFAIRS
FUND FOR THE ARTS, INC. 623 WEST MAIN STREET LOUISVILLE, KY 40202	61-0479626	501(C)(3) - 509(C)	219,747.	0.			ARTS, CULTURE & HUMANITIES
GALLOPALOOZA 9300 SHELBYVILLE ROAD LOUISVILLE, KY 40222	52-2402640	501(C)(3) - 509(C)	30,000.	0.			ARTS, CULTURE & HUMANITIES
GILDA'S CLUB 633 BAXTER AVE LOUISVILLE, KY 40204	20-1635170	501(C)(3) - 509(C)	7,500.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES
GIRL SCOUTS OF KENTUCKIANA 2115 LEXINGTON RD LOUISVILLE, KY 40206	61-0444698	501(C)(3) - 509(C)	5,000.	0.			YOUTH DEVELOPMENT
GOOD NEWS SHELTER CORPORATION 115 E. ADAMS ST. LAGRANGE, KY 40031	61-1334374	501(C)(3) - 509(C)	10,000.	0.			HOUSING & SHELTER

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOODWILL INDUSTRIES OF KENTUCKY 1325 S 4TH ST LOUISVILLE, KY 40208	61-0475284	501(C)(3) - 509(C)	5,000.	0.		EMPLOYMENT	
GREATER LOUISVILLE FOUNDATION, INC. - 614 W MAIN STREET, #6000 - LOUISVILLE, KY 40202	61-1131064	501(C)(3) - 509(C)	152,630.	0.		PHILANTHROPY, VOLUNTEERISM	
GREATER MUHLENBERG PARKS & RECREATION SYSTEM - PO BOX 169 - GREENVILLE, KY 42345	45-4955355	501(C)(3) - 509(C)	10,000.	0.		RECREATION & SPORTS	
GREEN HILL THERAPY INC. 1410 LONG RUN ROAD LOUISVILLE, KY 40245	61-1378588	501(C)(3) - 509(C)	5,000.	0.		HEALTH CARE	
GUTHRIE OPPORTUNITY CENTER FOUNDATION, INC. - 713 NORTH 3RD ST. - BARDSTOWN, KY 40004	45-2999517	501(C)(3) - 509(C)	40,000.	0.		HUMAN SERVICES	
HABITAT FOR HUMANITY OF METRO LOUISVILLE, INC. - 1620 BANK STREET - LOUISVILLE, KY 40203	58-1735528	501(C)(3) - 509(C)	9,277.	0.		HOUSING & SHELTER	
HARBOR HOUSE OF LOUISVILLE 2231 LOWER HUNTERS TRACE LOUISVILLE, KY 40216	61-1216323	501(C)(3) - 509(C)	66,671.	0.		ARTS, CULTURE & HUMANITIES	
HARRODS CREEK BAPTIST CHURCH 7610 UPPER RIVER ROAD PROSPECT, KY 40059	61-1039310	RELIGIOUS ORGANI	10,000.	0.		RELIGION-RELATED	
HEALING PLACE INC 1020 WEST MARKET STREET LOUISVILLE, KY 40202	61-1164775	501(C)(3) - 509(C)	42,500.	0.		MENTAL HEALTH & CRISIS INTERVENTION	

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HISTORIC HOMES FOUNDATION, INC. 3110 LEXINGTON ROAD LOUISVILLE, KY 40206	61-0549274	501(C)(3) - 509(	5,000.	0.			ARTS, CULTURE & HUMANITIES
HISTORIC LOCUST GROVE, INC. 561 BLANKENBAKER LANE LOUISVILLE, KY 40207	61-1390403	501(C)(3) - 509(	5,000.	0.			ARTS, CULTURE & HUMANITIES
HOLY CROSS HIGH SCHOOL 5144 DIXIE HIGHWAY LOUISVILLE, KY 40216	61-1053991	RELIGIOUS ORGANI	62,500.	0.			EDUCATION
HOME OF THE INNOCENTS 1100 E MARKET ST LOUISVILLE, KY 40206	61-0445834	501(C)(3) - 509(	39,350.	0.			HUMAN SERVICES
HOPE HEALTH CLINIC, INC. 1025 SANIBEL WAY, STE E LA GRANGE, KY 40031	46-5509958	501(C)(3) - 509(	10,000.	0.			HEALTH CARE
HOPE SCARVES, INC. 141 N. SHERRIN AVENUE LOUISVILLE, KY 40207	45-3578278	501(C)(3) - 509(	8,326.	0.			HEALTH CARE
HOPKINSVILLE FAMILY YMCA 7805 EAGLE WAY HOPKINSVILLE, KY 42240	61-1297293	501(C)(3) - 509(	10,000.	0.			HUMAN SERVICES
HOSPARUS INC 3532 EPHRAIM MCDOWELL DRIVE LOUISVILLE, KY 40205	61-0921718	501(C)(3) - 509(	29,000.	0.			HUMAN SERVICES
HOUSE OF RUTH, INC. 607 E. SAINT CATHERINE ST. LOUISVILLE, KY 40203	61-1231355	501(C)(3) - 509(11,000.	0.			HEALTH CARE

