

Form 990

Department of the Treasury Internal Revenue Service

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

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

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

OMB No. 1545-0047

2018

Open to Public Inspection

For the 2018 calendar year, or tax year beginning JUL 1, 2018 and ending JUN 30, 2019

Form 990 header section containing organization name (THE COMMUNITY FOUNDATION OF LOUISVILLE), EIN (61-1100993), address (325 W MAIN ST, LOUISVILLE, KY 40202), and principal officer (MATTHEW L. BACON).

Part I Summary

Summary table with columns for Activities & Governance, Revenue, Expenses, and Net Assets or Fund Balances. Includes rows for mission statement, revenue breakdown, and total assets.

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.

Signature block section with fields for officer signature (MATTHEW L. BACON), preparer name (REBECCA L. PHILLIPS, CPA), and firm information (MCM CPAS & ADVISORS LLP).

May the IRS discuss this return with the preparer shown above? (see instructions) [X] 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 \$ 11,213,586. including grants of \$ 11,091,148.) (Revenue \$ 46.)

DISTRIBUTE GRANTS AND CONTRIBUTIONS TO 501(C)(3) ORGANIZATIONS QUALIFYING UNDER SECTION 509(A).

4b (Code:) (Expenses \$ 1,218,666. including grants of \$) (Revenue \$)

IN THE NORMAL COURSE OF ITS BUSINESS THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY, INC. FISCALLY SPONSORS VARIOUS CHARITABLE PROJECTS IN THE LOUISVILLE METRO AREA. AT JUNE 30, 2019 THERE WERE 15 SUCH PROJECTS. EVERY PROJECT IS REVIEWED AND APPROVED BY THE FOUNDATION'S MISSION AND IMPACT COMMITTEE AND BY THE BOARD OF DIRECTORS PRIOR TO ACTIVATION TO ENSURE PROPOSED PROJECTS ARE CONSISTENT WITH THE COMMUNITY FOUNDATION'S TAX EXEMPT MISSION, AS DESCRIBED HEREIN.

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 12,432,252.

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>	<input checked="" type="checkbox"/>	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	<input checked="" type="checkbox"/>	
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>	<input checked="" type="checkbox"/>	
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>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		<input checked="" type="checkbox"/>
14a Did the organization maintain an office, employees, or agents outside of the United States?		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
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>		<input checked="" type="checkbox"/>
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		<input checked="" type="checkbox"/>
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>	<input checked="" type="checkbox"/>	

Part IV Checklist of Required Schedules (continued)

Table with 3 columns: Question, Yes, No. Rows 22-38 covering various organizational requirements and reporting obligations.

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Table with 3 columns: Question, Yes, No. Rows 1a-1c regarding IRS filings and backup withholding rules.

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

Table with columns for question number, question text, and Yes/No response boxes. Includes sections for employee reporting, prohibited transactions, and charitable contributions.

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	The governing body?	X	
8b	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	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		X
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 (1024 or 1024-A 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) STEPHANIE H. SMITH BOARD CHAIR	2.00 4.00			X				0.	0.	0.
(2) M. CLAIRE ALAGIA BOARD VICE CHAIR	2.00 4.00			X				0.	0.	0.
(3) DAVID TACHAU BOARD SECRETARY	2.00 4.00			X				0.	0.	0.
(4) GARY ULMER BOARD TREASURER	2.00 4.00			X				0.	0.	0.
(5) ERIC W. TAYLOR DIRECTOR (TERM ENDED 9/26/18)	2.00 4.00			X				0.	0.	0.
(6) ANGIE EVANS DIRECTOR	1.00 2.00			X				0.	0.	0.
(7) JERRY ABRAMSON DIRECTOR	1.00 2.00			X				0.	0.	0.
(8) MICHAEL W. GOUGH DIRECTOR	1.00 2.00			X				0.	0.	0.
(9) STEPHANIE BATEMAN DIRECTOR	1.00 2.00			X				0.	0.	0.
(10) JULIE L. JONES DIRECTOR	1.00 2.00			X				0.	0.	0.
(11) SUZANNE BERMEISTER DIRECTOR	1.00 2.00			X				0.	0.	0.
(12) GWEN KELLY DIRECTOR	1.00 2.00			X				0.	0.	0.
(13) DAVID CALZI DIRECTOR	1.00 2.00			X				0.	0.	0.
(14) AUDREY D. KLINE DIRECTOR	1.00 2.00			X				0.	0.	0.
(15) MARK A. CAMPISANO DIRECTOR	1.00 2.00			X				0.	0.	0.
(16) NIRUPAMA KULKARNI DIRECTOR	1.00 2.00			X				0.	0.	0.
(17) HARRIET L. LAIR DIRECTOR	1.00 2.00			X				0.	0.	0.

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			
(18) CURT SCOTT DIRECTOR	1.00 2.00		X					0.	0.	0.
(19) WILLIAM R. MAPOTHER DIRECTOR	1.00 2.00		X					0.	0.	0.
(20) WILLIAM G. STRENCH DIRECTOR	1.00 2.00		X					0.	0.	0.
(21) LOPA MEHROTRA DIRECTOR	1.00 2.00		X					0.	0.	0.
(22) CAROLYN TANDY DIRECTOR	1.00 2.00		X					0.	0.	0.
(23) MARTA MIRANDA-STRAUB DIRECTOR	1.00 2.00		X					0.	0.	0.
(24) DEBORAH B. WILLIAMS DIRECTOR	1.00 2.00		X					0.	0.	0.
(25) BETH S. PEABODY DIRECTOR	1.00 2.00		X					0.	0.	0.
(26) SUSAN ZEPEDA DIRECTOR	1.00 2.00		X					0.	0.	0.
1b Sub-total								0.	0.	0.
c Total from continuation sheets to Part VII, Section A								0.	725,109.	84,644.
d Total (add lines 1b and 1c)								0.	725,109.	84,644.

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? <i>If "Yes," complete Schedule J for such individual</i>		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? <i>If "Yes," complete Schedule J for such individual</i>	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? <i>If "Yes," complete Schedule J for such person</i>		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) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a 68,536.					
	b Membership dues	1b					
	c Fundraising events	1c 311.					
	d Related organizations	1d 471,289.					
	e Government grants (contributions)	1e 182,288.					
	f All other contributions, gifts, grants, and similar amounts not included above	1f 10,071,964.					
	g Noncash contributions included in lines 1a-1f: \$	254,906.					
	h Total. Add lines 1a-1f		10,794,388.				
	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)		231,159.			231,159.
	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	730,444.				
		(ii) Other					
		b Less: cost or other basis and sales expenses	637,290.				
		c Gain or (loss)	93,154.				
	d Net gain or (loss)		93,154.			93,154.	
	8 a Gross income from fundraising events (not including \$ 311. of contributions reported on line 1c). See Part IV, line 18	a	6,775.				
		b Less: direct expenses	19,349.				
		c Net income or (loss) from fundraising events		-12,574.			-12,574.
	9 a Gross income from gaming activities. See Part IV, line 19	a					
		b Less: direct expenses					
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						
	c Net income or (loss) from sales of inventory						
Miscellaneous Revenue		Business Code					
11 a MISCELLANEOUS INCOME	900099	46.	46.				
b							
c							
d All other revenue							
e Total. Add lines 11a-11d		46.					
12 Total revenue. See instructions		11,106,173.	46.	0.	311,739.		

