** PUBLIC DISCLOSURE COPY **

Department of the Treasury

Internal Revenue Service

Return of Organization Exempt From Income Tax

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

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

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

Open to Public Inspection

OMB No. 1545-0047

and ending JUN 30 2019 For the 2018 calendar year, or tax year beginning JUL 1 2018C Name of organization D Employer identification number Check if THE COMMUNITY FOUNDATION OF LOUISVILLE DEPOSITORY INC Name Doing business as 31-1140889 change Initial Number and street (or P.O. box if mail is not delivered to street address) Room/suite E Telephone number return Final 325 W MAIN STREET 1110 502-585-4649 City or town, state or province, country, and ZIP or foreign postal code G Gross receipts \$ 25 177 039. Amended return H(a) Is this a group return LOUISVILLE KY 40202 Applica-tion Yes 🗓 No F Name and address of principal officer: MATTHEW L. BACON for subordinates? pending SAME AS C ABOVE **H(b)** Are all subordinates included? No Tax-exempt status: x 501(c)(3) 501(c)() (insert no.) 4947(a)(1) or 527 If "No." attach a list. (see instructions) J Website: ► WWW.CFLOUISVILLE.COM **H(c)** Group exemption number ▶ K Form of organization: x Corporation Association Other > Year of formation: 1985 M State of legal domicile: KY Part I Summary Briefly describe the organization's mission or most significant activities: TO FACILITATE DONORS' CHARITABLE Governance Check this box if the organization discontinued its operations or disposed of more than 25% of its net assets. Number of voting members of the governing body (Part VI, line 1a) 26 Number of independent voting members of the governing body (Part VI, line 1b) 26 Activities & Total number of individuals employed in calendar year 2018 (Part V, line 2a) 5 0 Total number of volunteers (estimate if necessary) 6 27 7 a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0. **b** Net unrelated business taxable income from Form 990-T, line 38. 0. **Prior Year Current Year** Contributions and grants (Part VIII, line 1h) 13 696 364. Program service revenue (Part VIII, line 2g) n 0. Investment income (Part VIII, column (A), lines 3, 4, and 7d) 577 366 680,970. Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) 11 n Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12) 12 13,654,172 14 377 334. Grants and similar amounts paid (Part IX, column (A), lines 1-3) 12,362,154 13,935,692. Benefits paid to or for members (Part IX, column (A), line 4) 0 0. Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10) 0 0. 16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0. **b** Total fundraising expenses (Part IX, column (D), line 25) Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e) 716,919. 17 589 898 Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25) 952 052 14 652 611. Revenue less expenses. Subtract line 18 from line 12 -27<u>5,277</u>. 702 120 **Beginning of Current Year** End of Year 20 Total assets (Part X, line 16) 20,752,444 25,427,998. 21 Total liabilities (Part X, line 26) 2 214 880 6,981,467 Net assets or fund balances. Subtract line 21 from line 20 . 18,537,564 18,446,531 Part II | Signature Block Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge. Signature of officer Sign Here MATTHEW L. BACON, INTERIM PRESIDENT & CEO Type or print name and title Date PTIN Check Print/Type preparer's name Preparer's signature Paid <u>04/13</u>/20 REBECCA L. PHILLIPS, CPA self-employed P00024055 Preparer Firm's name MCM CPAS & ADVISORS LLP Firm's EIN ▶ 27-1235638 Use Only Firm's address 462 s. FOURTH ST., SUITE 2600 LOUISVILLE, KY 40202-3445 Phone no. (502) 749-1900

X Yes

May the IRS discuss this return with the preparer shown above? (see instructions)

Form **990** (2018)

Total program service expenses

Other program services (Describe in Schedule O.)

including grants of \$

14 621 683.

	THE COMMUNITY FOUNDATION OF LOUISVILLE			
	990 (2018) DEPOSITORY INC. 31-1140889		Р	age 3
Pai	rt IV Checklist of Required Schedules		1	ı
			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	Х	
2	Is the organization required to complete Schedule B, Schedule of Contributors?	2	Х	
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		Х
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		Х
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,			
	the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II	7		Х
8	Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete			
	Schedule D, Part III	8		Х
9	Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for			
	amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services?			
	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, 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		Х
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? If "Yes," complete Schedule D, Part VII	11b		Х
С	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? If "Yes," complete Schedule D, Part VIII	11c		Х
d	Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in			
	Part X, line 16? If "Yes," complete Schedule D, Part IX	11d		Х
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	Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses			
	the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? 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	
13	Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13		Х
14a	Did the organization maintain an office, employees, or agents outside of the United States?	14a		Х
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		Х
15	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any			
	foreign organization? If "Yes," complete Schedule F, Parts II and IV	15		Х
16	Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to			
	or for foreign individuals? 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		Х
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		Х
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		Х
20 a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		Х
		1	1	i

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b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?

Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or

domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II

31-1140889

Part IV Checklist of Required Schedules (continued)

			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		X
	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		
	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25 a	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			
00	Schedule L, Part I	25b		Х
26	Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or			
	former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? If "Yes," complete Schedule L, Part II	96		v
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial	26		Х
27	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? If "Yes," complete Schedule L, Part III	27		х
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV			
20	instructions for applicable filing thresholds, conditions, and exceptions):			
а	A current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28a		х
	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
	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	28c		х
29	Did the organization receive more than \$25,000 in non-cash contributions? If "Yes," complete Schedule M	29	Х	
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	
	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	35a		Х
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity			
	within the meaning of section 512(b)(13)? If "Yes," complete Schedule R, Part V, line 2	35b		
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization?			
	If "Yes," complete Schedule R, Part V, line 2	36		Х
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization			
	and that is treated as a partnership for federal income tax purposes? If "Yes," complete Schedule R, Part VI	37		Х
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19?			
Pai	Note. All Form 990 filers are required to complete Schedule O **T V Statements Regarding Other IRS Filings and Tax Compliance	38	X	<u> </u>
ı al	Check if Schedule O contains a response or note to any line in this Part V			
	C. Communication of the communication of the country into an unity			NI.
4.	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		Yes	No
	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 0 Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable 1b 0			
	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming			
C	(gambling) winnings to prize winners?	1c		
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				,