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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HURSTBOURNE CHRISTIAN CHURCH 601 NOTTINGHAM PARKWAY LOUISVILLE, KY 40222	61-0712799	501(C)(3) - 509(C)	82,500.	0.			RELIGION-RELATED
INDIANA UNIVERSITY FOUNDATION P.O. BOX 500 BLOOMINGTON, IN 47402	35-6018940	501(C)(3) - 509(C)	10,000.	0.			EDUCATION
INTELLIGENT CHANGE INITIATIVES INC 200 WEST VINE ST. #420 LEXINGTON, KY 40507	61-1304888	501(C)(3) - 509(C)	288,506.	0.			SCIENCE & TECHNOLOGY
INTERNATIONAL BLUEGRASS MUSIC MUSEUM INC. - 207 EAST 2ND STREET - OWENSBORO, KY 42303	61-1229037	501(C)(3) - 509(C)	5,000.	0.			ARTS, CULTURE & HUMANITIES
JDRF INTERNATIONAL 11902 BRINLEY AVENUE, SUITE 100 LOUISVILLE, KY 40243	23-1907729	501(C)(3) - 509(C)	5,500.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES
JEFFERSON COMMUNITY & TECHNICAL COLLEGE FOUNDATION - 109 E. BROADWAY - LOUISVILLE, KY 40202	23-7035648	501(C)(3) - 509(C)	6,356.	0.			EDUCATION
JEFFERSON COUNTY HISTORICAL SOCIETY - 615 WEST 1ST STREET - MADISON, IN 47250	23-7422529	501(C)(3) - 509(C)	5,300.	0.			ARTS, CULTURE & HUMANITIES
JEFFERSON COUNTY PUBLIC SCHOOLS 3332 NEWBURG ROAD LOUISVILLE, KY 40218	61-1021128	501(C)(3) - 509(C)	12,995.	0.			EDUCATION
JUNIOR ACHIEVEMENT OF KENTUCKIANA 1401 W. MUHAMMAD ALI BLVD. LOUISVILLE, KY 40203	61-0476694	501(C)(3) - 509(C)	43,100.	0.			EDUCATION

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KENTUCKIANA HEALTH COLLABORATIVE 1930 BISHOP LANE, SUITE 1023 LOUISVILLE, KY 40218	45-0700087	501(C)(3) - 509(C)	16,250.	0.			HEALTH CARE
KENTUCKIANAWORKS FOUNDATION INC. 410 CHESTNUT STREET, SUITE 200 LOUISVILLE, KY 40202	37-1508088	501(C)(3) - 509(C)	5,211.	0.			EDUCATION
KENTUCKY AND SOUTHERN INDIANA STROKE ASSOCIATION - 3425 STONY SPRINGS CIR # 102 - LOUISVILLE, KY 40220	61-1335267	501(C)(3) - 509(C)	5,650.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES
KENTUCKY CANCER PROGRAM 501 E. BROADWAY, STE 160 LOUISVILLE, KY 40202	23-7078461	501(C)(3) - 509(C)	25,000.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES
KENTUCKY COUNTRY DAY SCHOOL 4100 SPRINGDALE ROAD LOUISVILLE, KY 40241	61-0731998	501(C)(3) - 509(C)	5,000.	0.			EDUCATION
KENTUCKY DANCE COUNCIL, INC. 315 EAST MAIN STREET LOUISVILLE, KY 40202	61-6033779	501(C)(3) - 509(C)	5,000.	0.			ARTS, CULTURE & HUMANITIES
KENTUCKY DERBY FESTIVAL, INC. 1001 SOUTH THIRD STREET LOUISVILLE, KY 40203	31-1693577	501(C)(3) - 509(C)	20,000.	0.			PUBLIC & SOCIETAL BENEFIT
KENTUCKY ENTREPRENEUR HALL OF FAME 348 E. MAIN STREET LEXINGTON, KY 40507	45-4294345	501(C)(3) - 509(C)	25,000.	0.			ARTS, CULTURE & HUMANITIES
KENTUCKY HUMANE SOCIETY 1000 LYNDON LANE #B LOUISVILLE, KY 40222	61-0463938	501(C)(3) - 509(C)	19,030.	0.			ANIMAL-RELATED

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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KENTUCKY MUSEUM OF ART AND CRAFT 715 WEST MAIN STREET LOUISVILLE, KY 40202	61-0985312	501(C)(3) - 509(C)	67,180.	0.			ARTS, CULTURE & HUMANITIES
KENTUCKY YMCA YOUTH ASSOCIATION P.O. BOX 4285 FRANKFORT, KY 40604	61-0444841	501(C)(3) - 509(C)	6,950.	0.			YOUTH DEVELOPMENT
KENTUCKY YOUTH ADVOCATES 11001 BLUEGRASS PKWY., STE. 100 LOUISVILLE, KY 40299	61-0929390	501(C)(3) - 509(C)	339,200.	0.			CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY
LEADERSHIP LOUISVILLE FOUNDATION 732 W. MAIN ST. LOUISVILLE, KY 40202	31-0958491	501(C)(3) - 509(C)	31,300.	0.			PUBLIC & SOCIETAL BENEFIT
LIBERTY HALL, INC. 202 WILKINSON STREET FRANKFORT, KY 40601	61-0469278	501(C)(3) - 509(C)	10,050.	0.			ARTS, CULTURE & HUMANITIES
LIFEHOUSE, INC. 2710 RIEDLING DR LOUISVILLE, KY 40206	20-8514733	501(C)(3) - 509(C)	15,000.	0.			HUMAN SERVICES
LIFESONG FOR ORPHANS INC PO BOX 40 GRIDLEY, IL 61744	35-1902841	501(C)(3) - 509(C)	25,000.	0.			INTERNATIONAL, FOREIGN AFFAIRS
LIGHTHOUSE PROMISE, INC. 5312 SHEPHERDSVILLE ROAD LOUISVILLE, KY 40228	61-1362760	501(C)(3) - 509(C)	5,000.	0.			RELIGION-RELATED
LINCOLN COUNTY EDUCATIONAL FUND INC - PO BOX 423 - STANFORD, KY 40484	61-1245107	501(C)(3) - 509(C)	5,000.	0.			EDUCATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISVILLE CENTRAL COMMUNITY CENTER, INC. - 1300 W. MUHAMMAD ALI BLVD. - LOUISVILLE, KY 40203	61-0590743	501(C)(3) - 509(C)	13,073.	0.			HUMAN SERVICES
LOUISVILLE COMMUNITY DESIGN CENTER INC. - 610 S. 4TH ST. #609 - LOUISVILLE, KY 40202	61-0889003	501(C)(3) - 509(C)	5,000.	0.			HOUSING & SHELTER
LOUISVILLE FILM ARTS INSTITUTE 401 W. MAIN STREET, SUITE 300 LOUISVILLE, KY 40202	26-1351217	501(C)(3) - 509(C)	5,000.	0.			RECREATION & SPORTS
LOUISVILLE FILM SOCIETY PO BOX 6088 LOUISVILLE, KY 40206	26-0252493	501(C)(3) - 509(C)	15,000.	0.			ARTS, CULTURE & HUMANITIES
LOUISVILLE FREE PUBLIC LIBRARY FOUNDATION - 301 YORK STREET - LOUISVILLE, KY 40203	61-0969361	501(C)(3) - 509(C)	21,500.	0.			EDUCATION
LOUISVILLE JEFFERSON COUNTY METRO GOVERNMENT - 611 W. JEFFERSON ST. - LOUISVILLE, KY 40202	32-0049006	GOVERNMENT MUNIC	12,013.	0.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
LOUISVILLE METRO POLICE FOUNDATION 982 EASTERN PKWY BOX 5 LOUISVILLE, KY 40217	61-1498961	501(C)(3) - 509(C)	10,000.	0.			CRIME & LEGAL-RELATED
LOUISVILLE ORCHESTRA, INC. 323 W. BROADWAY, STE. 700 LOUISVILLE, KY 40202	61-6000384	501(C)(3) - 509(C)	15,000.	0.			ARTS, CULTURE & HUMANITIES
LOUISVILLE SUSTAINABILITY COUNCIL 611 W. MAIN STREET LOUISVILLE, KY 40202	45-4916553	501(C)(3) - 509(C)	5,000.	0.			EDUCATION