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	11,091,148.	11,091,148.		
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	32,685.		32,685.	
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	1,218,666.	1,218,666.		
b INVEST. EARNINGS TO FDN	122,438.	122,438.		
c				
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	12,464,937.	12,432,252.	32,685.	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	3,392,895.	1	345,606.
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	0.	3	6,193.
	4 Accounts receivable, net	100.	4	59,870.
	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	11,486,370.	11	13,767,067.
	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)	14,879,365.	16	14,178,736.	
Liabilities	17 Accounts payable and accrued expenses	23,280.	17	192,482.
	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	73,259.	25	46,473.
	26 Total liabilities. Add lines 17 through 25	96,539.	26	238,955.
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	14,782,826.	28	13,939,781.
	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	14,782,826.	33	13,939,781.	
34 Total liabilities and net assets/fund balances	14,879,365.	34	14,178,736.	

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	11,106,173.
2	Total expenses (must equal Part IX, column (A), line 25)	2	12,464,937.
3	Revenue less expenses. Subtract line 2 from line 1	3	-1,358,764.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	14,782,826.
5	Net unrealized gains (losses) on investments	5	515,719.
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	13,939,781.

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: 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: 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 (2018)

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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	5,861,264.	13,937,544.	8,074,391.	8,937,354.	10,801,163.	47,611,716.
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	5,861,264.	13,937,544.	8,074,391.	8,937,354.	10,801,163.	47,611,716.
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)						11,812,333.
6 Public support. Subtract line 5 from line 4.						35,799,383.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7 Amounts from line 4	5,861,264.	13,937,544.	8,074,391.	8,937,354.	10,801,163.	47,611,716.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	151,842.	167,809.	175,757.	181,432.	231,159.	907,999.
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.)					46.	46.
11 Total support. Add lines 7 through 10						48,519,761.
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** ▶

Section C. Computation of Public Support Percentage

14 Public support percentage for 2018 (line 6, column (f) divided by line 11, column (f))	14	73.78	%
15 Public support percentage from 2017 Schedule A, Part II, line 14	15	77.98	%
16a 33 1/3% support test - 2018. 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 - 2017. 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	▶		
17a 10% -facts-and-circumstances test - 2018. 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	▶		
b 10% -facts-and-circumstances test - 2017. 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	▶		
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	▶		

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Calendar year (or fiscal year beginning in) ▶	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not 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) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(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 2018 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2017 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2018 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2017 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2018. 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 - 2017. 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 12 on Part I. If you checked 12a of Part I, complete Sections A and B. If you checked 12b of Part I, complete Sections A and C. If you checked 12c of Part I, complete Sections A, D, and E. If you checked 12d of Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	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 12a or 12b 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 (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <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?		
11a		
b A family member of a person described in (a) above?		
11b		
c A 35% controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.		
11c		

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.		
1		
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.		
2		

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).		
1		

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?		
1		
2 Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).		
2		
3 By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.		
3		

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.		
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.		
2a		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.		
2b		
3 Parent of Supported Organizations. Answer (a) and (b) below.		
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.		
3a		
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.		
3b		

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 (explain in Part VI.) **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	Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

Schedule A (Form 990 or 990-EZ) 2018

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 2018 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-2018	(iii) Distributable Amount for 2018
1 Distributable amount for 2018 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2018 (reasonable cause required- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2018			
a From 2013			
b From 2014			
c From 2015			
d From 2016			
e From 2017			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2018 distributable amount			
i Carryover from 2013 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2018 from Section D, line 7:			
a Applied to underdistributions of prior years			
b Applied to 2018 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2018, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI . See instructions.			
6 Remaining underdistributions for 2018. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI . See instructions.			
7 Excess distributions carryover to 2019. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2014			
b Excess from 2015			
c Excess from 2016			
d Excess from 2017			
e Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

Schedule B

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

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2018

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions *exclusively* for religious, charitable, etc., purposes, but no such contributions totaled more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Don't complete any of the parts unless the **General Rule** applies to this organization because it received *nonexclusively* religious, charitable, etc., contributions totaling \$5,000 or more during the year ▶ \$ _____

Caution: An organization that isn't covered by the General Rule and/or the Special Rules doesn't file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2, of its Form 990; or check the box on line H of its Form 990-EZ or on its Form 990-PF, Part I, line 2, to certify that it doesn't meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

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	<hr/> <hr/> <hr/>	\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
2	<hr/> <hr/> <hr/>	\$ 804,683.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
3	<hr/> <hr/> <hr/>	\$ 424,489.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
4	<hr/> <hr/> <hr/>	\$ 240,025.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
5	<hr/> <hr/> <hr/>	\$ 438,450.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
6	<hr/> <hr/> <hr/>	\$ 229,082.	Person Payroll Noncash <input checked="" 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	_____	\$ 4,463,250.	Person <input checked="" type="checkbox"/> Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person Payroll Noncash (Complete Part II for noncash contributions.)
_____	_____	\$ _____	Person Payroll Noncash (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
6	STOCK _____ _____ _____	\$ 229,082.	12/27/18
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

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	
_____ _____ _____		_____ _____ _____	
(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	
_____ _____ _____		_____ _____ _____	
(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	
_____ _____ _____		_____ _____ _____	
(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	
_____ _____ _____		_____ _____ _____	

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.

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

OMB No. 1545-0047

2018

Open to Public Inspection

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.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 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? (Yes/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? (Yes/No)

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

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 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 (2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register), 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? (Yes/No), 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)? (Yes/No), 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.

Table with 2 columns: Description, Amount. Rows include: 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

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

Schedule D (Form 990) 2018

832051 10-29-18

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?

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?

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

Table with 2 columns: Description (1c-1f) and Amount

2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability?

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.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows 1a-1g.

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:

Table with 3 columns: Description (3a(i), 3a(ii), 3b) and Yes/No

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.

Table with 5 columns: Description of property, (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows 1a-1e and Total.

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	46,473.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.)	46,473.

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 RECORDED IN THE

ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

Part XIII Supplemental Information *(continued)*

Multiple horizontal lines for supplemental information.

