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Form	330

Department of the Treasury Internal Revenue Service

** PUBLIC DISCLOSURE COPY **

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.



A	For th	e 2018 calendar year, or tax year beginning $_{ m JUL~1}$ $_{ m 2018}$ and	lending _J	<u>UN 30, 2019</u>		
B	Check if applicab	C Name of organization		D Employer identifie	cation number	
,	Addre	THE COMMUNITY FOUNDATION OF LOUISVILLE				
	chang	CORPORATE DEPOSITORY, INC.				
	chang	e Doing business as	61-110	0993		
	returr	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	E Telephone number		
	Final	/ 325 W MAIN ST	1110	502-58	5-4649	
	termii ated		G Gross receipts \$	11,762,812.		
	Amen return	LOUISVILLE, KY 40202		H(a) Is this a group re	eturn	
	Appli- tion	F Name and address of principal officer.MATTHEW L. BACON		for subordinates	? Yes 🔽 No	
	pendi	SAME AS C ABOVE		H(b) Are all subordinates in	cluded? Yes No	
1	Tax-ex	empt status: 🔽 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1)	or 527	If "No," attach a	list. (see instructions)	
		te: VWW.CFLOUISVILLE.COM		H(c) Group exemption	n number 🕨	
		f organization: 😦 Corporation Trust Association Other 🕨	L Year	of formation: 1986 N	State of legal domicile: KY	
Pa	art I	Summary				
é	1	Briefly describe the organization's mission or most significant activities: TO FAC	CILITATE D	ONORS' CHARITABLE		
Governance		GIVING.				
ern	2	Check this box F if the organization discontinued its operations or dispo			sets.	
Š	3	Number of voting members of the governing body (Part VI, line 1a)			26	
م	4	Number of independent voting members of the governing body (Part VI, line 1b) $% \label{eq:VI}$			26	
Activities &	5	Total number of individuals employed in calendar year 2018 (Part V, line 2a) \ldots			0	
ivit	6	Total number of volunteers (estimate if necessary)			27	
Act		Total unrelated business revenue from Part VIII, column (C), line 12		0.		
	b	Net unrelated business taxable income from Form 990-T, line 38	<u></u>	7b	0.	
			Prior Year	Current Year		
e	8	Contributions and grants (Part VIII, line 1h)		8,937,354.	10,794,388.	
ent	9	Program service revenue (Part VIII, line 2g)		0.	0.	
Revenue	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		604,783.	324,313.	
_	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		0.	-12,528.	
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		9,542,137.	11,106,173.	
	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)		6,377,856.	11,091,148.	
	14	Benefits paid to or for members (Part IX, column (A), line 4)		0.	0.	
es	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)		0.	0.	
Expenses	16a	Professional fundraising fees (Part IX, column (A), line 11e)		0.	0.	
, N	b	Total fundraising expenses (Part IX, column (D), line 25)				
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)		1,205,094.	1,373,789.	
		Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)		7,582,950.	12,464,937.	
	19	Revenue less expenses. Subtract line 18 from line 12		1,959,187.	-1,358,764.	
Net Assets or Fund Balances			Be	ginning of Current Year	End of Year	
Sse Bala	20	Total assets (Part X, line 16)		14,879,365.	14,178,736.	
et A	21	Total liabilities (Part X, line 26)		96,539.	238,955.	
	22	Net assets or fund balances. Subtract line 21 from line 20		14,782,826.	13,939,781.	
_	art II	Signature Block			- Incompany and the Def Cont	
		alties of perjury, I declare that I have examined this return, including accompanying schedule			y knowledge and belief, it is	
true	, corre	ct, and complete. Declaration of preparer (other than officer) is based on all information of w	nich preparer	nas any knowledge.		
		Signature of officer		Date		
Sig						
He	re	MATTHEW L. BACON, INTERIM PRESIDENT & CEO Type or print name and title				

	Print/Type preparer's name	Preparer's signature	Date		Check	PTIN				
Paid	REBECCA L. PHILLIPS, CPA	04/13/20		self-employed	P00024055					
Preparer	Firm's name 🕒 MCM CPAS & ADVISORS LLP		Firm's	s EIN ▶ 🛛 2	7-1235638					
Use Only	Firm's address 🕨 462 S. FOURTH ST., SUITE									
	LOUISVILLE, KY 40202-344		Phone	e no. (502) 7	749-1900					
May the I	May the IRS discuss this return with the preparer shown above? (see instructions)									

832001 12-31-18 LHA For Paperwork Reduction Act Notice, see the separate instructions.

	990 (2018) CORPORATE DEPOSITORY INC.	61-1100993	Pag
Par	t III Statement of Program Service Accomplishments		
	Check if Schedule O contains a response or note to any line in this Part III	<u></u>	
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	9	
-	prior Form 990 or 990-EZ?		s x
	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 service		
5	If "Yes," describe these changes on Schedule O.		5 LA_
		a managered by average	~~
4	Describe the organization's program service accomplishments for each of its three largest program services		
	Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to o	others, the total expenses	s, and
	revenue, if any, for each program service reported.		
1a	(Code:) (Expenses \$11,213,586. including grants of \$11,091,148.) (Ref. 11,091,148.)	evenue \$	4
	DISTRIBUTE GRANTS AND CONTRIBUTIONS TO 501(C)(3) ORGANIZATIONS		
	QUALIFYING UNDER SECTION 509(A).		
l b	(Code:) (Expenses \$1,218,666. including grants of \$) (Reference of \$) (Reference of \$)	evenue \$	
	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.		
łc	(Code:) (Expenses \$ including grants of \$) (Reference of \$) (Refer	evenue \$	
гч	Other program services (Describe in Schedule O.)		
Tu)	
	(Expenses \$ including grants of \$) (Revenue \$)	
1.0			
le	Total program service expenses ► 12,432,252.		000 /
le	Total program service expenses ► 12,432,252.	Form	990 (2
	Total program service expenses 12,432,252. 12-31-18 0	Form	990
2002			

	1990 (2018) CORPORATE DEPOSITORY INC. 61-1100993		Р	age 3
Ра	rt IV Checklist of Required Schedules		Vee	
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?		Yes	No
	If "Yes," complete Schedule A	1	x	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	x	
3	Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for			
	public office? If "Yes," complete Schedule C, Part I	3		х
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? If "Yes," complete Schedule C, Part II	4		Х
5	Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or			
	similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5		X
6	Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to			
_	provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I	6		X
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	7		
8	the environment, historic land areas, or historic structures? <i>If</i> "Yes," <i>complete Schedule D, Part II</i> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If</i> "Yes," <i>complete</i>	- 1		X
0	Schedule D, Part III	8		x
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			- 21
-	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	If "Yes," complete Schedule D, Part IV	9		х
10	Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent			
	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10		х
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.			
а	Did the organization report an amount for land, buildings, and equipment in Part X, line 10? If "Yes," complete Schedule D,			
	Part VI	11a		X
b	Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total			
	assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>	11b		X
C	Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>	11c		x
Ь	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	TIC		
u	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		x
е	Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X	11e	х	
f				
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X	11f	х	
12a	Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete			
	Schedule D, Parts XI and XII	12a		х
b	Was the organization included in consolidated, independent audited financial statements for the tax year?			
	If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional	12b	Х	<u> </u>
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		X
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		X
b	Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000			
	or more? If "Yes," complete Schedule F, Parts I and IV	14b		v
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	טדי		X
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		x
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	1		
	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		х
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,			
	column (A), lines 6 and 11e? If "Yes," complete Schedule G, Part I	17		x
18	Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines			
	1c and 8a? If "Yes," complete Schedule G, Part II	18		x
19	Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes,"			
	complete Schedule G, Part III	19		X
	Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>	20a		X
b 01	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		<u> </u>
21	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	x	
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	990 (2018) CORPORATE DEPOSITORY INC. 61-110099	3	Р	age 4
Par	t IV Checklist of Required Schedules (continued)		r	
			Yes	No
22	Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on			
	Part IX, column (A), line 2? If "Yes," complete Schedule I, Parts I and III	22		Х
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current			
	and former officers, directors, trustees, key employees, and highest compensated employees? If "Yes," complete			
	Schedule J	23	х	
24a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the			
	last day of the year, that was issued after December 31, 2002? If "Yes," answer lines 24b through 24d and complete			
	Schedule K. If "No," go to line 25a	24a		х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
с	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?			
	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit	-		
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		x
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		x
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or	250		
20	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes,"			ĺ
		06		
07	complete Schedule L, Part II Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		X
27				
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			l
	of any of these persons? If "Yes," complete Schedule L, Part III	27		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
	instructions for applicable filing thresholds, conditions, and exceptions):			
	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV			X
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		X
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV			X
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	L
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation			
	contributions? If "Yes," complete Schedule M	30		Х
31	Did the organization liquidate, terminate, or dissolve and cease operations?			
	If "Yes," complete Schedule N, Part I	31		х
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? If "Yes," complete			
	Schedule N, Part II	32		х
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations			
	sections 301.7701-2 and 301.7701-3? If "Yes," complete Schedule R, Part I	33		х
34	Was the organization related to any tax-exempt or taxable entity? If "Yes," complete Schedule R, Part II, III, or IV, and			
	Part V, line 1	34	х	
35a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?		ſ	х
	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		ĺ
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			<u> </u>
-	If "Yes," complete Schedule R, Part V, line 2	36		x
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
5.	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		x
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
00	Note. All Form 990 filers are required to complete Schedule O	38	y	İ
Par		00	Λ	<u> </u>
	Check if Schedule O contains a response or note to any line in this Part V			
			Vac	
4	Enter the number reported in Roy 3 of Form 1006 Enter 0 if not enalizable		Yes	No
		50		
	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	0		
С		4 -		
	(gambling) winnings to prize winners?	1c		(2018)
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	THE COMMUNITY FOUNDATION OF LOUISVILLE					-
Form Par	990 (2018) CORPORATE DEPOSITORY_INC. t V Statements Regarding Other IRS Filings and Tax Compliance (continued)		61-1100993		Pa	age 5
rai					V	NI c
0-	Enter the number of employees reported on Form W.3. Transmittal of Wage and Tax Statements				Yes	No
za	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,	0-				
L	filed for the calendar year ending with or within the year covered by this return	2a	0	0h		
a	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions			2b		
20				20		v
	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule			3a 3b		х
	At any time during the calendar year, did the organization have an interest in, or a signature or other a			30		
44	financial account in a foreign country (such as a bank account, securities account, or other financial			4a		v
h	If "Yes," enter the name of the foreign country:			Ha		Х
b	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial A	ccoun	ts (FBAB)			
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?			5a		х
	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transa			5b		X
	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?			5c		Λ
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did th			00		
ou	any contributions that were not tax deductible as charitable contributions?			6a		х
b	If "Yes," did the organization include with every solicitation an express statement that such contribut			ou		
	were not tax deductible?		-	6b		
7	Organizations that may receive deductible contributions under section 170(c).			0.0		
	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and set	vices p	rovided to the pavor?	7a		х
				7b		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it w					
-	to file Form 8282?			7c		х
d	If "Yes," indicate the number of Forms 8282 filed during the year	7d				
	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit c		:t?	7e		х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contr			7f		х
g	If the organization received a contribution of qualified intellectual property, did the organization file Fo			7g		
-	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization			7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained	by the	е			
	sponsoring organization have excess business holdings at any time during the year?	-		8		
9	Sponsoring organizations maintaining donor advised funds.					
а	Did the sponsoring organization make any taxable distributions under section 4966?			9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?			9b		
10	Section 501(c)(7) organizations. Enter:					
а	Initiation fees and capital contributions included on Part VIII, line 12	10a				
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	10b				
11	Section 501(c)(12) organizations. Enter:					
а	Gross income from members or shareholders	11a				
b	Gross income from other sources (Do not net amounts due or paid to other sources against					
	amounts due or received from them.)	11b				
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form	10413)	12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year	12b				
13	Section 501(c)(29) qualified nonprofit health insurance issuers.					
а	Is the organization licensed to issue qualified health plans in more than one state?			13a		
	Note. See the instructions for additional information the organization must report on Schedule O.					
b	Enter the amount of reserves the organization is required to maintain by the states in which the					
	organization is licensed to issue qualified health plans	13b				
с	Enter the amount of reserves on hand	13c				
14a	Did the organization receive any payments for indoor tanning services during the tax year?			14a		х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule	€O		14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remune	ration	or			
	excess parachute payment(s) during the year?			15		х
	If "Yes," see instructions and file Form 4720, Schedule N.					
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment	t inco	me?	16		х
	If "Yes," complete Form 4720, Schedule O.					