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

			Yes	No						
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements,									
	filed for the calendar year ending with or within the year covered by this return									
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b								
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)									
За	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х						
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation in Schedule O	3b								
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a									
	financial account in a foreign country (such as a bank account, securities account, or other financial account)?	4a		Х						
b	If "Yes," enter the name of the foreign country:									
	See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).									
5а	, , , , , , , , , , , , , , , , , , , ,									
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5b		Х						
С	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c								
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit									
	any contributions that were not tax deductible as charitable contributions?	6a		X						
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts									
	were not tax deductible?	6b								
7	Organizations that may receive deductible contributions under section 170(c).									
а	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?	7a		Х						
	If "Yes," did the organization notify the donor of the value of the goods or services provided?	7b								
С	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required	_								
	to file Form 8282?	7c		X						
	If "Yes," indicate the number of Forms 8282 filed during the year	_								
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e 7f		X						
	f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?									
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?	7g								
h o	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?	7h								
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?	8								
9	Sponsoring organizations maintaining donor advised funds.	0								
а	Did the conversion and in the control of the distribution and control of 10000	9a								
	Did the sponsoring organization make any taxable distributions under section 4966? Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b								
10	Section 501(c)(7) organizations. Enter:	90								
	Initiation fees and capital contributions included on Part VIII, line 12									
	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									
b	Gross income from other sources (Do not net amounts due or paid to other sources against									
	amounts due or received from them.)									
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?	12a								
	If "Yes," enter the amount of tax-exempt interest received or accrued during the year									
	Section 501(c)(29) qualified nonprofit health insurance issuers.									
	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									
С	Enter the amount of reserves on hand 13c									
	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										
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration 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 income?	16		Х						
	If "Yes," complete Form 4720, Schedule O.									

DEPOSITORY, INC

31-1140889 Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response

	to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.		•						
	Check if Schedule O contains a response or note to any line in this Part VI			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	26							
	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	26							
2	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other								
	officer, director, trustee, or key employee?	. 2		Х					
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision								
	of officers, directors, or trustees, or key employees to a management company or other person?	. 3		Х					
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	. 4		Х					
5	5 Did the organization become aware during the year of a significant diversion of the organization's assets?								
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 appoint one or								
	more members of the governing body?	. 7a		Х					
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or								
	persons other than the governing body?	. 7b		Х					
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:								
а	The governing body?	. 8a	Х						
b	Each committee with authority to act on behalf of the governing body?	. 8b	Х						
9	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the								
	organization's mailing address? If "Yes," provide the names and addresses in Schedule O	9		X					
Sec	tion B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)		1						
		_	Yes	No					
	Did the organization have local chapters, branches, or affiliates?	. 10a		Х					
b									
	and branches to ensure their operations are consistent with the organization's exempt purposes?								
		11a	Х						
	Describe in Schedule O the process, if any, used by the organization to review this Form 990.								
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13								
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	. 12b	Х						
С	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe	40							
40	in Schedule O how this was done								
13	Did the organization have a written whistleblower policy?		X						
14	Did the organization have a written document retention and destruction policy? Did the process for determining compensation of the following persons include a review and approval by independent	. 14	Х						
15									
	persons, comparability data, and contemporaneous substantiation of the deliberation and decision? The organization's CEO, Executive Director, or top management official	150		v					
	Other officers or key employees of the organization			X					
b	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).	. 130		Λ					
160	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a								
10a	taxable entity during the year?	16a		х					
h	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation	. Ioa							
b	in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's								
	exempt status with respect to such arrangements?	. 16b							
Sec	tion C. Disclosure	. 100	<u> </u>						
17	List the states with which a copy of this Form 990 is required to be filed ▶ку								
18	Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)	(3)s only) 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 Schedule O)								
19	Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy,	and finar	icial						
	statements available to the public during the tax year.								
20	State the name, address, and telephone number of the person who possesses the organization's books and records								
	MATTHEW L. BACON - 502-585-4649								
	325 W. MAIN STREET SUITE 1110 LOUISVILLE KY 40202								
	OBS W. INTER STREET, DOTTE TITE, EGOTOVILLE, RI TUAUA								

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

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

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's current key employees, if any. See instructions for definition of "key employee."
- List the organization's five current highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

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

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

(A)	(B)		(C)		(D)	(E)	(F)			
Name and Title	Average	(do	Position (do not check more than one		Reportable	Reportable	Estimated			
	hours per	box	box, unless person is both an officer and a director/trustee)		compensation	compensation	amount of			
	week		cer ar	nd a d	lirecto	or/trus	tee)	from	from related	other
	(list any	rector						the	organizations	compensation
	hours for	or di	ee			sated		organization	(W-2/1099-MISC)	from the
	related	ustee	trust		99	Suadu		(W-2/1099-MISC)		organization and related
	organizations below	lual tr	tional		nploy	st con	_			organizations
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			organizations
(1) STEPHANIE H. SMITH	2.00	_	_		-	_ 0				
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) GARY ULMER	2.00									
BOARD TREASURER	4.00	Х		Х				0.	0.	0.
(4) DAVID TACHAU	2.00									
BOARD SECRETARY	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 BERGMEISTER	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		<u> </u>				0.	0.	0.
(17) HARRIET L. LAIR	1.00									
DIRECTOR	2.00	Х		<u> </u>				0.	0.	0.
020007 10 21 10										Form 990 (2018)