**SCHEDULE I
(Form 990)**

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

OMB No. 1545-0047

2018

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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

▶ **Attach to Form 990.**

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

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 noncash assistance	(h) Purpose of grant or assistance
THE UNIVERSITY OF LOUISVILLE FOUNDATION, INC. - 2323 SOUTH BROOK STREET - LOUISVILLE, KY 40292	23-7078461	501(C)(3)	1,106,730.	0.			EDUCATION
COMMUNITY FOUNDATION OF LOUISVILLE, INC. - 325 W. MAIN ST., STE. 1110 - LOUISVILLE, KY 40202	31-0997017	501(C)(3)	861,752.	0.			PHILANTHROPY, VOLUNTARISM
METRO UNITED WAY, INC. 334 E BROADWAY LOUISVILLE, KY 40204-0488	61-0444680	501(C)(3)	748,645.	0.			PHILANTHROPY, VOLUNTARISM
OLDER ADULTS TECHNOLOGY SERVICES INC - 168 7TH STREET, SUITE 3A - BROOKLYN, NY 11215	55-0882599	501(C)(3)	500,000.	0.			EDUCATION
INTERFAITH HEALTH CLINIC 315 GILL AVE. KNOXVILLE, TN 37917	58-1947641	501(C)(3)	500,000.	0.			HEALTH CARE
SAN ANTONIO FOOD BANK 5200 ENRIQUE M. BARRERA PARKWAY SAN ANTONIO, TX 78227	74-2122979	501(C)(3)	406,500.	0.			FOOD, AGRICULTURE & NUTRITION

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 179

3 Enter total number of other organizations listed in the line 1 table ▶ 0

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

Schedule I (Form 990) (2018)

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
UNIVERSITY OF FLORIDA FOUNDATION INC. - PO BOX 14425 - GAINESVILLE, FL 32604	59-0974739	501(C)(3)	400,000.	0.			EDUCATION
HEALTHY BR 222 SAINT LOUIS ST., RM 301 BATON ROUGE, LA 70802	27-2515190	501(C)(3)	350,000.	0.			HEALTH CARE
WHOLESOME WAVE 855 MAIN ST., STE 910 BRIDGEPORT, CT 06604	26-0352899	501(C)(3)	300,000.	0.			ENVIRONMENT
SAY YES TO EDUCATION INC. ONE STATE STREET, 20TH FLOOR HARTFORD, CT 06103	22-3139858	501(C)(3)	282,750.	0.			HUMAN SERVICES
CHILDREN'S HOSPITAL FOUNDATION - LOUISVILLE - 234 E. GRAY ST. #450 - LOUISVILLE, KY 40202	61-6027530	501(C)(3)	276,114.	0.			HEALTH CARE
FAMILY SCHOLAR HOUSE, INC. 403 REG SMITH CIRCLE LOUISVILLE, KY 40208-2746	61-1285124	501(C)(3)	270,000.	0.			HOUSING & SHELTER
AARP FOUNDATION PO BOX 93207 LONG BEACH, CA 90809-3207	52-0794300	501(C)(3)	260,000.	0.			HUMAN SERVICES
HARBOR HOUSE OF LOUISVILLE 2231 LOWER HUNTERS TRACE LOUISVILLE, KY 40216	61-1216323	501(C)(3)	252,500.	0.			CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY
TIDES CENTER PO BOX 29907 SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	225,000.	0.			HUMAN SERVICES

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
FUND FOR THE ARTS, INC. 623 WEST MAIN STREET LOUISVILLE, KY 40202	61-0479626	501(C)(3)	223,500.	0.			ARTS, CULTURE & HUMANITIES
ST. FRANCIS DESALES HIGH SCHOOL 443 SOUTH FIFTH STREET LOUISVILLE, KY 40202	61-0447247	501(C)(3)	218,850.	0.			RELIGION-RELATED
BARREN RIVER DISTRICT HEALTH DEPARTMENT - 1109 STATE ST. - BOWLING GREEN, KY 42102	61-1010874	GOVERNMENT	200,000.	0.			HEALTH CARE
MIRACLE LEAGUE OF LOUISVILLE 800 LILY CREEK ROAD, SUITE #102 LOUISVILLE, KY 40243	61-1740095	501(C)(3)	200,000.	0.			RECREATION & SPORTS
UNIVERSITY OF KENTUCKY 160 AVENUE OF CHAMPIONS, SUITE A15 LEXINGTON, KY 40506	61-6001218	GOVERNMENT	171,200.	0.			EDUCATION
RELAPSING POLYCHONDROITIS AWARENESS AND SUPPORT FOUNDATION - 1202 LEXINGTON AVENUE, BOX 112 - NEW YORK, NY 10028	46-2458916	501(C)(3)	167,600.	0.			VOLUNTARY HEALTH ASSOCIATIONS & MEDICAL DISCIPLINES
LOUISVILLE URBAN LEAGUE 1535 WEST BROADWAY LOUISVILLE, KY 40203	61-0444771	501(C)(3)	105,675.	0.			HUMAN SERVICES
AMERICAN RED CROSS - LOUISVILLE AREA CHAPTER - 510 EAST CHESTNUT STREET - LOUISVILLE, KY 40202	53-0196605	501(C)(3)	83,700.	0.			HUMAN SERVICES
HURSTBOURNE CHRISTIAN CHURCH 601 NOTTINGHAM PARKWAY LOUISVILLE, KY 40222	61-0712799	501(C)(3)	79,500.	0.			RELIGION-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.)

(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
HOLY CROSS HIGH SCHOOL 5144 DIXIE HIGHWAY LOUISVILLE, KY 40216	61-1053991	CHURCH	76,000.	0.			EDUCATION
FAMILY COMMUNITY CLINIC INC. 1420 E WASHINGTON ST LOUISVILLE, KY 40206	27-2994215	501(C)(3)	71,717.	0.			HEALTH CARE
HOME OF THE INNOCENTS 1100 E MARKET ST LOUISVILLE, KY 40206	61-0445834	501(C)(3)	71,600.	0.			HUMAN SERVICES
GLOBAL HUMAN PROJECT 4600 SHELBYVILLE ROAD LOUISVILLE, KY 40257	47-3897280	501(C)(3)	70,000.	0.			ARTS, CULTURE & HUMANITIES
CENTERSTONE 10101 LINN STATION RD, STE. 600 LOUISVILLE, KY 40223	31-0939757	501(C)(3)	68,376.	0.			MENTAL HEALTH & CRISIS INTERVENTION
SHAWNEE CHRISTIAN HEALTHCARE CENTER, INC. - 234 AMY AVENUE - LOUISVILLE, KY 40211	26-4345390	501(C)(3)	60,000.	0.			HEALTH CARE
OWENSBORO-DAVIESS COUNTY REGIONAL DENTAL CLINIC INC. - 2811 NEW HARTFORD ROAD, SUITE A - OWENSBORO, KY 42303	26-2343126	501(C)(3)	51,000.	0.			HEALTH CARE
RED BIRD CLINIC, INC. 53 QUEENDALE CTR BEVERLY, KY 40913	61-0945454	501(C)(3)	51,000.	0.			HEALTH CARE
MISSION LEXINGTON 230 SOUTH MARTIN LUTHER KING BLVD LEXINGTON, KY 40508	20-2824933	501(C)(3)	50,000.	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
BSIDE U FOR LIFE 701 W MUHAMMAD ALI BLVD. LOUISVILLE, KY 40203	61-1142823	501(C)(3)	50,000.	0.			MENTAL HEALTH & CRISIS INTERVENTION
SUSAN G. KOMEN BREAST CANCER FOUNDATION - LOUISVILLE - 1201 STORY AVE., STE 205 - LOUISVILLE, KY 40206	75-1835298	501(C)(3)	50,000.	0.			VOLUNTARY HEALTH ASSOCIATIONS & MEDICAL DISCIPLINES
CANE RUN NEIGHBORHOOD PLACE 3410 LEES LANE LOUISVILLE, KY 40216	32-0049006	GOVERNMENT	49,441.	0.			RECREATION & SPORTS
KENTUCKY STATE POLICE FOUNDATION 1303 US HIGHWAY 127 S., STE 402-20 FRANKFORT, KY 40601	47-4712245	501(C)(3)	42,300.	0.			RECREATION & SPORTS
OPERATION PARENT INC. PO BOX 127 BUCKNER, KY 40010	20-3857612	501(C)(3)	40,250.	0.			EDUCATION
ISAAC W. BERNHEIM FOUNDATION, INC. P.O. BOX 130 CLERMONT, KY 40110-0130	61-0444651	501(C)(3)	40,048.	0.			ENVIRONMENT
JEFFERSON COMMUNITY & TECHNICAL COLLEGE FOUNDATION - 109 E. BROADWAY - LOUISVILLE, KY 40202	23-7035648	501(C)(3)	39,298.	0.			EDUCATION
JUNIOR ACHIEVEMENT OF KENTUCKIANA 1401 W. MUHAMMAD ALI BLVD. LOUISVILLE, KY 40203	61-0476694	501(C)(3)	36,000.	0.			INTERNATIONAL, FOREIGN AFFAIRS & NATIONAL SECURITY
LOUISVILLE CENTRAL COMMUNITY CENTER, INC. - 1300 W. MUHAMMAD ALI BLVD. - LOUISVILLE, KY 40203	61-0590743	501(C)(3)	35,633.	0.			RECREATION & SPORTS