Form **990** (2018)

832005 12-31-18

	990 (2018) CORPORATE DEPOSITORY INC.		61-1100993			age 6
Pa	t VI Governance, Management, and Disclosure For each "Yes" response to lines 2 th	-		"No" r	respon	se
	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					x
Sec	tion A. Governing Body and Management					
					Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	1a	20	5		
	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.					
b	Enter the number of voting members included in line 1a, above, who are independent	1b	20	5		
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationshi	o with				
	officer, director, trustee, or key employee?			2		х
3	Did the organization delegate control over management duties customarily performed by or under th					
	of officers, directors, or trustees, or key employees to a management company or other person?			3		х
4	Did the organization make any significant changes to its governing documents since the prior Form S			4		х
5	Did the organization become aware during the year of a significant diversion of the organization's as			5		x
6	Did the organization have members or stockholders?			6		х
- 7a	Did the organization have members, stockholders, or other persons who had the power to elect or a					
	more members of the governing body?	•		7a		x
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, s					
	persons other than the governing body?			7b		х
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year					
a	The governing body?	-	-	8a	х	
b	Each committee with authority to act on behalf of the governing body?			8b	x	
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be rea					
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O			9		x
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal R	evenu	e Code.)			
					Yes	No
10a	Did the organization have local chapters, branches, or affiliates?			10a		X
	If "Yes," did the organization have written policies and procedures governing the activities of such cl					
	and branches to ensure their operations are consistent with the organization's exempt purposes?			10b		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing bod			11a	х	
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.	,	Ū			
12a				12a	х	
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise			12b	х	
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Y					
	in Schedule O how this was done			12c	x	
13	Did the organization have a written whistleblower policy?			13	x	
14	Did the organization have a written document retention and destruction policy?			14	x	
15	Did the process for determining compensation of the following persons include a review and approva					
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision?	,				
а	The organization's CEO, Executive Director, or top management official			15a		х
b	Other officers or key employees of the organization			15b		x
-	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).					
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arranger	nent v	vith a			
	taxable entity during the year?			16a		х
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evalua					
-	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organ	-	-			
	exempt status with respect to such arrangements?			16b		
Sec	tion C. Disclosure					
17	List the states with which a copy of this Form 990 is required to be filed \blacktriangleright KY					
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024 A if applicable), 990, ar	d 990	-T (Section 501(c)(3)s onlv) availa	able
	for public inspection. Indicate how you made these available. Check all that apply.		(,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	, y	,	
	x Own website Another's website x Upon request Other (explain	in Sci	hedule ()			
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, co		,	d finan	cial	
	statements available to the public during the tax year.			uri		
20	State the name, address, and telephone number of the person who possesses the organization's bo	oks ar	nd records			
_0	MATTHEW L. BACON - 502-585-4649	ul				
	325 W. MAIN STREET, SUITE 1110, LOUISVILLE, KY 40202					
83200	323 W. MIR BIRDI, BUIL 1110, HOUBVILLE, RI 40202			Form	1 990	(2018)
22200	· · · · · · · · · · · · · · · · · · ·			. 514		,,

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Page 7

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

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

CORPORATE DEPOSITORY INC

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)	(B)			(0	C)			(D)	(E)	(F)
Name and Title	Average	Position (do not check more than one						Reportable	Reportable	Estimated
	hours per	box	box, unless person is both an compensation compensation officer and a director/trustee) from compensation		amount of					
	week		cer ar	id a d	irecto	or/trus	tee)	from	from related	other
	(list any	recto						the	organizations	compensation
	hours for	or di	ee			ated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		æ	suadi		(W-2/1099-MISC)		organization
	organizations below	ual tr	ional		ploy	t con /ee				and related organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) STEPHANIE H. SMITH	2.00	_	_	_						
BOARD CHAIR	4.00	х		х				0.	0.	0.
(2) M. CLAIRE ALAGIA	2.00									
BOARD VICE CHAIR	4.00	х		х				0.	0.	0.
(3) DAVID TACHAU	2.00									
BOARD SECRETARY	4.00	Х		Х				0.	0.	0.
(4) GARY ULMER	2.00									
BOARD TREASURER	4.00	Х		Х				0.	0.	0.
(5) ERIC W. TAYLOR	2.00									
DIRECTOR (TERM ENDED 9/26/18)	4.00	х						0.	0.	0.
(6) ANGIE EVANS	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(7) JERRY ABRAMSON	1.00									
DIRECTOR	2.00	х						0.	0.	0.
(8) MICHAEL W. GOUGH	1.00									
DIRECTOR	2.00	х						0.	0.	0.
(9) STEPHANIE BATEMAN	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(10) JULIE L. JONES	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(11) SUZANNE BERMEISTER	1.00									
DIRECTOR	2.00	х						0.	0.	0.
(12) GWEN KELLY	1.00									
DIRECTOR	2.00	х						0.	0.	0.
(13) DAVID CALZI	1.00									
DIRECTOR	2.00	х						0.	0.	0.
(14) AUDREY D. KLINE	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(15) MARK A. CAMPISANO	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(16) NIRUPAMA KULKARNI	1.00									
DIRECTOR	2.00	х						0.	0.	0.
(17) HARRIET L. LAIR	1.00									
DIRECTOR	2.00	Х	<u> </u>					0.	0.	0.
832007 12-31-18										Form 990 (2018)

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Form 990 (2018) THE COMMUNITY			F L	OUI	SVI	LLE			61-1100	993		Page 8
Part VII Section A. Officers, Directors, Trus	tees, Key Em	ploy	ees	, an	d Hi	ghe	st C	ompensated Employe	es (continued)			
(A)	(B)				C)			(D)	(E)		(F)	
Name and title	Average	(da		Pos				Reportable	Reportable		Estima	ated
	hours per	box	, unle	ss pe	erson	than is bot	n an	compensation	compensatio	n	amour	it of
	week		cer ar	nd a d	lirecto	or/trus	tee)	from	from related		othe	∌r
	(list any	recto						the	organization		compen	
	hours for related	or di	ee			sated		organization	(W-2/1099-MIS	'	from	
	organizations	rustee	l trust		ee	npen:		(W-2/1099-MISC)			organiz and rel	
	below	Individual trustee or director	nstitutional trustee	_	nploy	st cor	۲.				organiza	
	line)	Indivi	Institu	Officer	Key employee	Highest compensated employee	Former				, gaine	
(18) CURT SCOTT	1.00											
DIRECTOR	2.00	х						0.		Ο.		0.
(19) WILLIAM R. MAPOTHER	1.00											
DIRECTOR	2.00	х						0.		Ο.		0.
(20) WILLIAM G. STRENCH	1.00											
DIRECTOR	2.00	х						0.		Ο.		Ο.
(21) LOPA MEHROTRA	1.00											
DIRECTOR	2.00	х						0.		Ο.		٥.
(22) CAROLYN TANDY	1.00											
DIRECTOR	2.00	х						0.		Ο.		0.
(23) MARTA MIRANDA-STRAUB	1.00											
DIRECTOR	2.00	х						0.		Ο.		0.
(24) DEBORAH B. WILLIAMS	1.00											
DIRECTOR	2.00	х						0.		Ο.		0.
(25) BETH S. PEABODY	1.00											
DIRECTOR	2.00	х						0.		0.		0.
(26) SUSAN ZEPEDA	1.00											
DIRECTOR	2.00	х						0.		Ο.		0.
1b Sub-total								0.		Ο.		0.
c Total from continuation sheets to Part VI	I, Section A							0.	725,	109.	8	4,644.
d Total (add lines 1b and 1c)	<u></u>							0.	725,	109.	8	4,644.
2 Total number of individuals (including but n	ot limited to th	iose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportabl	е		
compensation from the organization												0
											Yes	s No
3 Did the organization list any former officer,	director, or tru	uste	e, ke	ey er	nplo	yee,	or I	highest compensated e	mployee on			
line 1a? If "Yes," complete Schedule J for s	uch individual										3	х
4 For any individual listed on line 1a, is the su	-								-			
and related organizations greater than \$150	0,000? If "Yes,	" со	mple	ete S	Sche	edule	e J f	or such individual			4 X	
5 Did any person listed on line 1a receive or a							elat	ed organization or indivi	dual for services			
rendered to the organization? If "Yes," com	plete Schedul	e J f	or si	uch	pers	son .					5	х
Section B. Independent Contractors												
1 Complete this table for your five highest co	•	•								ipensati	on from	
the organization. Report compensation for	the calendar y	ear	endi	ng v	vith	or w	ithin		/ear.			
(A) Name and business	address							(B) Description of s	envices	Con	(C) npensat	ion
	auuress	NO	NE				_	Description of s	ervices	001	iperisai	
							1					

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

SEE PART VII, SECTION A CONTINUATION SHEETS

Form **990** (2018)

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8

THE COMMUNITY			FL	OUI	SVI	LLE				
Form 990 CORPORATE DEF									61-110099	3
Part VII Section A. Officers, Directors, Tru		nplo	byee			ligh	est			
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average				ition			Reportable	Reportable	Estimated
	hours	(Cl	hecl	k all '	that	app	oly)	compensation	compensation	amount of
	per week					e		from the	from related organizations	other compensation
	(list any	tor				ploye		organization	(W-2/1099-MISC)	from the
	hours for	direc				ed em		(W-2/1099-MISC)	(W 2/1000 WIGO)	organization
	related	tee or	istee			ensate		()		and related
	organizations	Individual trustee or director	In stitutional trustee		oyee	Highest compensated employee				organizations
	below	vidua	itutio	cer	Key employee	hest c	Former			
	line)	Indi	Inst	Officer	Key	Hig	For			
(27) ELIZABETH ROUNSAVALL	1.00									
DIRECTOR	2.00	х						0.	0.	0.
(28) SUSAN A. BERRY	5.00									
PRESIDENT & CEO	35.00			х				0.	252,497.	22,562.
(29) MATTHEW L. BACON	5.00									
VP & CFO	35.00			Х				0.	147,460.	14,137.
(30) CARA BARIBEAU	5.00									
VP, COMMUNICATIONS & MARKETING (TERM	35.00			Х				0.	95,606.	22,101.
(31) TRISHA FINNEGAN	5.00									
CHIEF STRATEGY OFFICER	35.00			х				0.	125,530.	12,124.
(32) HEATHER CASH	5.00									10.000
VP_ DEVELOPMENT & STEWARDSHIP	35.00			Х				0.	100,738.	12,902.
(33) JANET WALTHER	5.00			x				0.	2 270	010
VP, COMMUNICATIONS & MARKETING	35.00			~				0.	3,278.	818.
		-								
		<u> </u>		<u> </u>	<u> </u>	<u> </u>	<u> </u>			
			I	I	I	I				
Total to Dark VIII. Continue A line of										
Total to Part VII, Section A, line 1c								I	725,109.	84,644.

04-01-18

THE COMMUNITY	FOUNDATION	OF	LOUISVILLE
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TNC

CORPORATE DEPOSITORY

Contributions, Gifts, Grants and Other Similar Amounts

Program Service Revenue

Other Revenue

2 a b С d е

3

4

5

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

(C)

(B)

(A)

Page 9

(D) Revenue excluded from tax under sections 512 - 514 Related or Total revenue Unrelated exempt function business revenue revenue 1 a Federated campaigns 68,536 1a **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 10,071,964 254,906 g Noncash contributions included in lines 1a-1f: \$ Total. Add lines 1a-1f 10.794.388 ► Business Code f All other program service revenue g Total. Add lines 2a-2f ► Investment income (including dividends, interest, and other similar amounts) ► 231,159 231,159. Income from investment of tax-exempt bond proceeds ► Royalties (i) Real (ii) Personal 6 a Gross rents b Less: rental expenses c Rental income or (loss) d Net rental income or (loss) . 7 a Gross amount from sales of (ii) Other (i) Securities assets other than inventory 730,444 **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 b 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 b c Net income or (loss) from gaming activities ... ► **10 a** Gross sales of inventory. less returns and allowances _____ a b Less: cost of goods sold b Net income or (loss) from sales of inventory Miscellaneous Revenue Business Code 11 a MISCELLANEOUS INCOME 900099 46 46 d All other revenue

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b С

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Total revenue. See instructions

e Total. Add lines 11a-11d

10

46

11,106,173

►

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311.739. Form 990 (2018)

	990 (2018) CORPORATE DEPOSITO			61-11009	Page 10
	t IX Statement of Functional Expense		or organizations must	moloto ocluma (A)	
Sect	on 501(c)(3) and 501(c)(4) organizations must comp		-		
	Check if Schedule O contains a respons not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) (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):				
а	Management				
b					
с.	Accounting				
d	Lobbying				
e f	Professional fundraising services. See Part IV, line 17 Investment management fees	32,685.		22 695	
f g	Other. (If line 11g amount exceeds 10% of line 25,	32,085.		32,685.	
9	column (A) amount, list line 11g expenses on Sch 0.)				
12	Advertising and promotion				
13	Office expenses				
14	Information technology				
15	Royalties				
16	Occupancy				
17	Travel				
18	Payments of travel or entertainment expenses				
40	for any federal, state, or local public officials				
19 20	Conferences, conventions, and meetings				
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 0.)				
а	FISCAL SPONSOR PROGRAM	1,218,666.	1,218,666.		
b	INVEST. EARNINGS TO FDN	122,438.	122,438.		
С					
d					
	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)				
83201	Check here if following SOP 98-2 (ASC 958-720) 0 12-31-18	I	11	I	Form 990 (2018)

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2018.05070 THE COMMUNITY FOUNDATION OF 9866_TA1