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Form 990 (2018) DEPOSITORY I									31-1140	889		P	age c
Part VII Section A. Officers, Directors, Trustees, Key Employees, and						ghe	st C	Compensated Employe	es (continued)				
(A) Name and title	(B) Average hours per week	(do box	not c	Pos check ess pe	c) ition more rson) than is bot	one h an	(D) Reportable compensation from	(E) Reportable compensation from related		an	(F) timate nount other	
	(list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	the organization (W-2/1099-MISC)	organizations (W-2/1099-MIS		fr org and	pensa om the anizat d relat anizatie	e ion ed
(18) CURT SCOTT DIRECTOR	1.00	х						0.		0.			0.
(19) WILLIAM R. MAPOTHER	1.00												
DIRECTOR	2.00	Х						0.		0.			0.
(20) WILLIAM G. STRENCH	1.00												
DIRECTOR	2.00	Х						0.		0.			0
(21) LOPA MEHROTRA	1.00												
DIRECTOR	2.00	Х						0.		0.			0.
(22) CAROLYN TANDY	1.00												
DIRECTOR	2.00	Х						0.		0.			0 ,
(23) MARTA MIRANDA-STRAUB	1.00												_
DIRECTOR	2.00	X						0.		0.			0 .
(24) DEBORAH B. WILLIAMS DIRECTOR	1.00 2.00	v						0.		0.			0.
(25) BETH S. PEABODY	1.00	Λ						0.		υ.			0,
DIRECTOR	2.00	v						0.		0.			0.
(26) SUSAN ZEPEDA	1.00	Λ						0.		٠.			
DIRECTOR	2.00	x						0.		0.			0 .
1b Sub-total		•						0.		0.			0.
c Total from continuation sheets to Part VI								0.	725,3	109.		84	644.
d Total (add lines 1b and 1c)							\triangleright	0.	725,3	109.		84,	644
2 Total number of individuals (including but n	ot limited to th	ose	liste	ed al	bove	e) wł	no re	eceived more than \$100	,000 of reportable	е			
compensation from the organization													(
												Yes	No
3 Did the organization list any former officer,													
line 1a? If "Yes," complete Schedule J for s											3		Х
4 For any individual listed on line 1a, is the su			-					•	-				
and related organizations greater than \$150											4	Х	
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 Section B. Independent Contractors	plete Schedul	e J t	or s	uch	pers	son .					5		X
	mnoncated in	dono	ando	nt c	ontr	racto	ore t	that received more than	\$100,000 of com	none	ation f	rom	
1 Complete this table for your five highest co the organization. Report compensation for										pens	ationi	10111	
(A)	inc calcindar y	car	criai	ng v	VILII	OI W	101111	(B)	ycar.		(0	:)	
Name and business	address	NO:	NE					Description of s	ervices	С		nsatio	n

\$100,000 of compensation from the organization SEE PART VII, SECTION A CONTINUATION SHEETS

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Total number of independent contractors (including but not limited to those listed above) who received more than

Form 990

DEPOSITORY INC.

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Form 990 DEPOSITORY, 1	INC.								31-114088	9		
Part VII Section A. Officers, Directors, Tru	ıstees, Key Eı	nplo	yee	s, a	nd ŀ	ligh	est	Compensated Employ	rees (continued)			
(A)	(B)				C)			(D)	(E)	(F)		
Name and title	Average				ition	1		Reportable	Reportable	Estimated		
Name and title	hours	(cl	(check all t				ılv)	compensation	compensation	amount of		
	per	(01	(011001				I	a. appiy)		from	from related	other
	week					99		the	organizations	compensation		
	(list any	tor				ploy		organization	(W-2/1099-MISC)	from the		
	hours for	direc				d em		(W-2/1099-MISC)	(W 2/ 1000 WIIOO)	organization		
	related	3e Or	stee			nsate		(** 2/ 1000 1/1100)		and related		
	organizations	trust	al tru		yee	m pe				organizations		
	below	dual	ution	_	nplo	st co	ie ie			organizationio		
	line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former					
	•	_	_	_	_		_					
(27) ELIZABETH ROUNSAVALL	1.00											
DIRECTOR	2.00	Х						0.	0.	C		
(28) SUSAN A. BARRY	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								·			
VP, DEVELOPMENT & STEWARDSHIP	35.00			х				0.	100,738.	12,902		
(33) JANET WALTHER	5.00								,	,		
VP, COMMUNICATIONS & MARKETING	35.00			х				0.	3,278.	818		
								- •	-,-:-•			
					ļ							
					<u> </u>							
		1										
-												
	<u>I</u>	1	ı	ı	1	1	ı					
Total to Dort VII. Continue A line 4-									E05 400	0		
Total to Part VII, Section A, line 1c								l .	725,109.	84,644		

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DEPOSITORY INC. Part VIII Statement of Revenue

		Check if Schedule O cont	ains a response	or note to any lin	e in this Part VIII			
					(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	Revenue excluded from tax under sections 512 - 514
nts nts	1 a	Federated campaigns	1a					
Contributions, Gifts, Grants and Other Similar Amounts	b	Membership dues	1b					
s, G		Fundraising events						
ar /		Related organizations		1,141,300.				
imil		Government grants (contribut						
rion S		All other contributions, gifts, gran						
the		similar amounts not included above		12,555,064.				
d d	g	Noncash contributions included in lines		9,001,385.				
a Co		Total. Add lines 1a-1f		>	13,696,364.			
				Business Code				
e	2 a	l						
ه کِز	b							
Program Service Revenue	С							
am	d		<u> </u>					
og B	е							
Ā	f	All other program service reve	nue					
	g	Total. Add lines 2a-2f		>				
	3	Investment income (including	dividends, inter	est, and				
		other similar amounts)		>	706,039.			706,039.
	4	Income from investment of tax			•			,
	5	Royalties						
			(i) Real	(ii) Personal				
	6 a	Gross rents						
	b	Less: rental expenses						
		Rental income or (loss)						
	d	Net rental income or (loss)						
		Gross amount from sales of	(i) Securities	(ii) Other				
		assets other than inventory	10,774,636,					
	b	Less: cost or other basis						
		and sales expenses	10,799,705,					
	С	Gain or (loss)						
		Net gain or (loss)			-25,069.			-25,069.
Φ		Gross income from fundraising			•			
une		including \$	of					
eve		contributions reported on line						
Other Reven		Part IV, line 18	•					
the	b	Less: direct expenses						
0		Net income or (loss) from fund						
	9 a	Gross income from gaming ac						
		Part IV, line 19						
	b	Less: direct expenses						
		Net income or (loss) from gam						
	10 a	Gross sales of inventory, less	returns					
		and allowances						
	b	Less: cost of goods sold						
		: Net income or (loss) from sale						
Ţ		Miscellaneous Revenu		Business Code				
ļ	11 a							
	b							
	C	-	<u> </u>					
		All other revenue						
		Total. Add lines 11a-11d						
	12	Total revenue. See instructions			14.377.334.	0.	0	680 970.