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
HEALING PLACE INC 1020 WEST MARKET STREET LOUISVILLE, KY 40202	61-1164775	501(C)(3)	35,117.	0.			MENTAL HEALTH & CRISIS INTERVENTION
NELSON COUNTY COMMUNITY CLINIC INC. - 300 WEST JOHN FITCH AVE. #200 - BARDSTOWN, KY 40004	20-4876401	501(C)(3)	35,000.	0.			HEALTH CARE
PLAYERS PHILANTHROPY FUND 1122 KENILWORTH DR., STE 502 TOWSON, MD 21204	27-6601178	501(C)(3)	35,000.	0.			PHILANTHROPY, VOLUNTARISM
NATIONAL INST. OF ARTHRITIS & MUSCULOSKELETAL & SKIN DISEASE - 31 CENTER DRIVE BLDG 31, ROOM 4C-21, MSC 2350 - BETHESDA, MD	52-0858115	GOVERNMENT	35,000.	0.			CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY
TRINITY HIGH SCHOOL FOUNDATION, INC. - 4011 SHELBYVILLE RD. - LOUISVILLE, KY 40207-9824	31-1105966	501(C)(3)	30,000.	0.			EDUCATION
AMERICAN HEART ASSOCIATION 240 WHITTINGTON PARKWAY LOUISVILLE, KY 40222	13-5613797	501(C)(3)	29,000.	0.			VOLUNTARY HEALTH ASSOCIATIONS & MEDICAL DISCIPLINES
UP FOR WOMEN AND CHILDREN 425 S 2ND STREET LOUISVILLE, KY 40202	82-3049204	501(C)(3)	28,500.	0.			HUMAN SERVICES
CANE RUN ROAD ELEMENTARY 3951 CANE RUN ROAD LOUISVILLE, KY 40211	61-6001316	501(C)(3)	26,829.	0.			EDUCATION
USA CARES INC 11760 COMMONWEALTH DRIVE LOUISVILLE, KY 40299	05-0588761	501(C)(3)	26,000.	0.			HUMAN SERVICES

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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
A RECIPE TO END HUNGER PO BOX 21763 LOUISVILLE, KY 40221	47-2573468	501(C)(3)	25,626.	0.			FOOD, AGRICULTURE & NUTRITION
KENTUCKY WATERWAYS ALLIANCE, INC. 120 WEBSTER ST. #217 LOUISVILLE, KY 40206	61-1239766	501(C)(3)	25,500.	0.			ENVIRONMENT
LAWRENCE COUNTY HEALTH DEPARTMENT 1080 MEADOWBROOK LANE LOUISA, KY 41230	11-3688832	GOVERNMENT	25,000.	0.			PUBLIC HEALTH
BAPTIST HOSPITAL FOUNDATION OF GREATER LOUISVILLE, INC. - 4000 KRESGE WAY - LOUISVILLE, KY 40207-4605	20-0292291	501(C)(3)	25,000.	0.			HEALTH CARE
SEED TO OAKS 1303 S. SHELBY STREET LOUISVILLE, KY 40217	46-1918089	501(C)(3)	25,000.	0.			RELIGION-RELATED
SAINT JOSEPH HOSPITAL FOUNDATION 701 BOB O'LINK DR, SUITE 200 LEXINGTON, KY 40504	61-1159649	501(C)(3)	25,000.	0.			EDUCATION
SMILEFAITH FOUNDATION 5400 SCHOOL ROAD NEW PORT RICHEY, FL 34652	80-0453938	501(C)(3)	25,000.	0.			HEALTH CARE
SPECIAL OLYMPICS KENTUCKY 1230 LIBERTY BANK LANE, STE 140 LOUISVILLE, KY 40222	61-0954571	501(C)(3)	23,000.	0.			RECREATION & SPORTS
2NOT1: FATHERHOOD AND FAMILIES PO BOX 2791 LOUISVILLE, KY 40201	26-2914155	501(C)(3)	21,500.	0.			HUMAN SERVICES

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LA CASITA CENTER PO BOX 1844 LOUISVILLE, KY 40201	74-3178408	501(C)(3)	20,500.	0.			HUMAN SERVICES
HILDEGARD HOUSE PO BOX 5613 LOUISVILLE, KY 40255	46-5555742	501(C)(3)	20,358.	0.			HOUSING & SHELTER
MARCH OF DIMES - GREATER KENTUCKY CHAPTER - 4802 SHERBURN LANE #104 - LOUISVILLE, KY 40207	13-1846366	501(C)(3)	20,000.	0.			VOLUNTARY HEALTH ASSOCIATIONS & MEDICAL DISCIPLINES
BOY SCOUTS OF AMERICA - LINCOLN HERITAGE COUNCIL - 12001 SYCAMORE STATION PL. - LOUISVILLE, KY 40299	22-1576300	501(C)(3)	20,000.	0.			YOUTH DEVELOPMENT
COMMUNITY FOUNDATION OF LOUISVILLE DEPOSITORY - 325 W. MAIN, SUITE 1110 - LOUISVILLE, KY 40202	31-1140889	501(C)(3)	20,000.	0.			PHILANTHROPY, VOLUNTARISM
CATHOLIC DIOCESE OF EVANSVILLE PO BOX 4169 EVANSVILLE, IN 47724	35-1044322	501(C)(3)	20,000.	0.			RELIGION-RELATED
UNIVERSITY OF MICHIGAN 3003 S. STATE ST. ANN ARBOR, MI 48109	38-6006309	501(C)(3)	20,000.	0.			HEALTH CARE
GUTHRIE OPPORTUNITY CENTER FOUNDATION, INC. - 900 NUTTER DRIVE - BARDSTOWN, KY 40004	45-2999517	501(C)(3)	20,000.	0.			HUMAN SERVICES
FRIENDS OF PATIENTS AT THE NIH PO BOX 34139 BETHESDA, MD 20827	52-1449492	501(C)(3)	20,000.	0.			HEALTH CARE