Form 990 (2	
Part X	Balance Sheet

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

		Check if Schedule O contains a response or no		(A) Beginning of year		(B) End of year
	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				,
		trustees, key employees, and highest compen-	sated employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqua				
		section 4958(f)(1)), persons described in section	on 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of se	ction 501(c)(9) voluntary			
ţ		employees' beneficiary organizations (see instr). Complete Part II of Sch L		6	
Assets	7	Notes and loans receivable, net			7	
Ä	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	e 11		13	
	14	Intangible assets		14		
	15	Other assets. See Part IV, line 11		15		
	16	Total assets. Add lines 1 through 15 (must eq	ual line 34)	14,879,365.	16	14,178,736.
	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			21	
ies	22	Loans and other payables to current and forme				
iliti		key employees, highest compensated employe				
Liabilities		Complete Part II of Schedule L			22	
-	23	Secured mortgages and notes payable to unre			23	
	24	Unsecured notes and loans payable to unrelat			24	
	25	Other liabilities (including federal income tax, p				
		parties, and other liabilities not included on line	, ,			
				73,259.	25	46,473.
	26	Total liabilities. Add lines 17 through 25		96,539.	26	238,955.
		Organizations that follow SFAS 117 (ASC 95				
ces	07	complete lines 27 through 29, and lines 33 a			07	
lan	27	Unrestricted net assets		14 500 000	27	12 020 501
Ba	28	Temporarily restricted net assets		14,782,826.	28	13,939,781.
pun	29	Permanently restricted net assets Organizations that do not follow SFAS 117 (29	
Ē		and complete lines 30 through 34.	ASC 956), check here			
s o	20				20	
sse	30 21	Capital stock or trust principal, or current fund Paid-in or capital surplus, or land, building, or e			30 31	
Net Assets or Fund Balances	31 32	Retained earnings, endowment, accumulated i			32	
Ne	33	Total net assets or fund balances		14,782,826.	33	13,939,781.
	33 34			14,782,828.	34	14,178,736.
				14,079,000.		Form 990 (2018)

832011 12-31-18

THE COMMUNITY FOUNDATION OF LOUISVILLE Form 990 (2018) Page 12 CORPORATE DEPOSITORY 61-1100993 TNC Part XI | Reconciliation of Net Assets Check if Schedule O contains a response or note to any line in this Part XI Total revenue (must equal Part VIII, column (A), line 12) 1 1 11 106 173. 2 Total expenses (must equal Part IX, column (A), line 25) 2 12,464,937. Revenue less expenses. Subtract line 2 from line 1 3 3 -1,3<u>58,764</u>. Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A)) 4 4 14,782,826. Net unrealized gains (losses) on investments 5 5 515,719. Donated services and use of facilities 6 6 7 7 Investment expenses 8 Prior period adjustments 8 Other changes in net assets or fund balances (explain in Schedule O) 9 9 Ο. Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, 10 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 x Yes No Accounting method used to prepare the Form 990: Cash X Accrual 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? 2a х 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 Consolidated basis Both consolidated and separate basis b Were the organization's financial statements audited by an independent accountant? 2b х 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 x Consolidated basis Both consolidated and separate basis 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? 2c Х If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O. 3a As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? 3a Х 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 3h

Form **990** (2018)

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13

SC	HED	DULE A								OMB No. 1545-0047
(Fo	rm 99	0 or 990-EZ)			arity Status an					2012
•		-	Co		nization is a section 50 [.] 947(a)(1) nonexempt cha			or a section		2010
Depar	rtment o	f the Treasury			Attach to Form 990 or F					Open to Public
Intern	al Rever	nue Service			ov/Form990 for instructi			nformation.		Inspection
Nam	ne of t	the organizati	on THE CO	MMUNITY FOUNDA	TION OF LOUISVILLE				Employer	identification number
				ATE DEPOSITORY						1-1100993
Pa	rt I	Reason	for Public (Charity Status	(All organizations must co	omplete th	is part.) S	ee instruction	S.	
The	organ	ization is not a	a private found	lation because it is:	(For lines 1 through 12, o	heck only	one box.)			
1		A church, co	nvention of ch	urches, or associat	ion of churches describe	d in sectio	on 170(b)(1)(A)(i).		
2		A school des	cribed in sect i	ion 170(b)(1)(A)(ii).	(Attach Schedule E (Forn	n 990 or 9	90-EZ).)			
3		•	•	•	ganization described in s e					
4			-	ation operated in c	onjunction with a hospita	l described	d in sectio	on 170(b)(1)(A)(iii). Enter	the hospital's name,
		city, and stat								
5					ollege or university owne	d or opera	ted by a g	overnmental	unit descrit	bed in
				Complete Part II.)						
6					mental unit described in					and the state of the state
'	x	-		-	tantial part of its support t	rom a gov	ernmenta	unit or from t	ne general	public described in
		•		omplete Part II.)	VAVAVui) (Complete Der	+ 11 \				
8 9		-		•	o)(1)(A)(vi). (Complete Par d in section 170(b)(1)(A)(ad in coniu	unction with a	land-grant	college
9		-	-	-	iculture (see instructions).		-		-	-
		university:		grant concept of agin			name, en	y, and state o		
10			on that norma	Illv receives: (1) mor	re than 33 1/3% of its sup	port from	contributi	ons. members	ship fees, a	and aross receipts from
					ect to certain exceptions,					
					e (less section 511 tax) fr					
		See section	509(a)(2). (Cor	mplete Part III.)						
11		An organizati	on organized a	and operated exclu	sively to test for public sa	fety. See	section 5	09(a)(4).		
12		An organizati	on organized a	and operated exclu	sively for the benefit of, to	perform	the function	ons of, or to c	arry out the	e purposes of one or
		more publicly	supported or	ganizations describ	oed in section 509(a)(1) o	r section	509(a)(2).	See section	509(a)(3). 🤇	Check the box in
		lines 12a thro	ough 12d that	describes the type	of supporting organizatio	n and con	nplete line	s 12e, 12f, an	d 12g.	
а		Type I. A s	upporting orga	anization operated,	supervised, or controlled	by its sup	ported or	ganization(s),	typically by	<i>i</i> giving
		the suppor	ted organizatio	on(s) the power to r	egularly appoint or elect a	a majority	of the dire	ctors or truste	ees of the s	supporting
		0		complete Part IV, S						
b				-	ed or controlled in connec			-		-
			•		ganization vested in the s	ame perso	ons that co	ontrol or mana	age the sup	ported
		•	. ,	•	, Sections A and C.					
С			-	-	ng organization operated				liy integrat	ed with,
h			•	. , .	ns). You must complete l oporting organization oper	,	,		rtod organi	ization(c)
d			-		ization generally must sa				Ŭ,	
				•	mplete Part IV, Sections	•		•	u an alleni	IVENESS
е			,	,	a written determination fro				II Type III	
Ŭ			Ũ		ionally integrated support			, i jpo i, i jpo	n, 1990 m	
f	Ente	,	0,	3 1	, , , , , , , , , , , , , , , , , , , ,	0 0				
g					ted organization(s).					
	(Name of supp 		(ii) EIN	(iii) Type of organization (described on lines 1-10	(IV) Is the orga in your govern	inization listed ing document?	(v) Amount o		(vi) Amount of other
		organizatior	1		above (see instructions))	Yes	No	support (see i	nstructions)	support (see instructions)
										<u> </u>
										<u> </u>
Tota	al									
	•									

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ. 832021 10-11-18 Schedule A (Form 990 or 990-EZ) 2018

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THE	COMMUNITY	FOUNDATION	OF	LOUISVILLE

	edule A (Form 990 or 990-EZ) 2018 co art II Support Schedule for (Complete only if you checked)	Organizations	Described in S	•			i)
	fails to qualify under the tests			-	r failed to qualify t	inder Part III. II the	organization
Se	ction A. Public Support			·)			
		(-) 2014	(1-) 2015	(-) 2016	(-1) 2017	(-) 2018	(f) Total
	ndar 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 organ-						
	ization's benefit and either paid to						
	or expended on its behalf						<u> </u>
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						<u> </u>
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.
Se	ction B. Total Support						
Cale	ndar 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				101,101.		
Ū	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
10	or loss from the sale of capital						
	assets (Explain in Part VI.)					16	16
44	Total support. Add lines 7 through 10					46.	46.
11		ata (aga inatrusti	222			40	48,519,761.
12	Gross receipts from related activities, First five years. If the Form 990 is for		,	fourth or fifth to		12	
13							•
Sec	organization, check this box and stor ction C. Computation of Publ	ic Support Pe	rcentage				·····
	Public support percentage for 2018 (I			lump (f))		14	72 70 04
14	Public support percentage from 2017					15	73.78 %
15	33 1/3% support test - 2018. If the c						<u>77.98 %</u>
102							
	stop here. The organization qualifies						
Ľ	33 1/3% support test - 2017. If the c						
	and stop here. The organization qual						
17a	10% -facts-and-circumstances tes						
	and if the organization meets the "fac			-			
	meets the "facts-and-circumstances"						
k	10% -facts-and-circumstances tes						10% or
	more, and if the organization meets the				•		
	organization meets the "facts-and-cire	cumstances" test.	The organization qu	alifies as a public	ly supported orga	nization	►
<u>18</u>	Private foundation. If the organization	n did not check a	box on line 13, 16a,	16b, 17a, or 17b	, check this box a	nd see instructions	s 🕨
					Sche	dule A (Form 990	or 990-EZ) 2018

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Schedule A	(Form 990 or 990-EZ) 2018	CORPORATE DEPOSI	TORY INC.	
Part III	Support Schedule fo	r 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.)

Sec	ction A. Public Support						-
Cale	ndar 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 per- formed, 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 bus- iness under section 513						
4	Tax revenues levied for the organ- ization's benefit and either paid to or expended on its behalf						
5	The value of services or facilities						
5	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						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	tion B. Total Support			1		1	
Cale	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
9	Amounts from line 6						
10 <i>a</i>	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						
	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, thi	rd, fourth, or fifth t	tax year as a sectio	on 501(c)(3) organ	lization,
	check this box and stop here		-				>
-	ction C. Computation of Publi					1 1	
	Public support percentage for 2018 (li			column (f))		15	%
	Public support percentage from 2017					16	%
	ction D. Computation of Inves					1 .= 1	
	Investment income percentage for 20					17	<u>%</u>
	Investment income percentage from 2						<u>%</u>
19a	33 1/3% support tests - 2018. If the						
	more than 33 1/3%, check this box ar	•	-				
b	33 1/3% support tests - 2017. If the						
20	line 18 is not more than 33 1/3%, cher Private foundation. If the organization		-				
		Tulu not check a		a, ULISD, CHECK I			
8320	23 10-11-18				Sch	equie A (Form 9	90 or 990-EZ) 2018

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(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.)

INC

Section A. All Supporting Organizations

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

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Schedule A (For

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	3c			
_	4a			
-	4b			
	4c			
	10			
	5a			
-	5b			
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_	8			
-	9a			
	Oh			
-	9b			
	9c			
ľ				
	10a			
	10b			
m 99	90 or 99	90-EZ)	2018	
~-			4	

Yes

1

2

3a

3b

No

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Schedule A (Form 990 or 990-EZ) 2018 CORPORATE DEPOSITORY	INC.	61-1100993	Page 5
Part IV Supporting Organizations (continued)			

			Yes	No
11	Has the organization accepted a gift or contribution from any of the following persons?			
а	A person who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	below, the governing body of a supported organization?	11a		
b	A family member of a person described in (a) above?	11b		
с	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		
600	tion 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		

			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		1

Section E. Type III Functionally Integrated Supporting Organizations

a ____ The organization satisfied the Activities Test. Complete line 2 below.

c	The organization is the	parent of each of its suppor	ed organizations. Con	nplete line 3 below.

- 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.
- **b** Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? *If* "Yes," *explain in* **Part VI** *the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.*
- 3 Parent of Supported Organizations. Answer (a) and (b) below.
- a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? *Provide details in* **Part VI.**
- **b** Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in **Part VI** the role played by the organization in this regard.

Schedule A (Form 990 or 990-EZ) 2018

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THE COMMUNITY FOUNDATIO	N OF LOUISVILLE		
Schedule A (Form 990 or 990-EZ) 2018 CORPORATE DEPOSITORY I			61-1100993 Page
Part V Type III Non-Functionally Integrated 509(a)(3			
1 Check here if the organization satisfied the Integral Part Tes	. , .		n in Part VI.) See instructions
other Type III non-functionally integrated supporting organiz	zations must complete Se	ctions A through E.	
ection 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 instru	uctions) 6		
7 Other expenses (see instructions)	7		
8 Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
ection 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 gre	ater 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		
ection C - Distributable Amount			Current Year
1 Adjusted net income for prior year (from Section A, line 8, Column	n A) 1		
2 Enter 85% of line 1	2		
3 Minimum asset amount for prior year (from Section B, line 8, Colu			
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			
emergency temporary reduction (see instructions)	6		
 Check here if the current year is the organization's first as a 		· - ··· ··	· /

Schedule A (Form 990 or 990-EZ) 2018

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instructions).