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Part IX Statement of Functional Expenses

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

	Check if Schedule O contains a response or note to any line in this Part IX										
	Check if Schedule O contains a respon not include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	this Part IX(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses						
1	Grants and other assistance to domestic organizations		•		•						
•	and demostic governments. Can Dort IV line 01	12 025 602	13,935,692.								
•	Grants and other assistance to domestic	13,935,692.	13,935,692.								
2	in distribute One Deat IV the 200										
	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										
	Pension plan accruals and contributions (include										
8	•										
_	section 401(k) and 403(b) employer contributions)										
9	Other employee benefits										
10	Payroll taxes										
11	Fees for services (non-employees):										
а	Management										
b	Legal										
С	Accounting										
d	Lobbying										
е	Professional fundraising services. See Part IV, line 17										
f	Investment management fees	30,928.		30,928.							
g g	Other. (If line 11g amount exceeds 10% of line 25,	30,320.		30,520.							
9	column (A) amount, list line 11g expenses on Sch O.)										
40	` , ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' ' '										
12	Advertising and promotion										
13	Office expenses										
14	Information technology										
15	Royalties										
16	Occupancy										
17	Travel										
18	Payments of travel or entertainment expenses										
	for any federal, state, or local public officials										
19	Conferences, conventions, and meetings										
20	Interest										
21	Payments to affiliates										
22	Depreciation, depletion, and amortization										
23	Insurance										
24	Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule 0.)										
а	EARNINGS DISTRIBUTED TO	685,991.	685,991.								
b			,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,								
c											
d											
	All other expenses										
	Total functional expenses. Add lines 1 through 24e	14,652,611.	14,621,683.	30,928.	^						
<u>25</u>	Joint costs. Complete this line only if the organization	14,032,011.	14,021,003.	30,928.	0.						
26											
	reported in column (B) joint costs from a combined										
	educational campaign and fundraising solicitation.										
	Check here if following SOP 98-2 (ASC 958-720)				- 000						
00004	1 12-31-19				Form 990 (2018						

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Form 990 (2018)
Part X Balance Sheet DEPOSITORY INC.

Га	ιΛ	Dalatice Stieet				
		Check if Schedule O contains a response or not	te to any line in this Part X			
				(A) Beginning of year		(B) End of year
	1	Cash - non-interest-bearing		86,280.	1	393,563.
	2	Savings and temporary cash investments			2	
	3	Pledges and grants receivable, net	12,110.	3	26,873.	
	4	Accounts receivable, net	919.	4	3,322.	
	5	Loans and other receivables from current and for	ormer officers, directors,			
		trustees, key employees, and highest compens	ated employees. Complete			
		Part II of Schedule L			5	
	6	Loans and other receivables from other disqual	ified persons (as defined under			
		section 4958(f)(1)), persons described in section	n 4958(c)(3)(B), and contributing			
		employers and sponsoring organizations of sec	tion 501(c)(9) voluntary			
ş		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	20,027,297.	11	24,359,897.	
	12	Investments - other securities. See Part IV, line	625,838.	12	644,343.	
	13	Investments - program-related. See Part IV, line	•	13	•	
	14	Intangible assets			14	
	15	Other assets. See Part IV, line 11			15	
	16	Total assets. Add lines 1 through 15 (must equ		20 752 444.	16	25,427,998.
	17	Accounts payable and accrued expenses		81,699.	17	538,156.
	18	Grants payable			18	
	19	Deferred revenue		19		
	20	Tax-exempt bond liabilities		20		
	21	Escrow or custodial account liability. Complete			21	
S	22	Loans and other payables to current and former	r officers, directors, trustees,			
Liabilities		key employees, highest compensated employee	es, and disqualified persons.			
iabi		Complete Part II of Schedule L			22	
	23	Secured mortgages and notes payable to unrela			23	
	24	Unsecured notes and loans payable to unrelate	d third parties		24	
	25	Other liabilities (including federal income tax, pa	yables to related third			
		parties, and other liabilities not included on lines	s 17-24). Complete Part X of			
		Schedule D		2,133,181.	25	6,443,311.
	26	Total liabilities. Add lines 17 through 25		2,214,880.	26	6,981,467.
		Organizations that follow SFAS 117 (ASC 958	B), check here ▶ 🗓 and			
es		complete lines 27 through 29, and lines 33 ar	nd 34.			
anc B	27	Unrestricted net assets		136,557.	27	-200,568.
Bal	28	Temporarily restricted net assets		18,401,007.	28	18,647,099.
힏	29	Permanently restricted net assets			29	
Ξ		Organizations that do not follow SFAS 117 (A	SC 958), check here			
ō		and complete lines 30 through 34.				
ets	30	Capital stock or trust principal, or current funds			30	
Ass	31	Paid-in or capital surplus, or land, building, or ed	quipment fund		31	
Net Assets or Fund Balances	32	Retained earnings, endowment, accumulated in			32	
Z	33	Total net assets or fund balances	<u>_</u>	18,537,564.	33	18,446,531.
	34	Total liabilities and net assets/fund balances		20,752,444.	34	25,427,998.