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUTHER F CARSON FOUR RIVERS CENTER INC - 100 KENTUCKY AVENUE - PADUCAH, KY 42003	61-1293428	501(C)(3) - 509(	5,000.	0.			ARTS, CULTURE & HUMANITIES
MARCH OF DIMES - GREATER KENTUCKY CHAPTER - 4802 SHERBURN LANE #103 - LOUISVILLE, KY 40207	13-1846366	501(C)(3) - 509(	48,070.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES
MARYHURST, INC. 1015 DORSEY LANE LOUISVILLE, KY 40223	31-1542209	501(C)(3) - 509(	11,700.	0.			MENTAL HEALTH & CRISIS INTERVENTION
MASONIC HOMES OF KENTUCKY INC. 3761 JOHNSON HALL DR. MASONIC HOME, KY 40041	61-0458374	501(C)(3) - 509(	5,000.	0.			HUMAN SERVICES
MAYME S. WAGGENER HIGH SCHOOL 330 S. HUBBARD LANE LOUISVILLE, KY 40207	61-1021128	501(C)(3) - 509(	30,000.	0.			EDUCATION
METRO UNITED WAY PO BOX 950148 LOUISVILLE, KY 40295	61-0444680	501(C)(3) - 509(	21,511.	0.			PHILANTHROPY, VOLUNTEERISM
METRO UNITED WAY, INC. 334 E BROADWAY LOUISVILLE, KY 40204	61-0444680	501(C)(3) - 509(	25,000.	0.			PHILANTHROPY, VOLUNTEERISM
MT. VERNON MISSIONARY BAPTIST CHURCH - 3640 CANE RUN RD. - LOUISVILLE, KY 40211	61-1154731	RELIGIOUS ORGANI	5,000.	0.			RELIGION-RELATED
MUHAMMAD ALI MUSEUM AND EDUCATION CENTER, INC. - 144 N. 6TH STREET - LOUISVILLE, KY 40202	61-1323046	501(C)(3) - 509(	8,500.	0.			ARTS, CULTURE & HUMANITIES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL CENTER FOR FAMILIES LEARNING, INC. - 325 WEST MAIN STREET - LOUISVILLE, KY 40202	61-1159549	501(C)(3) - 509(C)	100,000.	0.			EDUCATION
NATIONAL COUNCIL OF JEWISH WOMEN LOUISVILLE ENDOWMENT FUND - 1250 BARDSTOWN RD., #113 - LOUISVILLE, KY 40204	61-0548562	501(C)(3) - 509(C)	5,076.	0.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
NATIONAL FFA FOUNDATION, INC. P.O. BOX 68960 INDIANAPOLIS, IN 46268	54-6044662	501(C)(3) - 509(C)	24,000.	0.			FOOD, AGRICULTURE & NUTRITION
NEIGHBORHOOD HOUSE 201 NORTH 25TH STREET LOUISVILLE, KY 40212	61-0445842	501(C)(3) - 509(C)	45,728.	0.			HUMAN SERVICES
NORTHEAST YMCA - LOUISVILLE 9400 MILL BROOK RD. LOUISVILLE, KY 40223	61-0444843	501(C)(3) - 509(C)	12,500.	0.			HUMAN SERVICES
NOTRE DAME ACADEMY 1927 LEWISTON DRIVE LOUISVILLE, KY 40216	05-0599203	RELIGIOUS ORGANI	8,700.	0.			EDUCATION
OLD BARDSTOWN VILLAGE 310 E. BROADWAY ST. BARDSTOWN, KY 40004	31-1025033	501(C)(3) - 509(C)	5,000.	0.			HOUSING & SHELTER
OLDHAM COUNTY EDUCATIONAL FOUNDATION - 6165 W HWY 146 - CRESTWOOD, KY 40014	61-1165130	501(C)(3) - 509(C)	5,000.	0.			EDUCATION
OLDHAM COUNTY HISTORICAL SOCIETY, INC. - 106 N. 2ND ST. - LAGRANGE, KY 40031	61-1195581	501(C)(3) - 509(C)	12,000.	0.			ARTS, CULTURE & HUMANITIES