	THE COMMUNITY FOUND	ATION OF LOUISVILLE			
	dule A (Form 990 or 990-EZ) 2018 CORPORATE DEPOSITORY			51-1100993 P	age 7
Pa	rt V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	<u></u>	
Sect	ion D - Distributions			Current Year	
_1	Amounts paid to supported organizations to accomplish exe	mpt purposes			
2	Amounts paid to perform activity that directly furthers exemption	ot purposes of supported			
	organizations, in excess of income from activity				
3	Administrative expenses paid to accomplish exempt purpose	es of supported organizatior	IS		
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	he organization is responsive	e		
	(provide details in Part VI). See instructions.				
9	Distributable amount for 2018 from Section C, line 6				
<u>10</u>	Line 8 amount divided by line 9 amount				
Sect	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 201	
1	Distributable amount for 2018 from Section C, line 6				
2	Underdistributions, if any, for years prior to 2018 (reason-				
	able cause required- explain in Part VI). See instructions.				
3	Excess distributions carryover, if any, to 2018				
а	From 2013				
b	From 2014				
с	From 2015				
d	From 2016				
е	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: \$				
а	Applied to underdistributions of prior years				
b	Applied to 2018 distributable amount				
с	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:				
	Excess from 2014				
	Excess from 2015				
	Excess from 2016				
_	Excess from 2017				
	Excess from 2018				

Schedule A (Form 990 or 990-EZ) 2018

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THE	COMMUNITY	FOUNDATION	OF	LOUISVILLE

	(Form 990 or 990-E	Z) 2018 CORE	ORATE DE	POSITORY,	INC.				61-11009	93	Pag
Part VI	Supplemental Part IV, Section A, line 1; Part IV, Sec Section D, lines 5,	tion D, lines 2	and 3; Par	t IV, Section	E, lines 1C, 2	2a, 2b, 3a, and	d 3b; Part V, I	ine 1; Part V	, Section B,	line 1e; Pa	ı C, rt V,
	(See instructions.)						•				
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Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

** PUBLIC DISCLOSURE COPY **

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

Employer identification number THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY INC 61 - 1100993Organization type (check one): Filers of: Section: x 501(c)(3) (enter number) organization Form 990 or 990-EZ 4947(a)(1) nonexempt charitable trust not treated as a private foundation 527 political organization 501(c)(3) exempt private foundation

Form 990-PF

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

x 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

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).

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

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

Schedule B (F	Form 990,	990-EZ, o	or 990-PF)	(2018))
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Name of organization

THE COMMUNITY FOUNDATION OF LOUISVILLE

CORPORATE DEPOSITORY, INC.

61-1100993

Employer identification number

Part I	Contributors (see instructions). Use duplicate copies of Part I if additional	l space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$1,500,000.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
2		\$804,683.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
3		\$424,489.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
4		\$240,025.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
5		\$438,450.	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
6		\$229,082.	Person Payroll Noncash <u>x</u> (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

08470413 758005 9866.TAX1

823452 11-08-18

2018.05070 THE COMMUNITY FOUNDATION OF 9866_TA1

Schedule B (Form 99	90, 990-EZ, or 990	-PF) (2018)
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Name of organization

THE COMMUNITY FOUNDATION OF LOUISVILLE

CORPORATE DEPOSITORY INC.

61-1100993

Employer identification number

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
7		\$4,463,250.	Person X Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)

Schedule B (Form 990, 990-EZ, or 990-PF) (2018)

823452 11-08-18

2018.05070 THE COMMUNITY FOUNDATION OF 9866_TA1

24

Schedule B	(Form	990,	990-EZ,	or 990-PF)	(2018)
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Name of organization

THE COMMUNITY FOUNDATION OF LOUISVILLE

CORPORATE DEPOSITORY INC

Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed. Part II

	• • • • • •		
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	STOCK		
6		—	
		\$\$	12/27/18
(a)		(c)	
No.	(b)	FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
arti			
		—	
		—	
		\$	
(a)		(c)	
No.	(b)	(C) FMV (or estimate)	(d)
from Dort I	Description of noncash property given	(See instructions.)	Date received
Part I			
		—	
		—	
		\$	
		♥	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I			
		—	
		\$	
		^{\$}	
(a)			
No.	(b)	(c)	(d)
from	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received
Part I			
		<u> </u>	
		—	
		\$	
(a)			
No.	(b)	(c)	(d)
	Description of noncash property given	FMV (or estimate)	Date received
		(See instructions.)	
from Part I		_	
		 \$	

Employer identification number

61-1100993

08470413 758005 9866.TAX1

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2018.05070 THE COMMUNITY FOUNDATION OF 9866_TA1

Schedule E	B (Form 990, 990-EZ, or 990-PF) (2018)		Page
Name of o	rganization		Employer identification number
THE COMM	UNITY FOUNDATION OF LOUISVILLE		
CORPORAT Part III	from any one contributor. Complete columns (a completing Part III, enter the total of exclusively religious,) through (e) and the following line en charitable, etc., contributions of \$1,000 or	61-1100993 section 501(c)(7), (8), or (10) that total more than \$1,000 for the yea mtry. For organizations or less for the year. (Enter this info. once.) \$
(-) N	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 gif	ift
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
(a) No. from	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
Part I			
-			
	Transferee's name, address, a	(e) Transfer of gif nd 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
	Transferee's name, address, a	(e) Transfer of gif	ift 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 gif	 ift
-	Transferee's name, address, a	nd ZIP + 4	Relationship of transferor to transferee
823454 11-08	8-18		Schedule B (Form 990, 990-EZ, or 990-PF) (201

Department of the Treasury Internal Revenue Service		ne 6, 7, 8, 9, 10, 11a, 11b, Attach to l		2b.	ZU IO Open to Public
-		irs.gov/Form990 for inst	uctions and the latest inform		Inspection
ame of the organization		UNDATION OF LOUISVI	LLE	Emp	ployer identification numb
Part I Organiza	CORPORATE DEPOSI		or Other Similar Fund	s or Accou	61-1100993
	n answered "Yes" on Form				
organization			Donor advised funds	(b) Fun	ds and other accounts
1 Total number at en	nd of year			. ,	
	f contributions to (during ye				
	f grants from (during year)				
	end of year				
			the assets held in donor advi	sed funds	
-		-	egal control?		Yes
			writing that grant funds can be		
•	•		visor, or for any other purpose		
				-	
			answered "Yes" on Form 990,		
	ervation easements held by			,	
	of land for public use (e.g.,		Preservation of a his	torically impor	tant land area
	f natural habitat	,	Preservation of a cer		
Preservation	of open space				
	• •	on held a qualified conser	vation contribution in the form	of a conservation	ation easement on the last
day of the tax year	•				Held at the End of the Tax Ye
				2a	
			uded in (a)		
			06, and not on a historic struct		
			·		
			inguished, or terminated by th		n during the tax
year 🕨					
4 Number of states v	where property subject to c	onservation easement is I	ocated		
5 Does the organizat	tion have a written policy re	garding the periodic moni	toring, inspection, handling of		
					Yes
violations, and enfo	orcement of the conservation	on easements it holds?			
			f violations, and enforcing con		
6 Staff and volunteer	r hours devoted to monitori	ing, inspecting, handling c		servation eas	ements during the year
6 Staff and volunteer	r hours devoted to monitori es incurred in monitoring, ir	ing, inspecting, handling c nspecting, handling of viol	f violations, and enforcing con ations, and enforcing conserva	servation eas	ements during the year
6 Staff and volunteer	r hours devoted to monitori es incurred in monitoring, ir	ing, inspecting, handling c nspecting, handling of viol	f violations, and enforcing con	servation eas	ements during the year
 6 Staff and volunteer 7 Amount of expense \$ 8 Does each conservation and section 170(h) 	r hours devoted to monitori es incurred in monitoring, ir vation easement reported o (4)(B)(ii)?	ing, inspecting, handling c nspecting, handling of viol on line 2(d) above satisfy th	f violations, and enforcing con ations, and enforcing conserva ne requirements of section 170	servation eas ation easemen D(h)(4)(B)(i)	ements during the year nts during the year
 6 Staff and volunteer 7 Amount of expense \$ 8 Does each conservation and section 170(h) 	r hours devoted to monitori es incurred in monitoring, ir vation easement reported o (4)(B)(ii)?	ing, inspecting, handling c nspecting, handling of viol on line 2(d) above satisfy th	f violations, and enforcing con ations, and enforcing conserva ne requirements of section 170	servation eas ation easemen D(h)(4)(B)(i)	ements during the year nts during the year
 6 Staff and volunteer 7 Amount of expense \$ 8 Does each conservand section 170(h) 9 In Part XIII, describing 9 in Clude, if applicable 	r hours devoted to monitori es incurred in monitoring, ir vation easement reported o (4)(B)(ii)?	ing, inspecting, handling c nspecting, handling of viol on line 2(d) above satisfy th ports conservation easeme	f violations, and enforcing con ations, and enforcing conserva ne requirements of section 170	servation eas ation easemen D(h)(4)(B)(i) e statement, a	ements during the year nts during the year
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 6 Staff and volunteer 7 Amount of expenses ▶ \$ 8 Does each conservation and section 170(h) 9 In Part XIII, describe include, if applicabe conservation easer Part III Organization historical treasures the text of the foot b If the organization treasures, or other relating to these ite (i) Revenue include (ii) Assets include 2 If the organization 	r hours devoted to monitori es incurred in monitoring, ir vation easement reported o (4)(B)(ii)? be how the organization rep ele, the text of the footnote to ments. Itions Maintaining Co the organization answered elected, as permitted under s, or other similar assets hel note to its financial statement elected, as permitted under similar assets held for public ems: ded on Form 990, Part X received or held works of a	ing, inspecting, handling of nspecting, handling of viol on line 2(d) above satisfy the ports conservation easement to the organization's finan ollections of Art, His "Yes" on Form 990, Part r SFAS 116 (ASC 958), no ld for public exhibition, ed ents that describes these r SFAS 116 (ASC 958), to lic exhibition, education, of line 1	f violations, and enforcing con ations, and enforcing conserva- ne requirements of section 170 onts in its revenue and expensi- cial statements that describes storical Treasures, or C IV, line 8. It to report in its revenue state ucation, or research in furthera- items. report in its revenue statemer r research in furtherance of pu- cother similar assets for financia	servation ease ation easement (h)(4)(B)(i) e statement, a the organization other Simil ment and balance ance of public ance of public the and balance ublic service, p	tements during the year the during the year Yes and balance sheet, and tion's accounting for ar Assets. ance sheet works of art, service, provide, in Part XI e sheet works of art, historic provide the following amou \$
 6 Staff and volunteer 7 Amount of expenses ▶ \$ 8 Does each conservation and section 170(h) 9 In Part XIII, describe include, if applicabe conservation easer Part III Organization historical treasures the text of the foot b If the organization treasures, or other relating to these ite (i) Revenue include 2 If the organization the following amount of the following amount of expenses and the following amount of expenses and section the follow	r hours devoted to monitori es incurred in monitoring, ir vation easement reported o (4)(B)(ii)? be how the organization rep le, the text of the footnote to ments. Itions Maintaining Co the organization answered elected, as permitted unde s, or other similar assets hel note to its financial statement elected, as permitted unde similar assets held for public ems: ded on Form 990, Part X received or held works of a unts required to be reported	ing, inspecting, handling of hspecting, handling of viol on line 2(d) above satisfy the vorts conservation easement to the organization's finan DILECTIONS OF Art, His "Yes" on Form 990, Part r SFAS 116 (ASC 958), no ld for public exhibition, ed ents that describes these r SFAS 116 (ASC 958), to lic exhibition, education, of line 1 	f violations, and enforcing con ations, and enforcing conserva- ne requirements of section 170 onts in its revenue and expensi- cial statements that describes storical Treasures, or C IV, line 8. It to report in its revenue state ucation, or research in furthera- items. report in its revenue statemer r research in furtherance of pu- other similar assets for financia 58) relating to these items:	servation ease ation easement D(h)(4)(B)(i) e statement, a the organizat Other Simil ment and balance ance of public ance of public that and balance ublic service, p	tements during the year the during the year Yes and balance sheet, and tion's accounting for ar Assets. ance sheet works of art, service, provide, in Part XI e sheet works of art, historic provide the following amounts \$
 6 Staff and volunteer 7 Amount of expenses ▶ \$ 8 Does each conservation and section 170(h) 9 In Part XIII, describe include, if applicabe conservation easers Part III Organization complete if 1a If the organization historical treasures the text of the foot b If the organization treasures, or other relating to these ite (i) Revenue include 2 If the organization the following amouna Revenue included 	r hours devoted to monitori es incurred in monitoring, ir vation easement reported o (4)(B)(ii)? be how the organization rep le, the text of the footnote to ments. Itions Maintaining Co the organization answered elected, as permitted under s, or other similar assets hel note to its financial statement elected, as permitted under similar assets held for public ems: ded on Form 990, Part VIII, d in Form 990, Part X	ing, inspecting, handling of hspecting, handling of viol on line 2(d) above satisfy the ports conservation easement to the organization's finant ollections of Art, His "Yes" on Form 990, Part r SFAS 116 (ASC 958), no ld for public exhibition, ed ents that describes these r SFAS 116 (ASC 958), to lic exhibition, education, c line 1 	f violations, and enforcing con ations, and enforcing conserva- ne requirements of section 170 ents in its revenue and expensi- cial statements that describes storical Treasures, or C IV, line 8. It to report in its revenue state ucation, or research in furthera- items. report in its revenue statemer r research in furtherance of pu- other similar assets for financia 58) relating to these items:	servation ease ation easement D(h)(4)(B)(i) e statement, a the organization other Simil ment and balance ance of public ance of public that and balance ablic service, p bal gain, provid	ements during the year hts during the year Yes I and balance sheet, and tion's accounting for ar Assets. ance sheet works of art, service, provide, in Part XI e sheet works of art, historic provide the following amou \$ <u></u>
 6 Staff and volunteer 7 Amount of expenses ▶ \$ 8 Does each conservation and section 170(h) 9 In Part XIII, describe include, if applicabe conservation easer Part III Organization complete if 1a If the organization historical treasures the text of the foot b If the organization treasures, or other relating to these its (i) Revenue include 2 If the organization the following amout a Revenue included in Assets included b Assets included in 	r hours devoted to monitori es incurred in monitoring, ir vation easement reported o (4)(B)(ii)? be how the organization rep le, the text of the footnote to ments. Itions Maintaining Co the organization answered elected, as permitted unde s, or other similar assets hel note to its financial stateme elected, as permitted unde similar assets held for public ems: ded on Form 990, Part VIII, d in Form 990, Part VIII, line Form 990, Part X	ing, inspecting, handling of hspecting, handling of viol on line 2(d) above satisfy the ports conservation easement to the organization's finane ollections of Art, His "Yes" on Form 990, Part r SFAS 116 (ASC 958), no ld for public exhibition, ed ents that describes these r SFAS 116 (ASC 958), to lic exhibition, education, of line 1 	f violations, and enforcing con ations, and enforcing conserva- ne requirements of section 170 ents in its revenue and expens- cial statements that describes storical Treasures, or C IV, line 8. It to report in its revenue state ucation, or research in furthera- items. report in its revenue statemer r research in furtherance of pu- other similar assets for financia 58) relating to these items:	servation ease ation easement D(h)(4)(B)(i) e statement, a the organization other Simil ment and balance ance of public at and balance iblic service, p al gain, provid	tements during the year the during the year Yes and balance sheet, and tion's accounting for ar Assets. ance sheet works of art, service, provide, in Part XI e sheet works of art, historic provide the following amounts service sheet works of art, historic the sheet works of art, historic arc sheet works of art, historic the she
 6 Staff and volunteer 7 Amount of expenses ▶ \$ 8 Does each conservation and section 170(h) 9 In Part XIII, describe include, if applicabe conservation easer Part III Organization complete if 1a If the organization historical treasures the text of the foot b If the organization treasures, or other relating to these its (i) Revenue include 2 If the organization the following amout a Revenue included in Assets included b Assets included in 	r hours devoted to monitori es incurred in monitoring, ir vation easement reported o (4)(B)(ii)? be how the organization rep le, the text of the footnote to ments. Itions Maintaining Co the organization answered elected, as permitted under s, or other similar assets hel note to its financial statement elected, as permitted under similar assets held for public ems: ded on Form 990, Part VIII, d in Form 990, Part X	ing, inspecting, handling of hspecting, handling of viol on line 2(d) above satisfy the ports conservation easement to the organization's finane ollections of Art, His "Yes" on Form 990, Part r SFAS 116 (ASC 958), no ld for public exhibition, ed ents that describes these r SFAS 116 (ASC 958), to lic exhibition, education, of line 1 	f violations, and enforcing con ations, and enforcing conserva- ne requirements of section 170 ents in its revenue and expens- cial statements that describes storical Treasures, or C IV, line 8. It to report in its revenue state ucation, or research in furthera- items. report in its revenue statemer r research in furtherance of pu- other similar assets for financia 58) relating to these items:	servation ease ation easement D(h)(4)(B)(i) e statement, a the organization other Simil ment and balance ance of public at and balance iblic service, p al gain, provid	ements during the year hts during the year Yes and balance sheet, and tion's accounting for ar Assets. ance sheet works of art, service, provide, in Part XI e sheet works of art, histori provide the following amou \$