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га	Reconciliation of Net Assets						
	Check if Schedule O contains a response or note to any line in this Part XI						
1	Total revenue (must equal Part VIII, column (A), line 12)		14,37	7,334.			
2	Total expenses (must equal Part IX, column (A), line 25)		14,65	2,611.			
3	Revenue less expenses. Subtract line 2 from line 1		-27	5,277.			
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))		18,537,56				
5	Net unrealized gains (losses) on investments		18	1,244.			
6 Donated services and use of facilities 6							
7	Investment expenses 7						
8	Prior period adjustments 8						
9	Other changes in net assets or fund balances (explain in Schedule O)			0.			
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,						
	column (B)) 10	:	18,44	5,531.			
Pa	rt XII Financial Statements and Reporting						
	Check if Schedule O contains a response or note to any line in this Part XII			x			
			Yes	No			
1	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?	2	а	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?	2	x c				
	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						
С	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?	2	c x				
	If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.						
За	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?	з	а	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	3	b				

SCHEDULE A (Form 990 or 990-EZ)

Department of the Treasury Internal Revenue Service

Public Charity Status and Public Support

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

► Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

Open to Public Inspection

Name of the organization

THE COMMUNITY FOUNDATION OF LOUISVILLE

Employer identification number

31-1140889

	DEPOSI	TORY INC.						1-1140889
Part I	Reason for Public (Charity Status (All organizations must co	mplete th	is part.) Se	ee instructions.		
The organ	ization is not a private found	ation because it is: (For lines 1 through 12, o	heck only	one box.)			
1	A church, convention of ch	urches, or association	on of churches described	d in sectio	n 170(b)(1)(A)(i).		
2	A school described in secti	ion 170(b)(1)(A)(ii). (Attach Schedule E (Forn	n 990 or 99	90-EZ).)			
3	A hospital or a cooperative	hospital service orga	anization described in se	ection 170	(b)(1)(A)(i	ii).		
4	A medical research organiz	ation operated in co	njunction with a hospital	described	d in sectio	n 170(b)(1)(A)(iii). Enter	the hospital's name,
	city, and state:							
5	An organization operated for	or the benefit of a co	llege or university owned	d or opera	ted by a g	overnmental ur	nit describ	oed in
	section 170(b)(1)(A)(iv). (C	Complete Part II.)						
6	A federal, state, or local gov	vernment or governn	nental unit described in :	section 17	70(b)(1)(A)	(v).		
7 X	An organization that norma	lly receives a substa	ntial part of its support f	rom a gov	ernmental	unit or from th	e general	public described in
	section 170(b)(1)(A)(vi). (C	omplete Part II.)						
8	A community trust describe	ed in section 170(b)	1)(A)(vi). (Complete Par	t II.)				
9	An agricultural research org	ganization described	in section 170(b)(1)(A)(ix) operate	ed in conju	ınction with a la	and-grant	college
	or university or a non-land-o	grant college of agric	ulture (see instructions).	Enter the	name, city	y, and state of t	the colleg	e or
	university:							
10	An organization that norma	lly receives: (1) more	than 33 1/3% of its sup	port from	contributi	ons, membersh	ıip fees, a	nd gross receipts from
	activities related to its exen	npt functions - subje	ct to certain exceptions,	and (2) no	more tha	n 33 1/3% of it	s support	t from gross investment
	income and unrelated busin	ness taxable income	(less section 511 tax) from	om busine	sses acqu	ired by the org	anization	after June 30, 1975.
	See section 509(a)(2). (Cor	mplete Part III.)						
11	An organization organized a	and operated exclus	ively to test for public sa	fety. See	section 50	09(a)(4).		
12	An organization organized a	and operated exclus	ively for the benefit of, to	perform t	the function	ons of, or to car	ry out the	purposes of one or
	more publicly supported or	ganizations describe	ed in section 509(a)(1) o	r section :	509(a)(2).	See section 5 0)9(a)(3). C	Check the box in
	lines 12a through 12d that	describes the type o	f supporting organizatio	n and com	plete lines	s 12e, 12f, and	12g.	
а	Type I. A supporting orga	anization operated, s	upervised, or controlled	by its sup	ported org	ganization(s), ty	pically by	giving
	the supported organization	on(s) the power to re	gularly appoint or elect a	a majority	of the dire	ctors or trustee	s of the s	supporting
	organization. You must o	complete Part IV, Se	ections A and B.					
b	Type II. A supporting org	· ·				-		-
	control or management o			ame perso	ons that co	ontrol or manag	e the sup	ported
	organization(s). You mus	•						
С	Type III functionally inte	•					/ integrate	ed with,
	its supported organizatio		•	,	,	•		
d	Type III non-functionally						-	
	that is not functionally int	-	•	-		=	an attent	iveness
	requirement (see instruct	•	-					
е	Check this box if the orga					a Type I, Type II	i, Type III	
6 Fast	functionally integrated, or	• •						
	er the number of supported or vide the following information							
	i) Name of supported	(ii) EIN	(iii) Type of organization	(IV) Is the orga	nization listed	(v) Amount of r	nonetary	(vi) Amount of other
	organization		(described on lines 1-10 above (see instructions))	in your governi	No	support (see ins	tructions)	support (see instructions)
			above (see instructions))					
T - 4 - 7								

Page 2

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

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

Se	ction A. Public Support						
Cale	endar 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.")	11,893,047.	11,377,784.	13,031,484.	13,076,806.	13,696,364.	63,075,485.
2	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
3	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
4	Total. Add lines 1 through 3	11,893,047.	11,377,784.	13,031,484.	13,076,806.	13,696,364.	63,075,485.
5	The portion of total contributions						
	by each person (other than a						
	governmental unit or publicly						
	supported organization) included						
	on line 1 that exceeds 2% of the						
	amount shown on line 11,						
	column (f)						6,758,143.
	Public support. Subtract line 5 from line 4.						56,317,342.
Se	ction B. Total Support					<u> </u>	
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	11,893,047.	11,377,784.	13,031,484.	13,076,806.	13,696,364.	63,075,485.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	230,398.	374,999.	400,256.	571,769.	706,039.	2,283,461.
9	Net income from unrelated business						
	activities, whether or not the						
	business is regularly carried on						
10	Other income. Do not include gain						
	or loss from the sale of capital						
	assets (Explain in Part VI.)						
11	Total support. Add lines 7 through 10						65,358,946.
	Gross receipts from related activities,					12	
13	First five years. If the Form 990 is for		s first, second, thir	d, fourth, or fifth ta	ax year as a section	n 501(c)(3)	. \square
80	organization, check this box and stor	o here	roontogo				>
_	ction C. Computation of Publ						
	Public support percentage for 2018 (•	.,,		14	86.17 %
	Public support percentage from 2017					15	81.88 %
16a	a 33 1/3% support test - 2018. If the						
	stop here. The organization qualifies						
t	o 33 1/3% support test - 2017. If the						
	and stop here. The organization qual						
17a	a 10% -facts-and-circumstances tes						
	and if the organization meets the "fac			-	•	-	
_	meets the "facts-and-circumstances"	-					
t	10% -facts-and-circumstances tes						
	more, and if the organization meets the				•		▶ □
40	organization meets the "facts-and-circ						
18	Private foundation. If the organization	on ala not check a	DOX OH IME 13, 16	a, 100, 1/a, 0r 1/k	o, check this dox a	na see instructions	> > L