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KENTUCKY YOUTH ADVOCATES 10200 LINN STATION ROAD, SUITE 310 LOUISVILLE, KY 40223	61-0929390	501(C)(3)	20,000.	0.			CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY
WESTERN KENTUCKY UNIVERSITY FOUNDATION - 292 ALUMNI AVE. - BOWLING GREEN, KY 42101	61-1251555	501(C)(3)	20,000.	0.			EDUCATION
PLAY COUSINS COLLECTIVE 1939 PAYNE STREET APT. 3 LOUISVILLE, KY 40206	82-2811602	501(C)(3)	20,000.	0.			PROGRAM SUPPORT
BRIDGE KIDS INTERNATIONAL INC. 501 KENWOOD DRIVE LOUISVILLE, KY 40214	84-1681205	501(C)(3)	20,000.	0.			INTERNATIONAL, FOREIGN AFFAIRS & NATIONAL SECURITY
KENTUCKY CENTER FOR THE ARTS 501 WEST MAIN STREET LOUISVILLE, KY 40202-2989	31-0999046	501(C)(3)	19,458.	0.			ARTS, CULTURE & HUMANITIES
NAMI LOUISVILLE INC 708 W MAGAZINE SUITE 144 LOUISVILLE, KY 40203	31-0969518	501(C)(3)	17,834.	0.			MENTAL HEALTH & CRISIS INTERVENTION
COMMONWEALTH OF KENTUCKY 700 W. JEFFERSON STREET, SUITE 220 LOUISVILLE, KY 40202-4734	61-0600439	GOVERNMENT	16,320.	0.			GENERAL SUPPORT
LIFEHOUSE, INC. 2710 RIEDLING DR LOUISVILLE, KY 40206	20-8514733	501(C)(3)	16,000.	0.			HOUSING & SHELTER
HOSPARUS INC 3532 EPHRAIM MCDOWELL DRIVE LOUISVILLE, KY 40205	61-0921718	501(C)(3)	15,695.	0.			HUMAN SERVICES

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21ST CENTURY PARKS ENDOWMENT, INC. 471 W. MAIN ST. #202 LOUISVILLE, KY 40202	20-8834817	501(C)(3)	15,000.	0.			RECREATION & SPORTS
HEUSER HEARING & LANGUAGE ACADEMY, INC. - 111 E KENTUCKY ST. - LOUISVILLE, KY 40203	61-0492369	501(C)(3)	15,000.	0.			EDUCATION
SHIVELY AREA MINISTRIES 4415 DIXIE HWY LOUISVILLE, KY 40216	61-1134579	501(C)(3)	15,000.	0.			HOUSING & SHELTER
FATHER MALONEY'S BOYS' HAVEN, INC. 2301 GOLDSMITH LN. LOUISVILLE, KY 40218	61-0479621	501(C)(3)	14,000.	0.			HUMAN SERVICES
FAMILY & CHILDREN'S PLACE 525 ZANE ST. LOUISVILLE, KY 40203	61-0549561	501(C)(3)	13,050.	0.			HUMAN SERVICES
ST. AUGUSTINE SCHOOL 236 SOUTH SPALDING AVE. LEBANON, KY 40033	61-0500831	CHURCH	12,600.	0.			RELIGION-RELATED
NOTRE DAME ACADEMY 1927 LEWISTON DRIVE LOUISVILLE, KY 40216	05-0599203	CHURCH	12,500.	0.			EDUCATION
RIGHT TO LIFE EDUCATIONAL FOUNDATION OF KENTUCKY - 134 BRECKENRIDGE LANE - LOUISVILLE, KY 40207	31-0955315	501(C)(3)	12,500.	0.			CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY
ROSE GARDEN CENTER FOR HOPE AND HEALING - 2020 MADISON AVE - COVINGTON, KY 41014	27-2425177	501(C)(3)	12,000.	0.			HEALTH CARE

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NORTON HEALTHCARE FOUNDATION INC. 234 E. GRAY ST. #450 LOUISVILLE, KY 40202	31-0914919	501(C)(3)	12,000.	0.			HEALTH CARE
CRITICALLY LOVED INC. 14110 BECKLEY TRACE LOUISVILLE, KY 40245	81-5273913	501(C)(3)	12,000.	0.			HEALTH CARE
SACRED HEART SCHOOLS, INC. 3177 LEXINGTON ROAD LOUISVILLE, KY 40206	61-1181710	501(C)(3)	11,920.	0.			EDUCATION
ST. JOHN CENTER FOR THE HOMELESS 700 EAST MUHAMMAD ALI BOULEVARD LOUISVILLE, KY 40202-3614	61-1135907	501(C)(3)	11,400.	0.			HOUSING & SHELTER
STEVEN VANOVER MEMORIAL RESEARCH AND SCHOLARSHIP FUND - 1448 GARDINER LANE, SUITE 102 - LOUISVILLE, KY 40213	47-3499843	501(C)(3)	11,125.	0.			MEDICAL RESEARCH
WORKWELL INDUSTRIES 3401 JEWELL AVE. LOUISVILLE, KY 40212-2139	61-0956156	501(C)(3)	11,000.	0.			EMPLOYMENT
CATHOLIC EDUCATION FOUNDATION 401 W. MAIN ST. #806 LOUISVILLE, KY 40202	61-1294640	501(C)(3)	11,000.	0.			EDUCATION
CITY OF DANVILLE 445 WEST MAIN ST DANVILLE, KY 40422	61-6001807	GOVERNMENT	11,000.	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)	10,800.	0.			RELIGION-RELATED

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EVERGLADES COLLEGE, INC. 1900 W. COMMERCIAL BLVD. FORT LAUDERDALE, FL 33309	65-0216638	501(C)(3)	10,680.	0.			EDUCATION
CABBAGE PATCH SETTLEMENT HOUSE, INC. - 1413 SOUTH SIXTH STREET - LOUISVILLE, KY 40208	61-0458359	501(C)(3)	10,571.	0.			HUMAN SERVICES
COMMUNITY CATHOLIC CENTER, INC. PO BOX 11065 LOUISVILLE, KY 40251	01-0785892	501(C)(3)	10,500.	0.			EDUCATION
YMCA SAFE PLACE SERVICES 2400 CRITTENDEN DR. LOUISVILLE, KY 40217	20-4343628	501(C)(3)	10,500.	0.			HUMAN SERVICES
CREATIVE AGENTS OF CHANGE FOUNDATION, INC. - 633 E MAIN ST UNIT 340 - LOUISVILLE, KY 40202	46-3469821	501(C)(3)	10,025.	0.			ARTS, CULTURE & HUMANITIES
YOUTH GOLF COALITION, INC. 460 NORTHWESTERN PKWY LOUISVILLE, KY 40212	20-0977578	501(C)(3)	10,000.	0.			RECREATION & SPORTS
BOYS & GIRLS CLUB - HOPKINSVILLE/CHRISTIAN COUNTY - 1600 WALNUT ST - HOPKINSVILLE, KY 42240	20-2103260	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
HOSEAS HOUSE INC. PO BOX 991492 LOUISVILLE, KY 40269	20-3161219	501(C)(3)	10,000.	0.			HUMAN SERVICES
BLUEGRASS CENTER FOR AUTISM 9810 BLUEGRASS PKWY LOUISVILLE, KY 40299	27-2279128	501(C)(3)	10,000.	0.			EDUCATION