		TY FOUNDATION (OF LOUI	SVILLE					
		EPOSITORY, INC.	•				61-110		Page 2
Par	t III Organizations Maintaining C	ollections of A	rt, Hist	orical Tr	easures, or	Other	Similar As	sets(contin	ued)
3	Using the organization's acquisition, accessi	on, and other record	ds, check	any of the	following that a	are a sign	ificant use of i	ts collectior	1 items
	(check all that apply):								
а	Public exhibition	c	1 🗆 L	oan or exc	hange program	IS			
b	Scholarly research	e							
с	Preservation for future generations								
4	Provide a description of the organization's co	ollections and explai	in how th	ev further t	he organization	's exemp	t purpose in F	Part XIII.	
5	During the year, did the organization solicit o								
Ŭ	to be sold to raise funds rather than to be ma						r	Yes	
Par	t IV Escrow and Custodial Arran								
	reported an amount on Form 990, Par	•		organizatio			, in 666, i ait i	v, into 0, 01	
10	Is the organization an agent, trustee, custod		diany for (contribution	e or other asse	te not inc	cluded		
Id	on Form 990, Part X?		-				-	Yes	No
ь	If "Yes," explain the arrangement in Part XIII						L		
D	in res, explain the arrangement in Part XIII	and complete the it	bilowing t	abie.				A	
								Amount	
	Beginning balance						1c		
	Additions during the year						1d		
е	Distributions during the year						1e		
f	Ending balance						1f		
	Did the organization include an amount on Fe						?l	Yes	No No
_	If "Yes," explain the arrangement in Part XIII.								
Par	t V Endowment Funds. Complete i	f the organization ar	nswered '	'Yes" on Fo	orm 990, Part IV	/, line 10.			
		(a) Current year	(b) Pi	rior year	(c) Two years I	back (d)	Three years ba	ck (e) Four	years back
1a	Beginning of year balance								
b	Contributions								
с	Net investment earnings, gains, and losses								
d	Grants or scholarships								
	Other expenditures for facilities								
-	and programs								
f	Administrative expenses								
	End of year balance								
2	Provide the estimated percentage of the curr		n 1 (line 1 (a)) held as:	I			
	Board designated or quasi-endowment		%	y, column (a					
	-								
	Permanent endowment								
с	Temporarily restricted endowment								
	The percentages on lines 2a, 2b, and 2c sho								
3a	Are there endowment funds not in the posse	ssion of the organiz	ation tha	t are held a	and administere	d for the	organization	Г	
	by:								Yes No
	(i) unrelated organizations								
	(ii) related organizations								
b	If "Yes" on line 3a(ii), are the related organization	tions listed as requi	red on Se	chedule R?				3b	
	Describe in Part XIII the intended uses of the		owment f	unds.					
Par	t VI Land, Buildings, and Equipm	nent.							
	Complete if the organization answere	d "Yes" on Form 99	0, Part IV	, line 11a. S	See Form 990, F	Part X, lin	e 10.		
	Description of property	(a) Cost or c	other	(b) Cost	t or other	(c) Accu	umulated	(d) Bool	< value
		basis (investr	ment)	basis	(other)	depre	ciation		
1a	Land								
	Buildings								
	Leasehold improvements								
	Equipment								
	O								
	Other Add lines 1a through 1e. (Column (d) must e		V colum	n (P) line 1	100.)				
Total	, Aud mies la unough le. (Column (a) Must e	yuai rui ii 990, Part	A, COIUIT	III (D), III 10 I	100.)				0.

Schedule D (Form 990) 2018

832052 10-29-18

Complete if the organization answered "Yes" of	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		

Part VIII Investments - Program Related.

Part VII Investments - Other Securities.

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.

Other Liabilities.

Schedule D (Form 990) 2018

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

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.)	16 173

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 🗴

Schedule D (Form 990) 2018

832053 10-29-18

	THE COMMUNITY FOUNDATION OF LOUISVILLE		
-	dule D (Form 990) 2018 CORPORATE DEPOSITORY INC.		61-1100993 Page 4
Par	t XI Reconciliation of Revenue per Audited Financial Stateme	ents With Reve	enue 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:	1 1	
а	Net unrealized gains (losses) on investments		
b	Donated services and use of facilities	2b	
С	Recoveries of prior year grants	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part VIII, line 12, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)		
Pa	t XII Reconciliation of Expenses per Audited Financial Statem	-	enses 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:	1 1	
а	Donated services and use of facilities		
b	Prior year adjustments	2b	
С	Other losses	2c	
d	Other (Describe in Part XIII.)	2d	
е	Add lines 2a through 2d		
3	Subtract line 2e from line 1		
4	Amounts included on Form 990, Part IX, line 25, but not on line 1:	1 1	
а	Investment expenses not included on Form 990, Part VIII, line 7b	4a	
b	Other (Describe in Part XIII.)	4b	
С	Add lines 4a and 4b		
5	Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)		
Pa	t 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.

Schedule D (Form 990) 2018

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CORPORATE DEPOSITORY INC

61-1100993	Page 5
01-1100332	Faye 3

055 10-29-18			Schedule [D (Form 990

SCHEDULE I (Form 990)	Go	Grants and Oth Vernments, and lete if the organization	nd Individual	ls in the Ŭni	ted States		омв №. 1545-0047 2018
Department of the Treasury Internal Revenue Service	Comp		Attach to For rs.gov/Form990 fo	m 990.			Open to Public Inspection
Name of the organization THE COMMUNITY	FOUNDATION O	F LOUISVILLE					Employer identification number
CORPORATE DEP							61-1100993
Part I General Information on Grants at 1 1 Does the organization maintain records criteria used to award the grants or assi 2 2 Describe in Part IV the organization's prime Part II Grants and Other Assistance to	to substantiate th stance? ocedures for mon	toring the use of gran	t funds in the United	d States.			Yes No
recipient that received more than							
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	23-7078401	501(C)(3)	1,100,730.	0.			EDUCATION
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 TY 78227	74-2122070	501(0)(2)	405 500	0.			FOOD, AGRICULTURE &
SAN ANTONIO, TX 78227 2 Enter total number of section 501(c)(3) a	74-2122979		<u>406,500.</u> he line 1 table			1	NUTRITION 179.
3 Enter total number of other organization							
LHA For Paperwork Reduction Act Notice							Schedule I (Form 990) (2018)

Schedule I (Form 990) CORPORATE DEPOSITORY INC

61-1100993

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art 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
INTERCENT OF FLORIDA FOUNDATION							
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
	10 0001099	501(0)(0)					
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
, X1 40202	01 0027550	501(0)(3)	270,114.				
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	52-0794300	E01((3)(2)	260,000.	0.			HUMAN SERVICES
LONG BEACH, CA 90809-3207	52-0794300	501(C)(3)	200,000.	0.			HUMAN SERVICES
HARBOR HOUSE OF LOUISVILLE							
2231 LOWER HUNTERS TRACE							CIVIL RIGHTS, SOCIAL
LOUISVILLE, KY 40216	61-1216323	501(C)(3)	252,500.	0.			ACTION & ADVOCACY
TIDES CENTER							
PO BOX 29907				_			
SAN FRANCISCO, CA 94129	94-3213100	þ01(C)(3)	225,000.	0.			HUMAN SERVICES

Schedule I (Form 990) CORPORATE DEPOSITORY INC.

61-1100993

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FUND FOR THE ARTS, INC.							
623 WEST MAIN STREET	64 0450606		000 500				ARTS, CULTURE &
LOUISVILLE, KY 40202	61-0479626	501(C)(3)	223,500.	0.			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	61-1740095	$E_{01}(\alpha)(2)$	200,000.	0.			RECREATION & SPORTS
LOUISVILLE, KY 40243	61-1/40095	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 POLYCHONDRITIS AWARENESS	01 0001210		1/1,200.	0.			BUCHTION
AND SUPPORT FOUNDATION - 1202							VOLUNTARY HEALTH
LEXINGTON AVENUE, BOX 112 - NEW							ASSOCIATIONS & MEDICAL
YORK, NY 10028	46-2458916	501(C)(3)	167,600.	0.			DISCIPLINES
<u>10000, 01 10020</u>	10 2100910	501(0)(3)	107,000.				
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	64 0040000						
LOUISVILLE, KY 40222	61-0712799	þ01(C)(3)	79,500.	0.			RELIGION-RELATED

Schedule I (Form 990) CORPORATE DEPOSITORY INC.