Schedule A (Form 990 or 990-EZ) 2018

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

(Complete only if you checked the box on line 10 of Part I or if the organization failed to qualify under Part II. If the organization fails to

Se	ction A. Public Support	clow, picase com	piete i art ii.j				
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Gifts, grants, contributions, and		\	ν=,	()	(-)	(-)
	membership fees received. (Do not	ı					
	include any "unusual grants.")	ı					
2	Gross receipts from admissions,	- I					
_	merchandise sold or services per-	ı					
	formed, or facilities furnished in	ı					
	any activity that is related to the organization's tax-exempt purpose	ı					
3	Gross receipts from activities that						
Ü	are not an unrelated trade or bus-	ı					
	iness under section 513	ı					
4							
-	ization's benefit and either paid to	ı					
	or expended on its behalf	ı					
_							
5	The value of services or facilities	ı					
	furnished by a governmental unit to the organization without charge	ı					
_	***						
	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and	l					
ı	3 received from disqualified persons Amounts included on lines 2 and 3 received						
	from other than disqualified persons that	ı					
	exceed the greater of \$5,000 or 1% of the	ı					
	amount on line 13 for the year						
	Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
	ction B. Total Support			Ī		T	_
	endar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
10a	a Gross income from interest, dividends, payments received on	ı					
	securities loans, rents, royalties,	ı					
	and income from similar sources						
k	Unrelated business taxable income	ı					
	(less section 511 taxes) from businesses	ı					
	acquired after June 30, 1975						
	Add lines 10a and 10b						
11	Net income from unrelated business	İ					
	activities not included in line 10b, whether or not the business is	İ					
	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.)	<u> </u>					
14	First five years. If the Form 990 is for	the organization'	s first, second, thi	rd, fourth, or fifth t	ax year as a section	on 501(c)(3) organi:	zation,
	check this box and stop here						
Se	ction C. Computation of Publi	ic Support Pe	ercentage				
15	Public support percentage for 2018 (I	ine 8, column (f),	divided by line 13,	column (f))		15	%
	Public support percentage from 2017					16	%
	ction D. Computation of Inves						
17	Investment income percentage for 20	18 (line 10c, colu	mn (f), divided by I	ine 13, column (f))		17	%
	Investment income percentage from 2					18	%
	a 33 1/3% support tests - 2018. If the					33 1/3%, and line	17 is not
	more than 33 1/3%, check this box as						_
k	33 1/3% support tests - 2017. If the	•	-		• •		
_	line 18 is not more than 33 1/3%, che	•			•	•	
20	Private foundation. If the organization		-				>

832023 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

31-1140889

Part IV

Supporting Organizations

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

Section A. All Supporting Organizations

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

	Yes	No
1		
_		
2		
3a		
3b		
3с		
30		
4a		
415		
4b		
4c		
5a		
5b 5c		
- 00		
6		
7		
8		
9a		
9b		
9c		
10a		
10b		
10b 190 or 99	0-FZ	2018

Sche	dule A (Form 990 or 990-EZ) 2018 DEPOSITORY INC. 31-114	10889	Pa	age 5
Pa	rt 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		
	A family member of a person described in (a) above?	11b		
	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		
Sec	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,			
800	supervised, or controlled the supporting organization.	2		
Sec	tion C. Type II Supporting Organizations		.,	
			Yes	No
1	Were a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trustees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or management of the supporting organization was vested in the same persons that controlled or managed			
800	the supported organization(s).	1		
Sec	tion D. All Type III Supporting Organizations			
	Did the average stime was ide to each of its average at all averages by the local day of the fifth weight of the		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			
800	supported organizations played in this regard.	3		
	tion E. Type III Functionally Integrated Supporting Organizations			
1	Check the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instruction	15).		
a	The organization satisfied the Activities Test. Complete line 2 below.			
b	The organization is the parent of each of its supported organizations. Complete line 3 below.	inatu latian	-1	
C	The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see it	ristructions		NI -
2	Activities Test. Answer (a) and (b) below.		Yes	No
а	Did substantially all of the organization's activities during the tax year directly further the exempt purposes of			
	the supported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
	those supported organizations and explain how these activities directly furthered their exempt purposes,			
	how the organization was responsive to those supported organizations, and how the organization determined	•		
	that these activities constituted substantially all of its activities.	2a		
b	Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more			
	of the organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
	reasons for the organization's position that its supported organization(s) would have engaged in these			
_	activities but for the organization's involvement.	2b		
3	Parent of Supported Organizations. Answer (a) and (b) below.			
а	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? <i>Provide details in Part VI</i> .	3a	1 !	l

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Schedule A (Form 990 or 990-EZ) 2018

b Did the organization exercise a substantial degree of direction over the policies, programs, and activities of each of its supported organizations? If "Yes," describe in Part VI the role played by the organization in this regard.