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KENTUCKIANAWORKS FOUNDATION INC. 410 CHESTNUT STREET, SUITE 200 LOUISVILLE, KY 40202	37-1508088	501(C)(3)	10,000.	0.			EDUCATION
THE REFUGE CLINIC 2349 RICHMOND ROAD STE 220 LEXINGTON, KY 40502	37-1547506	501(C)(3)	10,000.	0.			HEALTH CARE
GREATER MUHLENBERG PARKS & RECREATION SYSTEM - 200 COUNTY PARK DRIVE - GREENVILLE, KY 42345	45-4955355	501(C)(3)	10,000.	0.			RECREATION & SPORTS
CENTER FOR WOMEN AND FAMILIES P.O. BOX 2048 LOUISVILLE, KY 40201-2048	61-0444846	501(C)(3)	10,000.	0.			HUMAN SERVICES
NEIGHBORHOOD HOUSE 201 NORTH 25TH STREET LOUISVILLE, KY 40212	61-0445842	501(C)(3)	10,000.	0.			HUMAN SERVICES
CHURCH HOME & INFIRMARY EPISCOPAL CHURCH HOME - 7504 WESTPORT ROAD - LOUISVILLE, KY 40222	61-0461720	501(C)(3)	10,000.	0.			HUMAN SERVICES
KENTUCKY COUNTRY DAY SCHOOL 4100 SPRINGDALE ROAD LOUISVILLE, KY 40241	61-0731998	501(C)(3)	10,000.	0.			EDUCATION
KENTUCKY MUSEUM OF ART AND CRAFT 715 WEST MAIN STREET LOUISVILLE, KY 40202	61-0985312	501(C)(3)	10,000.	0.			ARTS, CULTURE & HUMANITIES
HARRODS CREEK BAPTIST CHURCH 7610 UPPER RIVER ROAD PROSPECT, KY 40059	61-1039310	CHURCH	10,000.	0.			RELIGION-RELATED

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HOPKINSVILLE FAMILY YMCA 7805 EAGLE WAY HOPKINSVILLE, KY 42240	61-1297293	501(C)(3)	10,000.	0.			HUMAN SERVICES
GOOD NEWS SHELTER CORPORATION 115 E. ADAMS ST. LAGRANGE, KY 40031	61-1334374	501(C)(3)	10,000.	0.			HOUSING & SHELTER
HOPKINSVILLE COMMUNITY COLLEGE FOUNDATION - 720 NORTH DRIVE - HOPKINSVILLE, KY 42241	61-6042265	501(C)(3)	10,000.	0.			EDUCATION
TREESLOUISVILLE PO BOX 5816 LOUISVILLE, KY 40255	47-3739795	501(C)(3)	9,366.	0.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
SOCIAL & ENVIRONMENTAL ENTREPRENEURS SEE INC. - 23532 CALABASAS ROAD, SUITE A - CALABASAS, CA 91302	95-4116679	501(C)(3)	9,180.	0.			ENVIRONMENT
FRIENDS OF FORT HARROD PO BOX 14 HARRODSBURG, KY 40330	27-2270666	501(C)(3)	9,100.	0.			ENVIRONMENT
AMERICAN CANCER SOCIETY - FORT WAYNE - 111 EAST LUDWIG ROAD, #105 - FORT WAYNE, IN 46825	13-1788491	501(C)(3)	9,000.	0.			VOLUNTARY HEALTH ASSOCIATIONS & MEDICAL DISCIPLINES
KOSAIR CHARITIES COMMITTEE, INC. P.O. BOX 37370 LOUISVILLE, KY 40233-7370	61-0514703	501(C)(3)	8,500.	0.			HEALTH CARE
LOUISVILLE METRO POLICE FOUNDATION 982 EASTERN PKWY BOX 5 LOUISVILLE, KY 40217	61-1498961	501(C)(3)	8,450.	0.			CRIME & LEGAL-RELATED

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MARYHURST INC. 1015 DORSEY LANE LOUISVILLE, KY 40223	31-1542209	501(C)(3)	8,229.	0.			YOUTH DEVELOPMENT
CENTER FOR NONPROFIT EXCELLENCE 323 WEST BROADWAY, STE 501 LOUISVILLE, KY 40202	20-0040424	501(C)(3)	7,500.	0.			PHILANTHROPY, VOLUNTARISM
SCHOOL CHOICE SCHOLARSHIPS, INC. 2200 DUNDEE ROAD, SUITE B LOUISVILLE, KY 40205	31-1589289	501(C)(3)	7,500.	0.			EDUCATION
FELLOWSHIP OF CHRISTIAN ATHLETES PO BOX 21005 LOUISVILLE, KY 40221	44-0610626	501(C)(3)	7,500.	0.			YOUTH DEVELOPMENT
URSULINE SOCIETY AND ACADEMY OF EDUCATION - 3105 LEXINGTON ROAD - LOUISVILLE, KY 40206	61-0449662	CHURCH	7,500.	0.			RELIGION-RELATED
MOUNT VERNON MISSIONARY BAPTIST CHURCH - 3640 CANE RUN RD - LOUISVILLE, KY 40211	61-1154731	501(C)(3)	7,500.	0.			RELIGION-RELATED
BARREN COUNTY FAMILY YMCA 1 YMCA WAY GLASGOW, KY 42141	62-1364505	501(C)(3)	7,500.	0.			HUMAN SERVICES
BARDSTOWN HIGH SCHOOL 400 NORTH FIFTH STREET BARDSTOWN, KY 40004	61-6001009	GOVERNMENT	7,400.	0.			PHILANTHROPY, VOLUNTARISM
LOUISVILLE MASTER CHORALE INC PO BOX 8188 LOUISVILLE, KY 40257	45-2826196	501(C)(3)	7,200.	0.			ARTS, CULTURE & HUMANITIES

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KENTUCKY RELIGIOUS COALITION FOR REPRODUCTIVE CHOICE, INC. - PO BOX 4065 - LOUISVILLE, KY 40204-0065	61-1251771	501(C)(3)	7,200.	0.			EDUCATION
GILDA'S CLUB 633 BAXTER AVE LOUISVILLE, KY 40204	20-1635170	501(C)(3)	7,000.	0.			VOLUNTARY HEALTH ASSOCIATIONS & MEDICAL DISCIPLINES
GIRL SCOUTS OF KENTUCKIANA 2115 LEXINGTON RD LOUISVILLE, KY 40206	61-0444698	501(C)(3)	7,000.	0.			YOUTH DEVELOPMENT
PLAN AHEAD SMILES 15 KELLEY DRIVE FLORENCE, KY 41042	81-4496239	501(C)(3)	7,000.	0.			HEALTH CARE
WATERSTEP 625 MYRTLE AVENUE LOUISVILLE, KY 40208	61-1262016	501(C)(3)	6,619.	0.			YOUTH DEVELOPMENT
YOUNG ADULT DEVELOPMENT IN ACTION, INC. AKA YOUTHBUILD - PO BOX 638 - LOUISVILLE, KY 40201	61-1374470	501(C)(3)	6,600.	0.			HUMAN SERVICES
KENTUCKY YMCA YOUTH ASSOCIATION 91 C. MICHAEL DAVENPORT BOULEVARD FRANKFORT, KY 40601	61-0444841	501(C)(3)	6,200.	0.			HUMAN SERVICES
WHAS CRUSADE FOR CHILDREN INC. 520 W. CHESTNUT ST. LOUISVILLE, KY 40202	23-7075524	501(C)(3)	6,000.	0.			HUMAN SERVICES
DREAM FACTORY, INC. 410 WEST CHESTNUT STREET, SUITE 53 LOUISVILLE, KY 40202	31-1009812	501(C)(3)	6,000.	0.			HUMAN SERVICES