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARKINSON SUPPORT CENTER OF KENTUCKIANA, INC. - 315 TOWNEPARK CIRCLE, SUITE 100 - LOUISVILLE, KY 40243	61-1367576	501(C)(3) - 509(	5,000.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES
PAWS WITH PURPOSE PO BOX 5458 LOUISVILLE, KY 40255	20-0681397	501(C)(3) - 509(	28,500.	0.			HUMAN SERVICES
PERMANENTLY DISABLED JOCKEYS FUND, INC. - PO BOX 803 - ELMHURST, IL 60126	20-5110346	501(C)(3) - 509(	15,000.	0.			HEALTH CARE
PETRINO FAMILY FOUNDATION 9700 PARK PLAZA AVE, UNIT 208 LOUISVILLE, KY 40241	46-4984814	501(C)(3) - 509(	24,600.	0.			HUMAN SERVICES
PORTLAND MUSEUM 2308 PORTLAND AVE. LOUISVILLE, KY 40212	23-7422794	501(C)(3) - 509(	10,000.	0.			ARTS, CULTURE & HUMANITIES
PRICHARD COMMITTEE FOR ACADEMIC EXCELLENCE - 271 WEST SHORT ST., STE 202 - LEXINGTON, KY 40507	61-1026214	501(C)(3) - 509(	5,000.	0.			EDUCATION
PROJECT CAMP, INC. 1501 BURNLEY ROAD SCOTTSDALE, KY 42164	20-1789905	501(C)(3) - 509(	20,000.	0.			HEALTH CARE
PUMPING FOR LIFE, INC. 1844 BOONE TRAIL LOUISVILLE, KY 40245	46-1896197	501(C)(3) - 509(	75,000.	0.			HUMAN SERVICES
RESURRECTION EPISCOPAL CHURCH 4100 SOUTHERN PARKWAY LOUISVILLE, KY 40214	RELIGIOUS ORGANI	RELIGIOUS ORGANI	5,320.	0.			RELIGION-RELATED

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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RIGHT TO LIFE EDUCATIONAL FOUNDATION OF KENTUCKY - 134 BRECKENRIDGE LANE - LOUISVILLE, KY 40207	31-0955315	501(C)(3) - 509(C)	8,000.	0.			CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY
RONALD McDONALD HOUSE CHARITIES OF KENTUCKIANA, INC. - 550 SOUTH FIRST STREET - LOUISVILLE, KY 40202	31-1053467	501(C)(3) - 509(C)	6,389.	0.			HOUSING & SHELTER
SAINT MARY ACADEMY 11311 SAINT MARY LN PROSPECT, KY 40059	61-0447247	501(C)(3) - 509(C)	30,000.	0.			EDUCATION
SANCTUARY, INC. P.O. BOX 1165 HOPKINSVILLE, KY 42241	31-1070541	501(C)(3) - 509(C)	5,000.	0.			HUMAN SERVICES
SCHOOL CHOICE SCHOLARSHIPS, INC. 2200 DUNDEE ROAD, SUITE B LOUISVILLE, KY 40205	31-1589289	501(C)(3) - 509(C)	12,000.	0.			EDUCATION
SCHOOL SMILES FOUNDATION 1499 WINDHORST WAY, STE 100 GREENWOOD, IN 46143	46-3704904	501(C)(3) - 509(C)	5,000.	0.			HEALTH CARE
SEED CAPITAL KENTUCKY, INC. 200 YORK ST. LOUISVILLE, KY 40203	45-1068408	501(C)(3) - 509(C)	12,000.	0.			FOOD, AGRICULTURE & NUTRITION
SHIVELY AREA MINISTRIES 4415 DIXIE HWY LOUISVILLE, KY 40216	61-1134579	501(C)(3) - 509(C)	36,242.	0.			HOUSING & SHELTER
SMILEFAITH FOUNDATION PO BOX 669 JENKINS, KY 41537	80-0453938	501(C)(3) - 509(C)	10,000.	0.			HEALTH CARE

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTHWEST COMMUNITY MINISTRIES 8504 TERRY ROAD LOUISVILLE, KY 40258	62-1257195	501(C)(3) - 509(	5,000.	0.			HUMAN SERVICES
SPALDING UNIVERSITY 845 S. THIRD ST. LOUISVILLE, KY 40203	61-0444780	501(C)(3) - 509(	10,000.	0.			EDUCATION
SPECIAL OLYMPICS KENTUCKY INC. 105 LAKEVIEW CT. FRANKFORT, KY 40601	61-0954571	501(C)(3) - 509(	10,650.	0.			RECREATION & SPORTS
SPEED ART MUSEUM 2035 SOUTH THIRD ST. LOUISVILLE, KY 40208	61-0444823	501(C)(3) - 509(	106,000.	0.			ARTS, CULTURE & HUMANITIES
ST. AUGUSTINE SCHOOL 236 SOUTH SPALDING AVE. LEBANON, KY 40033	61-0500831	RELIGIOUS ORGANI	17,385.	0.			EDUCATION
ST. FRANCIS DESALES HIGH SCHOOL 425 KENWOOD DRIVE LOUISVILLE, KY 40214	61-0447247	501(C)(3) - 509(	12,500.	0.			EDUCATION
ST. JOHN CENTER FOR THE HOMELESS 700 EAST MUHAMMAD ALI BOULEVARD LOUISVILLE, KY 40202	61-1135907	501(C)(3) - 509(	10,000.	0.			HOUSING & SHELTER
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3) - 509(	2,002,700.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES
ST. VINCENT DE PAUL SOCIETY COUNCIL OF LOUISVILLE - 1015-C SOUTH PRESTON STREET - LOUISVILLE, KY 40203	61-0727110	501(C)(3) - 509(24,000.	0.			HUMAN SERVICES