61-1100993

(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	61 1052001		56.000	0			
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
	<u>, 1994419</u>		<u>,,,,,,,,</u>			1	
HOME OF THE INNOCENTS							
1100 E MARKET ST							
LOUISVILLE, KY 40206	61-0445834	501(C)(3)	71,600.	0.			HUMAN SERVICES
,,						1	
GLOBAL HUMAN PROJECT							
4600 SHELBYVILLE ROAD							ARTS, CULTURE &
LOUISVILLE, KY 40257	47-3897280	501(C)(3)	70,000.	0.			, HUMANITIES
CENTERSTONE							
10101 LINN STATION RD, STE. 600							MENTAL HEALTH & CRISI
LOUISVILLE, KY 40223	31-0939757	501(C)(3)	68,376.	0.			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
· · · ·			1	•			
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

Schedule I (Form 990) CORPORATE DEPOSITORY INC

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Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Scho	edule I (Form 990), Pa	art II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BSIDE U FOR LIFE 701 W MUHAMMAD ALI BLVD.							MENTAL HEALTH & CRISIS
LOUISVILLE, KY 40203	61-1142823	501(C)(3)	50,000.	0.			INTERVENTION
SUSAN G. KOMEN BREAST CANCER	01 1142025	501(0)(3)					
FOUNDATION - LOUISVILLE - 1201							VOLUNTARY HEALTH
STORY AVE., STE 205 - LOUISVILLE,							ASSOCIATIONS & MEDICAL
KY 40206	75-1835298	501(C)(3)	50,000.	0.			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
TANA N DEDNIETN BOINDARTON INC.							
ISAAC W. BERNHEIM FOUNDATION, INC.							
P.O. BOX 130 CLERMONT, KY 40110-0130	61-0444651	501(0)(2)	40.048.	0.			ENVIRONMENT
CLERMONI, NI 40110-0130	01-0444051	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							INTERNATIONAL, FOREIGN
1401 W. MUHAMMAD ALI BLVD.							, AFFAIRS & NATIONAL
LOUISVILLE, KY 40203	61-0476694	501(C)(3)	36,000.	0.			SECURITY
LOUISVILLE CENTRAL COMMUNITY							
CENTER, INC 1300 W. MUHAMMAD							
ALI BLVD LOUISVILLE, KY 40203	61-0590743	501(C)(3)	35,633.	0.			RECREATION & SPORTS
							Schedule I (Form 990

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HEALING PLACE INC							
1020 WEST MARKET STREET							MENTAL HEALTH & CRISIS
LOUISVILLE, KY 40202	61-1164775	501(C)(3)	35,117.	0.			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							CIVIL RIGHTS, SOCIAL
<u>4C-21, MSC 2350 - BETHESDA, MD</u>	52-0858115	GOVERNMENT	35,000.	0.			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							VOLUNTARY HEALTH
240 WHITTINGTON PARKWAY							ASSOCIATIONS & MEDICAL
LOUISVILLE, KY 40222	13-5613797	501(C)(3)	29,000.	0.			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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A RECIPE TO END HUNGER							
PO BOX 21763							FOOD, AGRICULTURE &
LOUISVILLE, KY 40221	47-2573468	501(C)(3)	25,626.	0.			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
10207 1005	20 0292291	501(0/(3/	23,000.	0.			
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	80 0452020	E01((3)(2)	25 000	•			
NEW PORT RICHEY, FL 34652	80-0453938	DUI(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
10015VIIIIE, XI 40201	74 5170400	501(0)(3)	20,500.	0.			IOMAN SERVICES
HILDEGARD HOUSE							
PO BOX 5613							
LOUISVILLE, KY 40255	46-5555742	501(C)(3)	20,358.	0.			HOUSING & SHELTER
MARCH OF DIMES - GREATER KENTUCKY							VOLUNTARY HEALTH
CHAPTER - 4802 SHERBURN LANE #104							ASSOCIATIONS & MEDICAL
- LOUISVILLE, KY 40207	13-1846366	501(C)(3)	20,000.	0.			DISCIPLINES
BOY SCOUTS OF AMERICA - LINCOLN							
HERITAGE COUNCIL - 12001 SYCAMORE	22-1576300	$E_{01}(\alpha)(2)$	20,000.	0.			
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
CUMULTE ODOODMINITAL CENTER							
GUTHRIE OPPORTUNITY CENTER FOUNDATION, INC 900 NUTTER							
DRIVE - BARDSTOWN, KY 40004	45-2999517	501(C)(3)	20,000.	0.			HUMAN SERVICES
DUILE - DUUDIOMN, VI 40004	+J-232201/	501(C/(3)	20,000.	U.			HOHAN BERVICED
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							CIVIL RIGHTS, SOCIAL
LOUISVILLE, KY 40223	61-0929390	501(C)(3)	20,000.	0.			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.							INTERNATIONAL, FOREIG
501 KENWOOD DRIVE							AFFAIRS & NATIONAL
LOUISVILLE, KY 40214	84-1681205	501(C)(3)	20,000.	0.			SECURITY
/			, .				
KENTUCKY CENTER FOR THE ARTS							
501 WEST MAIN STREET							ARTS, CULTURE &
LOUISVILLE, KY 40202-2989	31-0999046	501(C)(3)	19,458.	0.			HUMANITIES
			,				
NAMI LOUISVILLE INC							
708 W MAGAZINE SUITE 144							MENTAL HEALTH & CRISIS
LOUISVILLE, KY 40203	31-0969518	501(C)(3)	17,834.	0.			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

Part II Continuation of Grants and Other A	Assistance to Go	overnments and Organ	nizations in the U	nited States (Sche	edule I (Form 990), Pa	rt II.)	
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21ST CENTURY PARKS ENDOWMENT, INC.							
471 W. MAIN ST. #202	00 0004015	F01 (q) (2)	15 000	0			
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
10015VILLE, KI 40203	01-0492309	501(0)(3)	15,000.	0.			DUCATION
SHIVELY AREA MINISTRIES							
4415 DIXIE HWY							
LOUISVILLE, KY 40216	61-1134579	501(C)(3)	15,000.	0.			HOUSING & SHELTER
	01 1134375	501(0/(5/	15,000.				HOUSING & SHELLIEK
FATHER MALONEY'S BOYS' HAVEN, INC.							
2301 GOLDSMITH LN.							
LOUISVILLE, KY 40218	61-0479621	501(C)(3)	14,000.	0.			HUMAN SERVICES
	01 0479021	501(0/(5/	14,000.				HOMMAN BERVICED
FAMILY & CHILDREN'S PLACE							
525 ZANE ST.							
LOUISVILLE, KY 40203	61-0549561	501(C)(3)	13,050.	0.			HUMAN SERVICES
	01 0349501	501(0/(5/	13,030.				HOMMAN BERVICED
ST. AUGUSTINE SCHOOL							
236 SOUTH SPALDING AVE.							
LEBANON, KY 40033	61-0500831	CHURCH	12,600.	0.			RELIGION-RELATED
	01 0000001		12,000.				
NOTRE DAME ACADEMY							
1927 LEWISTON DRIVE							
LOUISVILLE, KY 40216	05-0599203	CHURCH	12,500.	0.			EDUCATION
RIGHT TO LIFE EDUCATIONAL			,5001	· · ·			
FOUNDATION OF KENTUCKY - 134							
BRECKENRIDGE LANE - LOUISVILLE, KY							CIVIL RIGHTS, SOCIAL
40207	31-0955315	501(C)(3)	12,500.	0.			ACTION & ADVOCACY
			12,000.				
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
,			,000.				
SACRED HEART SCHOOLS, INC.							
3177 LEXINGTON ROAD							
LOUISVILLE, KY 40206	61-1181710	501(C)(3)	11,920.	0.			EDUCATION
	31 1101/10			0.			
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	01 1133507	501(0/(3/	11,400.	••			HOUDING & DHELIER
AND SCHOLARSHIP FUND - 1448							
GARDINER LANE, SUITE 102 -							
-	47-3499843	$E_{01}(a)(2)$	11,125.	0.			MEDICAL RESEARCH
LOUISVILLE, KY 40213	47-3499843	501(C)(3)	11,125.	0.			MEDICAL RESEARCH
WORKWELL INDUSTRIES							
3401 JEWELL AVE.							
	C1 005C15C	F01(d)(2)	11 000	0			
LOUISVILLE, KY 40212-2139	61-0956156	DUI(C)(3)	11,000.	0.			EMPLOYMENT
CATHOLIC EDUCATION FOUNDATION							
401 W. MAIN ST. #806	c1 1004C10	F01 (g) (2)	11 000				
LOUISVILLE, KY 40202	61-1294640	5U1(C)(3)	11,000.	0.			EDUCATION
CITY OF DANVILLE							
445 WEST MAIN ST	c1 c00100-						ARTS, CULTURE &
DANVILLE, KY 40422	61-6001807	GOVERNMENT	11,000.	0.			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.	Ο.		1	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
	01 0703052	501(0)(3)	10,000.				
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							ARTS, CULTURE &
UNIT 340 - LOUISVILLE, KY 40202	46-3469821	501(C)(3)	10,025.	0.			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
						1	
HOSEAS HOUSE INC.							
PO BOX 991492							
LOUISVILLE, KY 40269	20-3161219	501(C)(3)	10,000.	0.			HUMAN SERVICES
			10,000.			1	
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			10.000				
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
VENUTARY CONTRACT DAY COLOOT							
KENTUCKY COUNTRY DAY SCHOOL 4100 SPRINGDALE ROAD							
	61-0731998	501(0)(2)	10,000.	0.			EDUCATION
LOUISVILLE, KY 40241	01-0731998	501(C)(3)	10,000.	0.			EDUCATION
KENTUCKY MUSEUM OF ART AND CRAFT							
715 WEST MAIN STREET							ARTS, CULTURE &
LOUISVILLE, KY 40202	61-0985312	501(C)(3)	10,000.	0.			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	61-1297293	501(0)(2)	10,000.	0.			HUMAN SERVICES
HOPKINSVILLE, KY 42240	01-1297293	501(C)(3)	10,000.	υ.			NOMAN SERVICES
GOOD NEWS SHELTER CORPORATION							
115 E. ADAMS ST.							
LAGRANGE, KY 40031	61-1334374	501(C)(3)	10,000.	0.			HOUSING & SHELTER
HAGRANGE, KI 40051	01-1354374	501(0/(3/	10,000.	0.			HOUSING & SHELLER
HOPKINSVILLE COMMUNITY COLLEGE							
FOUNDATION - 720 NORTH DRIVE -							
HOPKINSVILLE, KY 42241	61-6042265	501(C)(3)	10,000.	0.			EDUCATION
	01 0042205	501(0/(3/	10,000.	0.			EDUCATION
TREESLOUISVILLE							
PO BOX 5816							COMMUNITY IMPROVEMENT &
LOUISVILLE, KY 40255	47-3739795	501(C)(3)	9,366.	0.			CAPACITY BUILDING
SOCIAL & ENVIRONMENTAL	47 5755755	501(0)(3)	5,500.	0.			emnerri boribbing
ENTREPRENEURS SEE INC 23532							
CALABASAS ROAD, SUITE A -							
CALABASAS, CA 91302	95-4116679	501(C)(3)	9,180.	0.			ENVIRONMENT
	55 4110075	501(0)(3)	5,100.				
FRIENDS OF FORT HARROD							
PO BOX 14							
HARRODSBURG, KY 40330	27-2270666	501(C)(3)	9,100.	0.			ENVIRONMENT
			5,2001	••			
AMERICAN CANCER SOCIETY - FORT							VOLUNTARY HEALTH
WAYNE - 111 EAST LUDWIG ROAD, #105							ASSOCIATIONS & MEDICAL
- FORT WAYNE, IN 46825	13-1788491	501(C)(3)	9 000.	0.			DISCIPLINES
Toki mind, in 10015	10 1/00/01	501(0)(0)	5,000.				BIBCITHIAND
KOSAIR CHARITIES COMMITTEE, INC.							
P.O. BOX 37370							
LOUISVILLE, KY 40233-7370	61-0514703	501(C)(3)	8,500.	0.			HEALTH CARE
10010411111, KI 40200 /0/0	<u> 01 0314/03</u>	501(0/(3/	0,500.	0.			
LOUISVILLE METRO POLICE FOUNDATION							
982 EASTERN PKWY BOX 5							
LOUISVILLE, KY 40217	61-1498961	501(0)(2)	8,450.	0.			CRIME & LEGAL-RELATED
1001041000, KI 4021/	01 1400001		0,±J0.	υ.		1	PRIME & DEGREE REDRIED

Schedule I (Form 990) CORPORATE DEP Part II Continuation of Grants and Other		overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa		1-1100993 Page 1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MADVILLIDGE INC							
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
AGUADI QUATOR AQUAL NEQUIDA INA							
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
10015VIIIIE, KI 40200	01 0445002	enoken	7,500.				KEEIGION KEEKIED
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	62-1364505	E01(0)(2)	7,500.	0.			UUNAN GEDUTGEG
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	45 0000100	E01(0)(2)	7 000	•			ARTS, CULTURE &
LOUISVILLE, KY 40257	45-2826196	pu1(C)(3)	7,200.	0.	l	l	HUMANITIES

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt 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
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							VOLUNTARY HEALTH
633 BAXTER AVE							ASSOCIATIONS & MEDICAL
LOUISVILLE, KY 40204	20-1635170	501(C)(3)	7,000.	0.			DISCIPLINES
CIDI COURS OF KENEVGKINN							
GIRL SCOUTS OF KENTUCKIANA 2115 LEXINGTON RD							
LOUISVILLE, KY 40206	61-0444698	501(C)(3)	7,000.	0.			YOUTH DEVELOPMENT
10013/11112, X1 40200	01-0444090	501(0)(3)	7,000.	0.			IOUIN 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
DDEAN BACMODY INC							
DREAM FACTORY, INC.							
410 WEST CHESTNUT STREET, SUITE 53 LOUISVILLE, KY 40202	31-1009812	501(C)(3)	6,000.	0.			HUMAN SERVICES
TOOT2ATTITE' KI 70202	31-1003012	POT(C)(3)	0,000.	U.		1	Sebedule L (Form 900