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

Check here if the organization satisfied the Integral Part Test as a qualifying trust on Nov. 20, 1970 (explain in Part VI.) See instructions. All

	other Type III non-functionally integrated supporting organizations must con	mplete Se	ections A through E.	
Sect	ion A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
_1	Net short-term capital gain	1		
2	Recoveries of prior-year distributions	2		
3	Other gross income (see instructions)	3		
4	Add lines 1 through 3	4		
5	Depreciation and depletion	5		
6	Portion of operating expenses paid or incurred for production or			
	collection of gross income or for management, conservation, or			
	maintenance of property held for production of income (see instructions)	6		
7	Other expenses (see instructions)	7		
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8		
Sect	Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see			
	instructions for short tax year or assets held for part of year):			
a	Average monthly value of securities	1a		
b	Average monthly cash balances	1b		
c	Fair market value of other non-exempt-use assets	1c		
d	Total (add lines 1a, 1b, and 1c)	1d		
е	Discount claimed for blockage or other			
	factors (explain in detail in Part VI):			
2	Acquisition indebtedness applicable to non-exempt-use assets	2		
3	Subtract line 2 from line 1d	3		
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount,			
	see instructions)	4		
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5		
6	Multiply line 5 by .035	6		
7	Recoveries of prior-year distributions	7		
8	Minimum Asset Amount (add line 7 to line 6)	8		
Sect	ion C - Distributable Amount			Current Year
_1	Adjusted net income for prior year (from Section A, line 8, Column A)	1		
2	Enter 85% of line 1	2		
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3		
4	Enter greater of line 2 or line 3	4		
5	Income tax imposed in prior year	5		
6	Distributable Amount. Subtract line 5 from line 4, unless subject to			
	emergency temporary reduction (see instructions)	6		

Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see

Schedule A (Form 990 or 990-EZ) 2018

7

instructions).

Par	Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga		1-1140889 Page 7
	on D - Distributions	(u)(o) oupporting orga	dinzationo (continaca)	Current Year
1	Amounts paid to supported organizations to accomplish exe	mnt nurnoses		Ourient real
2	Amounts paid to perform activity that directly furthers exemp			
_	organizations, in excess of income from activity	or parparea		
3	Administrative expenses paid to accomplish exempt purpose			
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)	
	(provide details in Part VI). See instructions.			
9	Distributable amount for 2018 from Section C, line 6			
10	Line 8 amount divided by line 9 amount			
	ion E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2018	(iii) Distributable Amount for 2018
1	Distributable amount for 2018 from Section C, line 6			
2	Underdistributions, if any, for years prior to 2018 (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			
<u>i</u>	Carryover from 2013 not applied (see instructions)			
j_	Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4	Distributions for 2018 from Section D,			
	line 7: \$			
a	Applied to underdistributions of prior years			
b	Applied to 2018 distributable amount			
C	Remainder. Subtract lines 4a and 4b from 4.			
5	Remaining underdistributions for years prior to 2018, if			
	any. Subtract lines 3g and 4a from line 2. For result greater			
	than zero, explain in Part VI. See instructions.			
6	Remaining underdistributions for 2018. Subtract lines 3h			
	and 4b from line 1. For result greater than zero, explain in			
	Part VI. See instructions.			
7	Excess distributions carryover to 2019. Add lines 3j			
	and 4c.			
8	Breakdown of line 7:			
	Excess from 2014			
b	Excess from 2015			
C	Excess from 2016			
А	Excess from 2017			

Schedule A (Form 990 or 990-EZ) 2018

e Excess from 2018

** PUBLIC DISCLOSURE COPY **

Schedule B

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

Department of the Treasury Internal Revenue Service

Name of the organization

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

2018

	THE COMMUNITY FOUNDATION OF LOUISVILLE	
	DEPOSITORY INC.	31-1140889
Organization type (che	ck one):	
Filers of:	Section:	
Form 990 or 990-EZ	x 501(c)(3) (enter number) organization	
	4947(a)(1) nonexempt charitable trust not treated as a private foundation	
	527 political organization	
Form 990-PF	501(c)(3) exempt private foundation	
	4947(a)(1) nonexempt charitable trust treated as a private foundation	
	501(c)(3) taxable private foundation	
, ,	ion is covered by the General Rule or a Special Rule. 01(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Speci	al Rule. See instructions.
General Rule		
•	ation filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions to any one contributor. Complete Parts I and II. See instructions for determining a contrib	• , , ,
Special Rules		
-	ation described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% sup a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13,	•

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),

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;

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

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

I 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)

II. and III.

Name of organization
THE COMMUNITY FOUNDATION OF LOUISVILLE
DEPOSITORY INC.

Employer identification number

31-1140889

Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
1		\$\$	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 x Payroll Noncash x (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
3		\$\$	Person x Payroll Noncash (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
4		\$\$	Person X Payroll Noncash X (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d)
No.	Name, address, and ZIP + 4	Total contributions	Type of contribution
5		\$\$	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
<u>6</u>		\$1,006,247.	Person X Payroll Noncash X (Complete Part II for noncash contributions.)

Name of organization

THE COMMUNITY FOUNDATION OF LOUISVILLE
DEPOSITORY INC.

Employer identification number

31-1140889

Part I	Contributors (see instructions). Use duplicate copies of Part I if ac	dditional space is needed.	
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$\$	Person x Payroll Noncash x (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
8		\$\$	Person x Payroll Noncash x (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
			Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for noncash contributions.)
(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
		\$	Person Payroll Noncash (Complete Part II for

Name of organization

THE COMMUNITY FOUNDATION OF LOUISVILLE
DEPOSITORY INC.

Employer identification number

31-1140889

EPOSITO	DRY, INC.	31-:	L140889
Part II	Noncash Property (see instructions). Use duplicate copies of Par	t II if additional space is needed.	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	STOCK		
2			
		\$\$	12/07/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	STOCK		
4			
		\$\$	05/02/19
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	STOCK		
6			
		\$\$	12/21/18
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
	STOCK		
7			
		\$\$	01/28/19
(a) No.	(b)	(c) FMV (or estimate)	(d)
from Part I	Description of noncash property given	(See instructions.)	Date received
	STOCK		
8			
		\$\$	05/14/19
(a) No. from	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received
Part I		(

Page 4 Schedule B (Form 990, 990-EZ, or 990-PF) (2018) Name of organization **Employer identification number** THE COMMUNITY FOUNDATION OF LOUISVILLE DEPOSITORY Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year Part III from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) > \$_ Use duplicate copies of Part III if additional space is needed. (a) No. from Part I (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee fŕom (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee (a) No. fŕom (b) Purpose of gift (c) Use of gift (d) Description of how gift is held (e) Transfer of gift

Transferee's name, address, and ZIP + 4 Relationship of transferor to transferee

SCHEDULE D

(Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

➤ Attach to Form 990.