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SUMMERBRIDGE LOUISVILLE 902 S. SHELBY ST. LOUISVILLE, KY 40203	31-1695835	501(C)(3) - 509(C)	20,000.	0.		EDUCATION	
SUPER STUDENT ATHLETES, INC. 8203 LAUREL GROVE CT LOUISVILLE, KY 40228	45-1741387	501(C)(3) - 509(C)	20,000.	0.		YOUTH DEVELOPMENT	
SUSAN G. KOMEN BREAST CANCER FOUNDATION - LOUISVILLE - 1201 STORY AVE., STE 205 - LOUISVILLE, KY 40206	75-1835298	501(C)(3) - 509(C)	117,050.	0.		DISEASES, DISORDERS & MEDICAL DISCIPLINES	
SUSTAINABLE BUSINESS VENTURES CORPORATION - PO BOX 1367 - LEXINGTON, KY 40588	26-4607795	501(C)(3) - 509(C)	50,000.	0.		EMPLOYMENT	
THE FOOD INITIATIVE 1230 ROSSVIEW ROAD CLARKSVILLE, TN 37043	45-0493395	501(C)(3) - 509(C)	10,000.	0.		YOUTH DEVELOPMENT	
THE KENTUCKY STATE POLICE TROOPER FOUNDATION - 1303 US HIGHWAY 127 S., STE 402-204 - FRANKFORT, KY 40601		GOVERNMENT MUNIC	125,000.	0.		HUMAN SERVICES	
THE LORD'S KITCHEN P.O. BOX 19229 LOUISVILLE, KY 40259	62-1787300	501(C)(3) - 509(C)	6,841.	0.		FOOD, AGRICULTURE & NUTRITION	
THE UNIVERSITY OF LOUISVILLE FOUNDATION, INC. - 215 CENTRAL AVE., #300 - LOUISVILLE, KY 40208	23-7078461	501(C)(3) - 509(C)	136,453.	0.		EDUCATION	
TRANSYLVANIA UNIVERSITY 300 N. BROADWAY LEXINGTON, KY 40508	61-0444825	501(C)(3) - 509(C)	10,000.	0.		EDUCATION	

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

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TRINITY HIGH SCHOOL 4011 SHELBYVILLE ROAD LOUISVILLE, KY 40207	61-1256093	501(C)(3) - 509(C)	35,000.	0.			EDUCATION
UNBRIDLED CHARITABLE FOUNDATION, INC. - PO BOX 7331 - LOUISVILLE, KY 40257	46-2090072	501(C)(3) - 509(C)	235,000.	0.			PHILANTHROPY, VOLUNTEERISM
UNITED CRESCENT HILL MINISTRIES 150 S. STATE ST. LOUISVILLE, KY 40206	51-0166794	501(C)(3) - 509(C)	11,561.	0.			HUMAN SERVICES
UNITED STATES NAVAL ACADEMY FOUNDATION - 291 WOOD ROAD, BEACH HALL - ANNAPOLIS, MD 21402	23-7003516	501(C)(3) - 509(C)	10,000.	0.			EDUCATION
UNITED WAY OF NOBLE COUNTY 119 W. MITCHELL ST STE 3 KENDALLVILLE, IN 46755	35-1179046	501(C)(3) - 509(C)	6,078.	0.			PHILANTHROPY, VOLUNTEERISM
UNIVERSITY OF KENTUCKY WILLIAM B. STURGILL DEVELOPMENT BU LEXINGTON, KY 40506	61-6001218	GOVERNMENT MUNIC	30,500.	0.			EDUCATION
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION, INC. - 300 EAST MARKET STREET - LOUISVILLE, KY 40202	61-1029626	501(C)(3) - 509(C)	9,854.	0.			EDUCATION
UNIVERSITY OF RIO GRANDE 218 N. COLLEGE AVE. RIO GRANDE, OH 45674	31-4379537	501(C)(3) - 509(C)	7,500.	0.			EDUCATION
URSULINE SOCIETY AND ACADEMY OF EDUCATION - 3105 LEXINGTON ROAD - LOUISVILLE, KY 40206	61-0449662	RELIGIOUS ORGANI	5,000.	0.			RELIGION-RELATED

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II).

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USA CARES INC 562 N DIXIE BLVD., SUITE 3 RADCLIFF, KY 40160	05-0588761	501(C)(3) - 509(C)	258,450.	0.			HOUSING & SHELTER
VOLUNTEERS OF AMERICA OF KENTUCKY AND TENNESSEE - 570 S FOURTH ST, #100 - LOUISVILLE, KY 40202	61-0480950	501(C)(3) - 509(C)	16,500.	0.			HUMAN SERVICES
WAYSIDE CHRISTIAN MISSION 808 EAST MARKET STREET LOUISVILLE, KY 40257	61-0667139	501(C)(3) - 509(C)	12,153.	0.			HUMAN SERVICES
WELLSPRING, INC. P.O. BOX 1927 LOUISVILLE, KY 40201	31-1020023	501(C)(3) - 509(C)	7,500.	0.			MENTAL HEALTH & CRISIS INTERVENTION
WEST END PREPARATORY SCHOOL 3628 VIRGINIA AVENUE LOUISVILLE, KY 40211	04-3798875	501(C)(3) - 509(C)	18,750.	0.			EDUCATION
WESTERN KENTUCKY UNIVERSITY FOUNDATION - 292 ALUMNI AVE., SUITE 305 - BOWLING GREEN, KY 42101	61-1251555	501(C)(3) - 509(C)	30,000.	0.			EDUCATION
WHAS CRUSADE FOR CHILDREN, INC. 520 WEST CHESTNUT LOUISVILLE, KY 40202	23-7075524	501(C)(3) - 509(C)	6,200.	0.			HUMAN SERVICES
YMCA OF GREATER LOUISVILLE 545 S. 2ND STREET LOUISVILLE, KY 40202	61-0444843	501(C)(3) - 509(C)	5,600.	0.			HUMAN SERVICES
YMCA SAFE PLACE SERVICES 2400 CRITTENDEN DR. LOUISVILLE, KY 40217	20-4343628	501(C)(3) - 509(C)	14,040.	0.			HUMAN SERVICES

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.)