Schedule I (Form 990) CORPORATE DEP	OSITORY INC.					6	1-1100993 Page 1
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sche	edule I (Form 990), Pa	rt II.)	1
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WARA OF OPENMER LOUISQUILLE OFFICE							
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	61 0667120	F01 (d) (2)	c				
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
	01 0002100		5,500.				
PROJECT CAMP, INC.							
1501 BURNLEY ROAD							
SCOTTSVILLE, 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							VOLUNTARY HEALTH
11902 BRINLEY AVENUE, SUITE 100							ASSOCIATIONS & MEDICAL
LOUISVILLE, KY 40243	23-1907729	501(C)(3)	5,000.	0.			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.	21 0050401	F01 (d) (2)	F 000				
LOUISVILLE, KY 40202	31-0958491	pu1(C)(3)	5,000.	0.			PUBLIC & SOCIETAL BENEFIT

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Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sche	edule I (Form 990), Pa	rt 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
SANCTUARY, INC. P.O. BOX 1165							
HOPKINSVILLE, KY 42241	31-1070541	501(C)(3)	5,000.	0.			HUMAN SERVICES
MIKINDVILLI, KI 42241	51 10/0341	501(0/(5/	5,000.				
BARREN HEIGHTS CHRISTIAN RETREAT							
CENTER INC 11420 WATTERSON							
<u>COURT #800 - LOUISVILLE, KY 40299</u>	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	45-0493395	$E_{01}(q)(2)$	5,000.	0.			EDUCATION
CLARKSVILLE, TN 37043	45-0493395	501(C)(3)	5,000.	0.			EDUCATION
PUMPING FOR LIFE, INC.							INTERNATIONAL, FOREIGN
1844 BOONE TRAIL							AFFAIRS & NATIONAL
LOUISVILLE, KY 40245	46-1896197	501(C)(3)	5,000.	0.			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	45 0510100	F01 (g) (2)	5 000	0			
SAN DIEGO, CA 92129	47-2519160	DUI(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
	1. 2022000			υ.		ı	Sobodulo I (Form 000

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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
SPECIAL OPERATIONS WARRIOR							
FOUNDATION - P.O. BOX 13483 -							
TAMPA, FL 33681	52-1183585	501(C)(3)	5,000.	0.			EDUCATION
JNIVERSITY OF VIRGINIA							
PO BOX 400331							
HARLOTTESVILLE, VA 22904-4331	54-6001796	501(C)(3)	5,000.	0.			EDUCATION
SPALDING UNIVERSITY							
001 S FOURTH ST							
OUISVILLE, KY 40203	61-0444780	501(C)(3)	5,000.	0.			EDUCATION
PEED ART MUSEUM							
2035 SOUTH THIRD ST.							ARTS, CULTURE &
LOUISVILLE, KY 40208	61-0444823	501(C)(3)	5,000.	0.			HUMANITIES
	01 0444025	501(0/(3/	5,000.	0.			IIOMANIIIES
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							
00 SOUTH ENGLISH STATION ROAD							
OUISVILLE, KY 40245	61-0907309	501(C)(3)	5,000.	0.			EDUCATION
ESTERN KENTUCKY REFUGEE MUTUAL				••			
SSISTANCE SOCIETY INC - 806							
ENTON ST - BOWLING GREEN, KY							
, ,	61-0994341	501(C)(3)	5,000.	Ο.			HUMAN SERVICES
			, ,				
ISUALLY IMPAIRED PRESCHOOL							
SERVICES INC - 1906 GOLDSMITH LANE							
LOUISVILLE, KY 40218	61-1061973	501(C)(3)	5,000.	0.			EDUCATION
ENTUCKY SCHOOL FOR THE BLIND							
HARITABLE FOUNDATION, INC 214							
, HALDEMAN AVE - LOUISVILLE, KY							
, 0206	61-1080293	501(C)(3)	5,000.	0.			EDUCATION

Schedule I (Form 990) CORPORATE DEPC	DSITORY, INC.					6	1-1100993 Page 1
Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	rt 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.							CONSTRUCTION AND CONTRACTOR
614 W MAIN ST. #6000	61-1131064	501(C)(2)	5,000.	0.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
LOUISVILLE, KY 40202	01-1131004	501(C)(3)	5,000.	U.			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							
<u>41 - HOPKINSVILLE, KY 42241</u>	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							VOLUNTARY HEALTH
982 EASTERN PARKWAY LOUISVILLE, KY 40217	61-1314540	501(C)(2)	5,000.	0.			ASSOCIATIONS & MEDICAL DISCIPLINES
LOUISVILLE, KI 40217	01-1314540	501(0)(3)	5,000.	0.			DISCIPLINES
HISTORIC LOCUST GROVE INC.							
561 BLANKENBAKER LANE							ARTS, CULTURE &
LOUISVILLE, KY 40207-1168	61-1390403	501(C)(3)	5,000.	0.			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
7001041000, MI 40200	56 165/155		5,000.	υ.	1	1	

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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
CADEMY FOR INDIVIDUAL EXCELLENCE							
L01 BLUEBIRD LANE							
DUISVILLE, KY 40299	81-4505964	501(C)(3)	5,000.	0.			EDUCATION
DUISVILLE REGIONAL AIRLIFT							
EVELOPMENT, INC 471 W MAIN ST,							COMMUNITY IMPROVEMENT
JITE 301 - LOUISVILLE, KY 40202	82-1630163	501(C)(3)	5,000.	0.			CAPACITY BUILDING

THE COMMUNITY FOUNDATION OF LOUISVILLE

Schedule I (Form 990) (2018) CORPORATE DEPOSITORY INC.

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 red	puired in Part I. lir	ne 2: Part III. column	(b): and any other a	dditional information.	<u></u>

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

Page 2

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THE COMMUNITY FOUNDATION OF LOUISVILLE

Schedule I (Form 990) CORPORATE DEPOSITORY, INC. Part IV Supplemental Information	61-11	00993	Page 2
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.			
832291 04-01-18		Schedule I	(Form 99
54 470413 758005 9866.TAX1 2018.05070 THE COMMUNITY	FOUNDATION	OF 986	6_TA

sc	HEDULE J Compensation Information	OMB No.	1545-00	47
(Fo	rm 990) For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees ► Complete if the organization answered "Yes" on Form 990, Part IV, line 23.	20	18	}
Depa	The to f the Treasury Attach to Form 990.	Open to		
Interr	al Revenue Service Go to www.irs.gov/Form990 for instructions and the latest information.	-	ection	
Nan	THE COMMUNITY FOUNDATION OF LOUISVILLE	nployer identificati	on nu	mber
	CORPORATE DEPOSITORY, INC.	61-1100993		
Pa	rt I Questions Regarding Compensation		1	
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 99 Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. First-class or charter travel Housing allowance or residence for personal Travel for companions Payments for business use of personal reside Tax indemnification and gross-up payments Health or social club dues or initiation fees Discretionary spending account Personal services (such as maid, chauffeur, or	use ence	Yes	No
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
0	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	<u>1b</u>		<u> </u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,	2		
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?			<u> </u>
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization establish compensation of the CEO/Executive Director, but explain in Part III. Compensation committee Written employment contract Independent compensation consultant Compensation survey or study Form 990 of other organizations Approval by the board or compensation com			
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:			
а	Receive a severance payment or change-of-control payment?			х
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?			X
С	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		X
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
5	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 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:			
	The organization?			х
b	Any related organization?	<u>5</u> b		x
	If "Yes" on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the net earnings of:	_		
a	The organization?	<u>6a</u>		X
b	Any related organization?	<u>6b</u>		X
-	If "Yes" on line 6a or 6b, describe in Part III.			
1	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments	-		v
8	not described on lines 5 and 6? If "Yes," describe in Part III			X
0	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		v
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in	·····		X
3	Regulations section 53.4958-6(c)?	9		
ТНА	For Paperwork Reduction Act Notice, see the Instructions for Form 990.	Schedule J (Fori	n 990) 2018

832111 10-26-18

THE COMMUNITY FOUNDATION OF LOUISVILLE

Schedule J (Form 990) 2018 CORPORATE DEPOSITORY INC.

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.

		(B) Breakdown of	W-2 and/or 1099-MI	SC compensation	(C) Retirement and other deferred	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B)
(A) Name and Title		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation	compensation	Denents	(B)(I)-(D)	reported as deferred on prior Form 990
(1) SUSAN A. BERRY	(i)	0.	0.	0.	0.	0.	0.	0.
PRESIDENT & CEO	(ii)	252,497.	0.	0.	12,163.	10,399.	275,059.	0.
(2) MATTHEW L. BACON	(i)	0.	0.	0.	0.	0.	0.	0.
VP & CFO	(ii)	147,460.	0.	0.	7,424.	6,713.	161,597.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(ii)							
	(i)							
	(ii)							

56

61-1100993

CORPORATE DEPOSITORY INC.

Schedule J (Form 990) 2018

Part III Supplemental Information

Provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

Schedule J (Form 990) 2018

61-1100993

SCHEDULE M (Form 990)

Noncash Contributions

OMB No. 1545-0047
2018
Open to Public Inspection

Department of the Treasury Internal Revenue Service

Name of the organization

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.

THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY, INC.

Employer identification number 61-1100993

	CORFORATE	DEF
Types	of Property	

Pa	t I Types of Property				· · · · · · · · · · · · · · · · · · ·			
		(a) Check if applicable	(b) Number of contributions or	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of de noncash contribu		•	s
4	Art Works of art			ronn 990, rait vill, line rg				
1	Art - Works of art							
2 3	Art - Historical treasures							
-	Art - Fractional interests							
4	Books and publications							
5	Clothing and household goods							
6 7	Cars and other vehicles							
7 8	Boats and planes							
о 9	Intellectual property	77		254 000				
	Securities - Publicly traded Securities - Closely held stock	X	8	254,906.	FMV AT DATE OF G	L F.T.		
10								
11	Securities - Partnership, LLC, or trust interests							
10								
12 13	Securities - Miscellaneous Qualified conservation contribution -							
13								
14	Augualified conservation contribution - Other							
	Real estate - Residential							
15 16	Real estate - Commercial							
16 17	Real estate - Other							
18								
10 19	Collectibles							
20	Food inventory Drugs and medical supplies							
20 21	Taxidermy							
22	Historical artifacts							
23	Scientific specimens							
23 24	Archeological artifacts							
24 25	Other ()							
25 26								
20 27								
21 28	Other ▶ () Other ▶ ()							
<u>20</u> 29	Number of Forms 8283 received by the organi	zation durin	l a the tax year for c	contributions				
29	for which the organization completed Form 82						٥	
		00,1 4111,	Bonee / loikino med	20 20			Yes	No
30a	During the year, did the organization receive b	v contributio	n any property re	orted in Part I, lines 1 throu	ah 28 that it		103	
000	must hold for at least three years from the date							
	exempt purposes for the entire holding period					30a		х
b	If "Yes," describe the arrangement in Part II.	•				000		21
31	Does the organization have a gift acceptance	policy that re	equires the review	of any nonstandard contribu	utions?	31	х	
	Does the organization hire or use third parties							
<u>u</u>	contributions?		-			32a		x
h	If "Yes," describe in Part II.					u∠a		Λ
33	If the organization didn't report an amount in c	olumn (c) fo	r a type of propert	v for which column (a) is che	cked.			
	describe in Part II.							