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YMCA OF GREATER LOUISVILLE OLDHAM COUNTY BRANCH - 20 QUALITY PLACE - BUCKNER, KY 40010	61-0444843	501(C)(3)	6,000.	0.			HUMAN SERVICES
WAYSIDE CHRISTIAN MISSION PO BOX 7249 LOUISVILLE, KY 40257-0249	61-0667139	501(C)(3)	6,000.	0.			HUMAN SERVICES
UNITED WAY OF NOBLE COUNTY 119 W. MITCHELL ST STE 3 KENDALLVILLE, IN 46755	35-1179046	501(C)(3)	5,600.	0.			PHILANTHROPY, VOLUNTARISM
ST. BENEDICT'S HOMELESS SHELTER 1001 W. 7TH STREET OWENSBORO, KY 42301	61-6032455	CHURCH	5,500.	0.			HOUSING & SHELTER
PROJECT CAMP, INC. 1501 BURNLEY ROAD SCOTTSDALE, KY 42164	20-1789905	501(C)(3)	5,000.	0.			HEALTH CARE
JOHN PAUL II ACADEMY 3525 GOLDSMITH LANE LOUISVILLE, KY 40220	20-4903089	501(C)(3)	5,000.	0.			EDUCATION
JDRF INTERNATIONAL 11902 BRINLEY AVENUE, SUITE 100 LOUISVILLE, KY 40243	23-1907729	501(C)(3)	5,000.	0.			VOLUNTARY HEALTH ASSOCIATIONS & MEDICAL DISCIPLINES
SEMPER FI FUND 825 COLLEGE BLVD STE 102 PMB 609 OCEANSIDE, CA 92057	26-0086305	501(C)(3)	5,000.	0.			HEALTH CARE
LEADERSHIP LOUISVILLE FOUNDATION 707 W. MAIN ST. LOUISVILLE, KY 40202	31-0958491	501(C)(3)	5,000.	0.			PUBLIC & SOCIETAL BENEFIT

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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
SANCTUARY, INC. P.O. BOX 1165 HOPKINSVILLE, KY 42241	31-1070541	501(C)(3)	5,000.	0.			HUMAN SERVICES
BARREN HEIGHTS CHRISTIAN RETREAT CENTER INC. - 11420 WATTERSON COURT #800 - LOUISVILLE, KY 40299	32-0121355	501(C)(3)	5,000.	0.			RECREATION & SPORTS
CHICAGO SUMMER BUSINESS INSTITUTE PO BOX 64445 CHICAGO, IL 60664	36-3959272	501(C)(3)	5,000.	0.			EMPLOYMENT
THE FOOD INITIATIVE 1230 ROSSVIEW ROAD CLARKSVILLE, TN 37043	45-0493395	501(C)(3)	5,000.	0.			EDUCATION
PUMPING FOR LIFE, INC. 1844 BOONE TRAIL LOUISVILLE, KY 40245	46-1896197	501(C)(3)	5,000.	0.			INTERNATIONAL, FOREIGN AFFAIRS & NATIONAL SECURITY
SCHOOL SMILES FOUNDATION 1499 WINDHORST WAY STE 100 GREENWOOD, IN 46143	46-3704904	501(C)(3)	5,000.	0.			HEALTH CARE
TJ COMMUNITY MISSION FOUNDATION, INC. - 1301 NORTH RACE STREET - GLASGOW, KY 42141	47-2208322	501(C)(3)	5,000.	0.			HEALTH CARE
THE WINGMAN FOUNDATION 10915 VIA BRESCIA UNIT 909 SAN DIEGO, CA 92129	47-2519160	501(C)(3)	5,000.	0.			PUBLIC & SOCIETAL BENEFIT
CHOOSEWELL COMMUNITIES, INC. 226 N 17TH ST LOUISVILLE, KY 40203	47-2822055	501(C)(3)	5,000.	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
SPECIAL OPERATIONS WARRIOR FOUNDATION - P.O. BOX 13483 - TAMPA, FL 33681	52-1183585	501(C)(3)	5,000.	0.			EDUCATION
UNIVERSITY OF VIRGINIA PO BOX 400331 CHARLOTTESVILLE, VA 22904-4331	54-6001796	501(C)(3)	5,000.	0.			EDUCATION
SPALDING UNIVERSITY 901 S FOURTH ST LOUISVILLE, KY 40203	61-0444780	501(C)(3)	5,000.	0.			EDUCATION
SPEED ART MUSEUM 2035 SOUTH THIRD ST. LOUISVILLE, KY 40208	61-0444823	501(C)(3)	5,000.	0.			ARTS, CULTURE & HUMANITIES
PARK DUVALLE COMMUNITY HEALTH CENTER - 3015 WILSON AVE - LOUISVILLE, KY 40211	61-0666209	501(C)(3)	5,000.	0.			HEALTH CARE
CHRISTIAN ACADEMY OF LOUISVILLE 700 SOUTH ENGLISH STATION ROAD LOUISVILLE, KY 40245	61-0907309	501(C)(3)	5,000.	0.			EDUCATION
WESTERN KENTUCKY REFUGEE MUTUAL ASSISTANCE SOCIETY INC - 806 KENTON ST - BOWLING GREEN, KY 42101	61-0994341	501(C)(3)	5,000.	0.			HUMAN SERVICES
VISUALLY IMPAIRED PRESCHOOL SERVICES INC - 1906 GOLDSMITH LANE - LOUISVILLE, KY 40218	61-1061973	501(C)(3)	5,000.	0.			EDUCATION
KENTUCKY SCHOOL FOR THE BLIND CHARITABLE FOUNDATION, INC. - 214 HALDEMAN AVE - LOUISVILLE, KY 40206	61-1080293	501(C)(3)	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
GREATER LOUISVILLE FOUNDATION INC. 614 W MAIN ST. #6000 LOUISVILLE, KY 40202	61-1131064	501(C)(3)	5,000.	0.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
APPLE PATCH COMMUNITY, INC. 7408 HWY 329 CRESTWOOD, KY 40014-8884	61-1159539	501(C)(3)	5,000.	0.			HUMAN SERVICES
PENNYRILE RESOURCE CONSERVATION AND DEVELOPMENT AREA INC - PO BOX 41 - HOPKINSVILLE, KY 42241	61-1179675	501(C)(3)	5,000.	0.			ENVIRONMENT
MARINE CORPS COORDINATING COUNCIL OF KENTUCKY, INC. - P.O. BOX 355 - PROSPECT, KY 40059	61-1195685	501(C)(3)	5,000.	0.			PUBLIC & SOCIETAL BENEFIT
EPILEPSY FOUNDATION OF KENTUCKIANA 982 EASTERN PARKWAY LOUISVILLE, KY 40217	61-1314540	501(C)(3)	5,000.	0.			VOLUNTARY HEALTH ASSOCIATIONS & MEDICAL DISCIPLINES
HISTORIC LOCUST GROVE INC. 561 BLANKENBAKER LANE LOUISVILLE, KY 40207-1168	61-1390403	501(C)(3)	5,000.	0.			ARTS, CULTURE & HUMANITIES
WOMANS CLUB OF LOUISVILLE CHARITY FUND INC - 1320 S 4TH ST - LOUISVILLE, KY 40208	61-6042821	501(C)(3)	5,000.	0.			PHILANTHROPY, VOLUNTARISM
BLUE GRASS COMMUNITY FOUNDATION 499 EAST HIGH STREET #112 LEXINGTON, KY 40507	61-6053466	501(C)(3)	5,000.	0.			PHILANTHROPY, VOLUNTARISM
SOUTHWEST COMMUNITY MINISTRIES 8504 TERRY ROAD LOUISVILLE, KY 40258	62-1257195	501(C)(3)	5,000.	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
ACADEMY FOR INDIVIDUAL EXCELLENCE 3101 BLUEBIRD LANE LOUISVILLE, KY 40299	81-4505964	501(C)(3)	5,000.	0.			EDUCATION
LOUISVILLE REGIONAL AIRLIFT DEVELOPMENT, INC. - 471 W MAIN ST, SUITE 301 - LOUISVILLE, KY 40202	82-1630163	501(C)(3)	5,000.	0.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING

Part III **Grants and Other Assistance to Domestic Individuals.** Complete if the organization answered "Yes" on Form 990, Part IV, line 22.
Part III can be duplicated if additional space is needed.

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

Part IV **Supplemental Information.** Provide the information 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:

"BY DEPOSITING THIS CHECK, YOUR ORGANIZATION CERTIFIES THAT NO INDIVIDUALS

OR ENTITIES CONNECTED WITH THE DONOR RECEIVED ANY TANGIBLE BENEFITS, GOODS,

OR OTHER SERVICES (E.G. EVENT TICKETS, MEMBERSHIP FEES, TUITION, OR ITEMS

Part IV Supplemental Information

PURCHASED AT AUCTION). YOUR ORGANIZATION ALSO CERTIFIES IT CONTINUES TO BE
 PUBLICLY SUPPORTED AND EXEMPT UNDER IRS CODE SECTION 501(C)(3). AS A FORCE
 FOR GOOD, THE COMMUNITY FOUNDATION OF LOUISVILLE IS PROUD TO SUPPORT THE
 WORK OF YOUR ORGANIZATION. IF YOU HAVE ANY QUESTIONS REGARDING THIS GRANT,
 PLEASE CONTACT US AT 502-585-4649 OR GRANTS@CFLOUISVILLE.ORG."

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)**

Department of the Treasury
Internal Revenue Service

Compensation Information

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

2018

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Name of the organization

THE COMMUNITY FOUNDATION OF LOUISVILLE
CORPORATE DEPOSITORY, INC.

Employer identification number

61-1100993

Part I Questions Regarding Compensation

	Yes	No
<p>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.</p> <p> <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 (such as maid, chauffeur, chef) </p>		
<p>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</p>	1b	
<p>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 on line 1a?</p>	2	
<p>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.</p> <p> <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 </p>		
<p>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:</p>		
<p>a Receive a severance payment or change-of-control payment?</p>	4a	X
<p>b Participate in, or receive payment from, a supplemental nonqualified retirement plan?</p>	4b	X
<p>c Participate in, or receive payment from, an equity-based compensation arrangement?</p> <p>If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.</p>	4c	X
<p>Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.</p>		
<p>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:</p>		
<p>a The organization?</p>	5a	X
<p>b Any related organization?</p> <p>If "Yes" on line 5a or 5b, describe in Part III.</p>	5b	X
<p>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:</p>		
<p>a The organization?</p>	6a	X
<p>b Any related organization?</p> <p>If "Yes" on line 6a or 6b, describe in Part III.</p>	6b	X
<p>7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III</p>	7	X
<p>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</p>	8	X
<p>9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?</p>	9	

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

Schedule J (Form 990) 2018

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 aren't 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. BERRY PRESIDENT & CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	252,497.	0.	0.	12,163.	10,399.	275,059.	0.
(2) MATTHEW L. BACON VP & CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	147,460.	0.	0.	7,424.	6,713.	161,597.	0.
	(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

2018

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

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	254,906.	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** 0

	Yes	No
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 isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?		X
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) 2018

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.

Multiple horizontal lines for supplemental information.

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.

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

OMB No. 1545-0047

2018

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 11B:

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

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

Schedule O (Form 990 or 990-EZ) (2018)

832211 10-10-18

Name of the organization THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY, INC.	Employer identification number 61-1100993
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NONINVOLVEMENT IN ANY VOTE WHERE SUCH A CONFLICT EXISTS.

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 ANNUALLY REVIEWS INDUSTRY SURVEY INFORMATION 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

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

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

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.

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

2018

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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

Name of the organization THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY, INC.	Employer identification number 61-1100993
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Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity

Part II Identification of Related Tax-Exempt Organizations. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related tax-exempt organizations during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE COMMUNITY FOUNDATION OF LOUISVILLE, INC. - 31-0997017, 325 W. MAIN ST, SUITE 1110, LOUISVILLE, KY 40202	FACILITATE INDIVIDUAL DONORS' CHARITABLE GIVING	KENTUCKY	501(C)(3)	7	N/A		X
THE COMMUNITY FOUNDATION OF LOUISVILLE DEPOSITORY - 31-1140889, 325 W. MAIN ST, SUITE 1110, LOUISVILLE, KY 40202	FACILITATE INDIVIDUAL DONORS' CHARITABLE GIVING	KENTUCKY	501(C)(3)	7	THE COMMUNITY FOUNDATION OF LOUISVILLE, INC.		X
FELIX E. MARTIN JR. FOUNDATION, INC - 26-2193468, 325 W. MAIN ST, SUITE 1110, LOUISVILLE, KY 40202	TYPE I SUPPORTING ORGANIZATION - MAINTAIN AND RECEIVE CONTRIBUTIONS	KENTUCKY	501(C)(3)	11 TYPE 1	THE COMMUNITY FOUNDATION OF LOUISVILLE, INC.		X
THE REAL ESTATE ASSET LEGACY FOUNDATION OF KENTUCKY, INC - 26-2417672, 325 W. MAIN STREET, SUITE 1110, LOUISVILLE, KY 40202	TYPE I SUPPORTING ORGANIZATION - MAINTAIN AND RECEIVE CONTRIBUTIONS	KENTUCKY	501(C)(3)	11 TYPE 1	THE COMMUNITY FOUNDATION OF LOUISVILLE, INC.		X

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

Schedule R (Form 990) 2018

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.

	Yes	No
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?		
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)		X
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)		X
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		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
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)			

Part VII Supplemental Information.

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.