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YOUNG ADULT DEVELOPMENT IN ACTION INC. - PO BOX 638 - LOUISVILLE, KY 40201	61-1374470	501(C)(3) - 509(C)	17,007.	0.			HUMAN SERVICES
YOUTH FOR CHRIST USA, INC. PO BOX 21187 LOUISVILLE, KY 40221	61-1067013	501(C)(3) - 509(C)	5,000.	0.			YOUTH DEVELOPMENT

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 non-cash assistance

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

PART I, LINE 2:

THE ORGANIZATION USES GUIDESTAR.ORG TO CONFIRM THAT THE RECIPIENT

ORGANIZATIONS ARE IN GOOD STANDING PRIOR TO MAKING THE DONATION. WHEN THE

DONATION IS SENT THE FOLLOWING INFORMATION IS PROVIDED TO EACH GRANT

RECIPIENT:

"ENCLOSED IS A GRANT DISTRIBUTION FROM THE COMMUNITY FOUNDATION OF

LOUISVILLE CORPORATE DEPOSITORY TO YOUR ORGANIZATION. YOU DO NOT NEED TO

SEND A TAX RECEIPT TO THE DONOR; HOWEVER, IF YOU WISH TO EXPRESS YOUR

Part IV Supplemental Information

GRATITUDE, PLEASE USE THE DONOR'S NAME AND ADDRESS LISTED ON THE CHECK.

PLEASE NOTE THAT GOODS AND/OR SERVICES THAT MAY BE GIVEN IN EXCHANGE FOR

THIS DISTRIBUTION ARE BEING DECLINED, EXCEPT THOSE THAT WOULD NOT REDUCE AN

INDIVIDUAL'S CHARITABLE TAX DEDUCTION.

BY ACCEPTING THIS CHECK YOUR ORGANIZATION CERTIFIES TO THE COMMUNITY

FOUNDATION OF LOUISVILLE THAT YOUR ORGANIZATION CONTINUES TO BE PUBLICLY

SUPPORTED AND EXEMPT UNDER SECTION 501(C)(3) OF THE IRS CODE. PLEASE NOTE

THAT YOU ARE REQUIRED TO NOTIFY US IMMEDIATELY OF ANY CHANGE TO YOUR IRS

CLASSIFICATION.

ADDITIONALLY, YOU CERTIFY THAT NO TANGIBLE BENEFIT, GOODS OR SERVICES WERE

RECEIVED BY ANY INDIVIDUALS OR ENTITIES CONNECTED WITH THE COMMUNITY

FOUNDATION OF LOUISVILLE FUND, AND THAT THE GRANT WILL NOT BE USED TO

SATISFY THE PAYMENT OF ANY ENFORCEABLE PLEDGE OR LEGALLY BINDING FINANCIAL

OBLIGATION ON BEHALF OF THE DONOR.

PLEASE CALL THE FOUNDATION AT (502) 585-4649 IF YOU HAVE ANY QUESTIONS

ABOUT THIS DISTRIBUTION FROM THE COMMUNITY FOUNDATION OF LOUISVILLE."

IN ADDITION, WHEN THE DONOR MAKES THE CONTRIBUTION TO THE DEPOSITORY, THE

DONOR ALSO AGREES THAT THEY ARE NOT RECEIVING ANY TANGIBLE BENEFIT, GOOD OR

SERVICE.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

2015

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.

▶ Attach to Form 990.

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ Information about Schedule J (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY, INC.	Employer identification number 61-1100993
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Part I Questions Regarding Compensation

1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.

- | | |
|--|--|
| <input type="checkbox"/> First-class or charter travel | <input type="checkbox"/> Housing allowance or residence for personal use |
| <input type="checkbox"/> Travel for companions | <input type="checkbox"/> Payments for business use of personal residence |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees |
| <input type="checkbox"/> Discretionary spending account | <input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef) |

b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain

2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked in line 1a?

3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan?
- c** Participate in, or receive payment from, an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" to line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

	Yes	No
1b		
2		
4a		X
4b		X
4c		X
5a		X
5b		X
6a		X
6b		X
7		X
8		X
9		

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

Schedule J (Form 990) 2015

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported on Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note: The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title	(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
	(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SUSAN A BARRY PRESIDENT & CEO	(i)	0.	0.	0.	0.	0.	0.
	(ii)	240,614.	0.	11,695.	11,609.	263,918.	0.
(2) MATTHEW L. BACON VP & CFO	(i)	0.	0.	0.	0.	0.	0.
	(ii)	134,210.	0.	6,718.	9,555.	150,483.	0.
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						
	(i)						
	(ii)						

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2015

Open To Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Information about Schedule M (Form 990) and its instructions is at www.irs.gov/form990.

Name of the organization **THE COMMUNITY FOUNDATION OF LOUISVILLE
CORPORATE DEPOSITORY, INC.** Employer identification number **61-1100993**

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	8	190,529	FMV AT DATE OF GIFT
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29**

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period? **30a**
- b If "Yes," describe the arrangement in Part II.
- 31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions? **31**
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a**
- b If "Yes," describe in Part II.
- 33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.