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

Schedule M (Form 990) 2018

832141 10-18-18

Part II	Supplemental Information. Provide the information required by Part I, lines 30b, 32b, and 33 is reporting in Part I, column (b), the number of contributions, the number of items received, or a corr this part for any additional information.	b, and whether the organi nbination of both. Also co	zation mplete
	this part for any additional information.		
		Schedule M (For	
2142 10-18-1	18	Schedule M (For	m 990

(Form 990 or 990-EZ)		o provide information for res 990 or 990-EZ or to provide a ► Attach to Form 99	ny additional informati		ZUIO Open to Public
Department of the Treasury Internal Revenue Service	► G	to to www.irs.gov/Form990 fo		ı.	Inspection
Name of the organization	THE COMMUNITY	FOUNDATION OF LOUISVII	LE	Employe	r identification numbe
	CORPORATE DEP	OSITORY, INC.		61-110	0993
FORM 990, PART VI, SE	CTION B, LINE 11	B:			
A DRAFT OF THE RETURN	I IS REVIEWED FIR	ST BY INTERNAL MANAGEME	NT. AFTER		
INTERNAL MANAGEMENT H	AS REVIEWED THE	RETURN AND ANY CHANGES	ARE MADE A		
DRAFT IS PROVIDED TO	THE FINANCE COMM	ITTEE FOR REVIEW AND A	COPY IS		
PROVIDED TO THE ENTIR	E BOARD. ONCE TH	E COMMENTS FROM THE BOA	RD ARE REVIEWED		
THE FINAL DRAFT OF TH	E RETURN IS PREP	ARED AND SIGNED BY THE	VICE PRESIDENT.		
FORM 990, PART VI, SE	CTION B, LINE 12	C:			
OFFICERS, DIRECTORS A	ND KEY EMPLOYEES	MAY NOT ENGAGE IN ACTI	VITIES THAT		
MIGHT INTERFERE WITH	THE DISCHARGE OF	THEIR RESPONSIBILITY C	RIN		
TRANSACTIONS THAT REA	SONABLY MIGHT AF	FECT THE JUDGMENT EXERC	ISE ON BEHALF		
OF THE ORGANIZATION.	IF THERE HAVE BE	EN ANY CHANGES THAT MAY	BE A POTENTIAL		
CONFLICT OF INTEREST,	INDIVIDUALS SHO	ULD NOTIFY THE PRESIDEN	T & CEO.		
OFFICERS, DIRECTORS A	ND KEY EMPLOYEES	ARE REQUIRED TO READ A	ND SIGN A		
CONFLICT OF INTEREST	DISCLOSURE FORM	FROM TIME TO TIME WHICH	THE		
ORGANIZATION WILL KEE	P ON FILE.				
OFFICERS, DIRECTORS A	ND KEY EMPLOYEES	ARE EXPECTED AT ALL TI	MES TO USE GOOD		
JUDGMENT AND TO ADHER	E TO HIGH ETHICA	L STANDARDS. IN DOING S	O, THEY WILL		
CONDUCT THEIR AFFAIRS	IN SUCH A MANNE	R AS TO AVOID ANY ACTUA	L OR POTENTIAL		
CONFLICT OF INTEREST.					
THE ORGANIZATION BELI	EVES THAT ITS OF	FICERS, DIRECTORS AND F	EY EMPLOYEES		
SHOULD NOT BE INHIBIT	ED SOLELY BECAUS	E OF POTENTIAL CONFLICT	S OF INTEREST.		
IN FACT, THE ORGANIZA	TION BELIEVES TH	AT CONFLICTS OF INTERES	T CAN BEST BE		
		CH INTERESTS, TOGETHER the Instructions for Form 99		Schedule O (For	m 990 or 990-EZ) (201
•					

CORPORATE DEPOSITORY, INC. NINVOLVEMENT IN ANY VOTE WHERE SUCH A CONFLICT EXISTS. CH OFFICER, DIRECTOR AND KEY EMPLOYEE IS REQUESTED TO PROVIDE ANNUALLY TO E PRESIDENT OF CFL A LIST OF OFFICES AND DIRECTORSHIPS HE OR SHE HOLDS IN ARRITABLE AND BUSINESS ORGANIZATIONS, AND TO IDENTIFY HIS OR HER PLACE OF PLOYMENT OR PRINCIPAL BUSINESS ACTIVITY. FICERS, DIRECTORS AND KEY EMPLOYEES SHOULD DISCLOSE A CONFLICT OF TEREST: PRIOR TO ENTERING INTO ANY CONTRACT WHICH COMES BEFORE THE BOARD OR ANY MMITTEE; ANS SOON AS POSSIBLE AFTER THE INDIVIDUAL LEARNS OF A CONFLICT OF INTEREST ANY OTHER CONTEXT. SCLOSURE SHOULD BE MADE TO THE BOARD CHAIR, PRESIDENT OF CFL, OR IN THE SE OF A COMMITTEE, TO THE CHAIRPERSON OF THAT COMMITTEE, THE MINUTES OF E MEETING SHOULD REFLECT THAT APPROPRIATE DISCLOSURE WAS MADE, AND THAT E INTERESTED PARTY ABSTAINED FROM VOTING. RM 990, PART VI, SECTION B, LINE 15: E ORGANIZATION DOES NOT HAVE ANY EMPLOYEES CURRENTLY; HOWEVER, THEY LLOW THE POLICIES AND PROCEDURES FOR DETERMINING COMPENSATION AS	
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RM 990, PART VI, SECTION B, LINE 15: E ORGANIZATION DOES NOT HAVE ANY EMPLOYEES CURRENTLY; HOWEVER, THEY	
E ORGANIZATION DOES NOT HAVE ANY EMPLOYEES CURRENTLY; HOWEVER, THEY	
LOW THE POLICIES AND PROCEDURES FOR DETERMINING COMPENSATION AS	
TABLISHED BY THE COMMUNITY FOUNDATION OF LOUISVILLE, INC. THE COMMUNITY	
UNDATION OF LOUISVILLE, INC. HAS A COMPENSATION COMMITTEE THAT ANNUALLY	
VIEWS INDUSTRY SURVEY INFORMATION TO DETERMINE A FAIR AND REASONABLE	
MPENSATION FOR THE OFFICERS AND KEY EMPLOYEES. THE PRESIDENT'S AND	
FICERS' COMPENSATION IS THEN APPROVED BY THE COMPENSATION COMMITTEE.	
MPENSATION FOR ALL EMPLOYEES IS APPROVED BY THE COMPENSATION COMMITTEE 212 10-10-18 Schedule	

Name of the organization	THE COMMUNITY FOUNDATION OF CORPORATE DEPOSITORY INC.	LOUISVILLE		Employer identification numb 61-1100993
	<u> </u>			
AND BOARD.				
	POTTON O LINE 10			
	ECTION C, LINE 19:			
	ES ITS FINANCIAL STATEMENTS,			
OLICY, AND GOVERNIN	G DOCUMENTS AVAILABLE TO THE	PUBLIC UPON RE	QUEST.	
FORM 990, PART XII,	LINE 2C:			
THE PROCESS HAS NOT	CHANGED FROM PRIOR YEAR:			
THE COMMUNITY FOUNDA	TION OF LOUISVILLE CORPORATE	DEPOSITORY, IN	IC. IS	
AUDITED AS PART OF T	HE COMMUNITY FOUNDATION OF LC	UISVILLE, INC.		
COMBINED GROUP. THE	COMMUNITY FOUNDATION OF LOUIS	VILLE CORPORAT	E	
DEPOSITORY, INC. IS	INCLUDED IN THE COMMUNITY FOU	NDATION OF LOU	ISVILLE,	
INC. AND AFFILIATES	COMBINED FINANCIAL STATEMENTS			
THE ORGANIZATION HAS	AN AUDIT COMMITTEE THAT OVER	SEES THE AUDIT	OF THE	
FINANCIAL STATEMENTS	AND THE SELECTION OF THE INI	EPENDENT AUDIT	OR FOR	
THE COMBINED GROUP.				
32212 10-10-18		<i>c</i> o		Schedule O (Form 990 or 990-EZ) (20
70413 758005	9866.TAX1 2018.	62 05070 THE	COMMUNITY FO	OUNDATION OF 9866_TA

SCHEDULE R	
(Form 990)	

Name of the organization

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Employer identification number

CORPORATE DEPOSITORY, INC.

THE COMMUNITY FOUNDATION OF LOUISVILLE

61-1100993

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	(f) Direct controlling entity	contr	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
THE COMMUNITY FOUNDATION OF LOUISVILLE, INC.							
<u>- 31-0997017, 325 W. MAIN ST, SUITE 1110,</u>	FACILITATE INDIVIDUAL						
LOUISVILLE, KY 40202	DONORS' CHARITABLE GIVING	KENTUCKY	501(C)(3)	7	N/A		х
THE COMMUNITY FOUNDATION OF LOUISVILLE					THE COMMUNITY		
<u>DEPOSITORY - 31-1140889, 325 W. MAIN ST,</u>	FACILITATE INDIVIDUAL				FOUNDATION OF		
SUITE 1110, LOUISVILLE, KY 40202	DONORS' CHARITABLE GIVING	KENTUCKY	501(C)(3)	7	LOUISVILLE, INC.		х
FELIX E. MARTIN JR. FOUNDATION, INC -	TYPE I SUPPORTING				THE COMMUNITY		
26-2193468, 325 W. MAIN ST, SUITE 1110,	ORGANIZATION - MAINTAIN				FOUNDATION OF		
LOUISVILLE, KY 40202	AND RECEIVE CONTRIBUTIONS	KENTUCKY	501(C)(3)	11 TYPE 1	LOUISVILLE, INC.		х
THE REAL ESTATE ASSET LEGACY FOUNDATION OF	TYPE I SUPPORTING				THE COMMUNITY		
	ORGANIZATION - MAINTAIN				FOUNDATION OF		
STREET, SUITE 1110, LOUISVILLE, KY 40202	AND RECEIVE CONTRIBUTIONS	KENTUCKY	501(C)(3)	11 TYPE 1	LOUISVILLE, INC.		х

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

Schedule R (Form 990)

Part II Continuation of Identification of Related Tax-Exempt Organizations

(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	cont	g) 512(b)(13) rolled ization? No
LOUISVILLE ORCHESTRA FOUNDATION, INC 20-1546969, 323 W. BROADWAY, SUITE 700,	TYPE I SUPPORTING ORGANIZATION - MAINTAIN				LOUISVILLE	Tes	NO
LOUISVILLE, KY 40202	AND RECEIVE CONTRIBUTIONS	KENTUCKY	501(C)(3)	11 TYPE 1	ORCHESTRA, INC.		x
LOUISVILLE PRESERVATION FUND, INC	TYPE I SUPPORTING				THE COMMUNITY		
46-2871014, 323 W. BROADWAY, SUITE 700,	ORGANIZATION - MAINTAIN				FOUNDATION OF		
LOUISVILLE, KY 40202	AND RECEIVE CONTRIBUTIONS	KENTUCKY	501(C)(3)	11 TYPE 1	LOUISVILLE, INC.		x
	_						
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THE COMMUNITY FOUNDATION OF LOUISVILLE

Schedule R (Form 990) 2018 CORPORATE DEPOSITORY INC.

Part III Identification of Related Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a partnership during the tax year.

							1			1	
(a)	(b)	(c)	(d)	(e)	(f)	(g)	(1	h)	(i)	(j)	(k)
Name, address, and EIN of related organization	Primary activity	Legal domicile (state or foreign	Direct controlling entity	Predominant income (related, unrelated, excluded from tax under sections 512-514)	Share of total income	Share of end-of-year assets		ortionate tions?	Code V-UBI amount in box 20 of Schedule	General managi partne	or Percentage ownership
		country)		sections 512-514)		400010	Yes	No	K-1 (Form 1065)	Yes N	0
	-										
	-										
·	-										
	-										
	1										
	1	1	1	1		1	1	1	1	1 I	

Part IV Identification of Related Organizations Taxable as a Corporation or Trust. Complete if the organization answered "Yes" on Form 990, Part IV, line 34, because it had one or more related organizations treated as a corporation or trust during the tax year.

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i Sec 512(t contr ent	i) b)(13) rolled tity?
		country)				400010		Yes	No

THE COMMUNITY FOUNDATION OF LOUISVILLE

Schedule R (Form 990) 2018 CORPORATE DEPOSITORY INC.

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

ote: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.		Ye	s N
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	1a		
b Gift, grant, or capital contribution to related organization(s)	1b	х	
c Gift, grant, or capital contribution from related organization(s)		х	
d Loans or loan guarantees to or for related organization(s)			
e Loans or loan guarantees by related organization(s)			
f Dividends from related organization(s)			
g Sale of assets to related organization(s)			
h Purchase of assets from related organization(s)	1h		
i Exchange of assets with related organization(s)	1i		
j Lease of facilities, equipment, or other assets to related organization(s)	1j		
k Lease of facilities, equipment, or other assets from related organization(s)			
Performance of services or membership or fundraising solicitations for related organization(s)			
m Performance of services or membership or fundraising solicitations by related organization(s)			
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		х	
o Sharing of paid employees with related organization(s)		х	
p Reimbursement paid to related organization(s) for expenses			_
q Reimbursement paid by related organization(s) for expenses	<u>1q</u>		_
r Other transfer of cash or property to related organization(s)	1r		
s Other transfer of cash or property from related organization(s)			T

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)			
<u>(2)</u>			
<u>(3)</u>			
<u>(4)</u>			
(5)			
<u>(6)</u>	66		Schodula D (Form 000) 2019

Part VI Unrelated Organizations Taxable as a Partnership. Complete if the organization answered "Yes" on Form 990, Part IV, line 37.

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a)	(b)	(c)	(d)	(e) Are all	(f)	(g)	()	ר)	(i)	(j)	(k)
Name, address, and EIN of entity	Primary activity	Legal domicile (state or foreign country)		partners sec 501(c)(3) orgs.?		Share of end-of-year assets	Dispr tior alloca Yes	opor- nate tions?	Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	Gene mana partr Yes	al or Pero ^{ging} ler? Owr No	centage nership
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/	THE COMMUNITY FOUNDATION OF LOUISVILLE		
chedule R (Form 990) 2018	CORPORATE DEPOSITORY, INC.	61-1100993	Pa
Part VII Supplemental Inform	nation.		
Provide additional informa	tion for responses to questions on Schedule R. See instructions.		
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