	Yes	No
30a		X
31	X	
32a	X	
33		

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

Schedule M (Form 990) (2015)

Part II **Supplemental Information.** Provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

SCHEDULE M, LINE 32B:

BROKERAGE FIRMS SUCH AS MERRILL LYNCH ARE USED TO SELL PUBLICLY TRADED

SECURITIES.

SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Supplemental Information to Form 990 or 990-EZ

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (Form 990 or 990-EZ) and its instructions is at www.irs.gov/form990.

OMB No. 1545-0047

2015

Open to Public
Inspection

Name of the organization	THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY, INC.	Employer identification number	61-1100993
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FORM 990, PART VI, SECTION B, LINE 11:

A DRAFT OF THE RETURN IS REVIEWED FIRST BY INTERNAL MANAGEMENT. AFTER

INTERNAL MANAGEMENT HAS REVIEWED THE RETURN AND ANY CHANGES ARE MADE A

DRAFT IS PROVIDED TO THE FINANCE COMMITTEE FOR REVIEW AND A COPY IS

PROVIDED TO THE ENTIRE BOARD. ONCE THE COMMENTS FROM THE BOARD ARE

REVIEWED THE FINAL DRAFT OF THE RETURN IS PREPARED AND SIGNED BY THE VICE

PRESIDENT.

FORM 990, PART VI, SECTION B, LINE 12C:

OFFICERS, DIRECTORS AND KEY EMPLOYEES MAY NOT ENGAGE IN ACTIVITIES THAT

MIGHT INTERFERE WITH THE DISCHARGE OF THEIR RESPONSIBILITY OR IN

TRANSACTIONS THAT REASONABLY MIGHT AFFECT THE JUDGMENT EXERCISE ON BEHALF

OF THE ORGANIZATION. IF THERE HAVE BEEN ANY CHANGES THAT MAY BE A POTENTIAL

CONFLICT OF INTEREST, INDIVIDUALS SHOULD NOTIFY THE PRESIDENT & CEO.

OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO READ AND SIGN A

CONFLICT OF INTEREST DISCLOSURE FORM FROM TIME TO TIME WHICH THE

ORGANIZATION WILL KEEP ON FILE.

OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE EXPECTED AT ALL TIMES TO USE GOOD

JUDGMENT AND TO ADHERE TO HIGH ETHICAL STANDARDS. IN DOING SO, THEY WILL

CONDUCT THEIR AFFAIRS IN SUCH A MANNER AS TO AVOID ANY ACTUAL OR POTENTIAL

CONFLICT OF INTEREST.

THE ORGANIZATION BELIEVES THAT ITS OFFICERS, DIRECTORS AND KEY EMPLOYEES

SHOULD NOT BE INHIBITED SOLELY BECAUSE OF POTENTIAL CONFLICTS OF INTEREST.

IN FACT, THE ORGANIZATION BELIEVES THAT CONFLICTS OF INTEREST CAN BEST BE

HANDLED THROUGH FULL DISCLOSURE OF SUCH INTERESTS, TOGETHER WITH

NONINVOLVEMENT IN ANY VOTE WHERE SUCH A CONFLICT EXISTS.

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

Schedule O (Form 990 or 990-EZ) (2015)

532211
09-02-15

Name of the organization THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY, INC.	Employer identification number 61-1100993
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EACH OFFICER, DIRECTOR AND KEY EMPLOYEE IS REQUESTED TO PROVIDE ANNUALLY TO THE PRESIDENT OF CFL A LIST OF OFFICES AND DIRECTORSHIPS HE OR SHE HOLDS IN CHARITABLE AND BUSINESS ORGANIZATIONS, AND TO IDENTIFY HIS OR HER PLACE OF EMPLOYMENT OR PRINCIPAL BUSINESS ACTIVITY.

OFFICERS, DIRECTORS AND KEY EMPLOYEES SHOULD DISCLOSE A CONFLICT OF INTEREST:

- PRIOR TO VOTING ON OR OTHERWISE DISCHARGING HIS OR HER DUTIES.
- PRIOR TO ENTERING INTO ANY CONTRACT WHICH COMES BEFORE THE BOARD OR ANY COMMITTEE;
- AS SOON AS POSSIBLE AFTER THE INDIVIDUAL LEARNS OF A CONFLICT OF INTEREST IN ANY OTHER CONTEXT.

DISCLOSURE SHOULD BE MADE TO THE BOARD CHAIR, PRESIDENT OF CFL, OR IN THE CASE OF A COMMITTEE, TO THE CHAIRPERSON OF THAT COMMITTEE. THE MINUTES OF THE MEETING SHOULD REFLECT THAT APPROPRIATE DISCLOSURE WAS MADE, AND THAT THE INTERESTED PARTY ABSTAINED FROM VOTING.

FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION DOES NOT HAVE ANY EMPLOYEES CURRENTLY; HOWEVER, THEY FOLLOW THE POLICIES AND PROCEDURES FOR DETERMINING COMPENSATION AS ESTABLISHED BY THE COMMUNITY FOUNDATION OF LOUISVILLE, INC. THE COMMUNITY FOUNDATION OF LOUISVILLE, INC. HAS A COMPENSATION COMMITTEE THAT REVIEWS FORM 990'S AND COMPENSATION STUDIES TO DETERMINE A FAIR AND REASONABLE COMPENSATION FOR THE OFFICERS AND KEY EMPLOYEES. THE PRESIDENT'S AND OFFICERS' COMPENSATION IS THEN APPROVED BY THE COMPENSATION COMMITTEE. COMPENSATION FOR ALL EMPLOYEES IS APPROVED BY THE COMPENSATION COMMITTEE AND BOARD.

FORM 990, PART VI, SECTION C, LINE 19:

Name of the organization THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY, INC.	Employer identification number 61-1100993
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THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS, CONFLICT OF INTEREST
POLICY, AND GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR:

THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY, INC. IS
AUDITED AS PART OF THE COMMUNITY FOUNDATION OF LOUISVILLE, INC.
COMBINED GROUP. THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE
DEPOSITORY, INC. IS INCLUDED IN THE COMMUNITY FOUNDATION OF LOUISVILLE,
INC. AND AFFILIATES COMBINED FINANCIAL STATEMENTS.

THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT OVERSEES THE AUDIT OF THE
FINANCIAL STATEMENTS AND THE SELECTION OF THE INDEPENDENT AUDITOR FOR
THE COMBINED GROUP.

Part V Transactions With Related Organizations Complete if the organization answered "Yes" on Form 990, Part IV, line 34, 35b, or 36.

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

	(a) Name of related organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				

Application for Extension of Time To File an Exempt Organization Return

Department of the Treasury
Internal Revenue Service

▶ **File a separate application for each return.**
▶ **Information about Form 8868 and its instructions is at www.irs.gov/form8868.**

- If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** and check this box **X**
- If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** (on page 2 of this form).

Do not complete Part II unless you have already been granted an automatic 3-month extension on a previously filed Form 8868.

Electronic filing (e-file). You can electronically file Form 8868 if you need a 3-month automatic extension of time to file (6 months for a corporation required to file Form 990-T), or an additional (not automatic) 3-month extension of time. You can electronically file Form 8868 to request an extension of time to file any of the forms listed in Part I or Part II with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, which must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit www.irs.gov/efile and click on *e-file for Charities & Nonprofits*.

Part I Automatic 3-Month Extension of Time. Only submit original (no copies needed).

A corporation required to file Form 990-T and requesting an automatic 6-month extension - check this box and complete Part I only

All other corporations (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
Type or print	Name of exempt organization or other filer, see instructions. THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY, INC.	Employer identification number (EIN) or 61-1100993
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 325 W MAIN ST, NO. 1110	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40202	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (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	12

MATTHEW L. BACON

- The books are in the care of ▶ 325 W. MAIN STREET, SUITE 1110 - LOUISVILLE, KY 40202
Telephone No. ▶ 502-585-4649 Fax No. ▶
- If the organization does not have an office or place of business in the United States, check this box
- If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) _____. If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

1 I request an automatic 3-month (6 months for a corporation required to file Form 990-T) extension of time until FEBRUARY 15, 2017, to file the exempt organization return for the organization named above. The extension is for the organization's return for:
 ▶ calendar year _____ or
 ▶ tax year beginning JUL 1, 2015, and ending JUN 30, 2016.

2 If the tax year entered in line 1 is for less than 12 months, check reason: Initial return Final return Change in accounting period

3a 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 this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit.	3b	\$	0.
c Balance due. Subtract line 3b from line 3a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	3c	\$	0.

Caution. If you are going to make an electronic funds withdrawal (direct debit) with this Form 8868, see Form 8453-EO and Form 8879-EO for payment instructions.

• If you are filing for an **Additional (Not Automatic) 3-Month Extension**, complete only **Part II** and check this box **X**

Note. Only complete Part II if you have already been granted an automatic 3-month extension on a previously filed Form 8868.

• If you are filing for an **Automatic 3-Month Extension**, complete only **Part I** (on page 1).

Part II Additional (Not Automatic) 3-Month Extension of Time. Only file the original (no copies needed).

Enter filer's identifying number, see instructions

Type or print File by the due date for filing your return. See instructions.	Name of exempt organization or other filer, see instructions. THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY, INC.	Employer identification number (EIN) or 61-1100993
	Number, street, and room or suite no. If a P.O. box, see instructions. 325 W MAIN ST, NO. 1110	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40202	

Enter the Return code for the return that this application is for (file a separate application for each return)

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01		
Form 990-BL	02	Form 1041-A	08
Form 4720 (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	12

STOP! Do not complete Part II if you were not already granted an automatic 3-month extension on a previously filed Form 8868.

MATTHEW L. BACON

• The books are in the care of 325 W. MAIN STREET, SUITE 1110 - LOUISVILLE, KY 40202
 Telephone No. 502-585-4649 Fax No.

• If the organization does not have an office or place of business in the United States, check this box

• If this is for a Group Return, enter the organization's four digit Group Exemption Number (GEN) . If this is for the whole group, check this box . If it is for part of the group, check this box and attach a list with the names and EINs of all members the extension is for.

4 I request an additional 3-month extension of time until MAY 15, 2017.

5 For calendar year , or other tax year beginning JUL 1, 2015, and ending JUN 30, 2016.

6 If the tax year entered in line 5 is for less than 12 months, check reason: Initial return Final return
 Change in accounting period

7 State in detail why you need the extension
THE ORGANIZATION NEEDS ADDITIONAL TIME TO GATHER THE NECESSARY
INFORMATION AND TO REVIEW THE DRAFT RETURN TO ENSURE THAT THEY ARE
FILING A COMPLETE AND ACCURATE RETURN.

8a 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.	8a	\$	0.
b If this application is for Forms 990-PF, 990-T, 4720, or 6069, enter any refundable credits and estimated tax payments made. Include any prior year overpayment allowed as a credit and any amount paid previously with Form 8868.	8b	\$	0.
c Balance due. Subtract line 8b from line 8a. Include your payment with this form, if required, by using EFTPS (Electronic Federal Tax Payment System). See instructions.	8c	\$	0.

Signature and Verification must be completed for Part II only.

Under penalties of perjury, I declare that I have examined this form, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete, and that I am authorized to prepare this form.

Signature Title Date