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

OMB No. 1545-0047 Inspection

THE COMMUNITY FOUNDATION OF LOUISVILLE

Employer identification number

Nam	e of the organization THE COMMUNITY FOUNDATION OF LOUISVILLE	Employer identification number
D	DEPOSITORY INC.	31-1140889
Pa		Accounts. Complete if the
	organization answered "Yes" on Form 990, Part IV, line 6.	
	· · · · · · · · · · · · · · · · · · ·	(b) Funds and other accounts
1	Total number at end of year	
2	Aggregate value of contributions to (during year)	
3	Aggregate value of grants from (during year)	
4	Aggregate value at end of year	
5	Did the organization inform all donors and donor advisors in writing that the assets held in donor advised fur	nds
	are the organization's property, subject to the organization's exclusive legal control?	Yes No
6	Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used	only
	for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose confe	rring
	impermissible private benefit?	
Pai	rt II Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV	/, line 7.
1	Purpose(s) of conservation easements held by the organization (check all that apply).	
	Preservation of land for public use (e.g., recreation or education) Preservation of a historically	y important land area
	Protection of natural habitat Preservation of a certified h	istoric structure
	Preservation of open space	
2	Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution in the form of a conservation contribution contribution in the form of a conservation contribution c	onservation easement on the last
	day of the tax year.	Held at the End of the Tax Year
а	Total number of conservation easements	2a
b	Total acreage restricted by conservation easements	2b
С	Number of conservation easements on a certified historic structure included in (a)	2c
d	Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure	
	listed in the National Register	2d
3	Number of conservation easements modified, transferred, released, extinguished, or terminated by the organ	nization during the tax
	year ▶	
4	Number of states where property subject to conservation easement is located	
5	Does the organization have a written policy regarding the periodic monitoring, inspection, handling of	
	violations, and enforcement of the conservation easements it holds?	Yes No
6	Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservat	ion easements during the year
	>	
7	Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation en	asements during the year
	> \$	
8	Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(l	B)(i)
	and section 170(h)(4)(B)(ii)?	Yes No
9	In Part XIII, describe how the organization reports conservation easements in its revenue and expense state	
	include, if applicable, the text of the footnote to the organization's financial statements that describes the or	ganization's accounting for
	conservation easements.	
Pai	rt III Organizations Maintaining Collections of Art, Historical Treasures, or Other	Similar Assets.
	Complete if the organization answered "Yes" on Form 990, Part IV, line 8.	
1a	If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement a	and balance sheet works of art,
	historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of	f public service, provide, in Part XIII,
	the text of the footnote to its financial statements that describes these items.	
b	If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and I	palance sheet works of art, historical
	treasures, or other similar assets held for public exhibition, education, or research in furtherance of public se	ervice, provide the following amounts
	relating to these items:	
	(i) Revenue included on Form 990, Part VIII, line 1	• \$
	(ii) Assets included in Form 990, Part X	
2	If the organization received or held works of art, historical treasures, or other similar assets for financial gain,	
	the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:	
а		▶ \$
	Assets included in Form 990, Part X	

832051 10-29-18

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

		THE COMMUNI	ITY FOUNDATION (OF LOU:	ISVILLE							
Sche	dule D	(Form 990) 2018 DEPOSITORY	INC.					31	-11408	889	Р	age 2
Par	t III	Organizations Maintaining C	Collections of A	rt, His	torical Tr	easures,	or Other	Similar	Asse	ts (conti	nued)	
3	Using	the organization's acquisition, accessi	ion, and other record	ds, chec	k any of the	following tha	at are a sigr	nificant us	e of its	collectio	n item	S
	(chec	k all that apply):										
а		Public exhibition	c	· 🖳	Loan or exc	hange progr	ams					
b		Scholarly research	e		Other							
С		Preservation for future generations										
4		de a description of the organization's c	•		•	-	-		e in Par	XIII.		
5	Durin	g the year, did the organization solicit o	or receive donations	of art, hi	istorical trea	sures, or oth	er similar a	ssets	_	_		
_		sold to raise funds rather than to be m							L	Yes		No
Par	t IV	Escrow and Custodial Arran		ete if the	e organizatio	n answered	"Yes" on F	orm 990, I	Part IV,	line 9, o	r	
		reported an amount on Form 990, Pa										
1a		e organization an agent, trustee, custod										
		orm 990, Part X?								Yes		No
b	If "Ye	es," explain the arrangement in Part XIII	and complete the fo	llowing	table:							
										Amoun	t	
		nning balance						1c				
		ions during the year						1d				
е		butions during the year						1e				
f		ng balance						1f		1		
		ne organization include an amount on F					-	?	L	Yes		No
		es," explain the arrangement in Part XIII.										
Par	ιV	Endowment Funds. Complete										
			(a) Current year	(b) ⊦	Prior year	(c) Two yea	rs dack (d) Three yea	rs dack	(e) F0U	r years	раск
	-	nning of year balance										
		ributions										
		nvestment earnings, gains, and losses										
		ts or scholarships										
е		expenditures for facilities										
	-	programs										
		nistrative expenses										
		of year balance										
2		de the estimated percentage of the cur	rent year end baland		g, column (a	a)) held as:						
а		d designated or quasi-endowment		%								
b		anent endowment	%									
С		porarily restricted endowment	%									
_		percentages on lines 2a, 2b, and 2c sho	•									
За		nere endowment funds not in the posse	ession of the organiz	ation tha	at are neid a	ind administe	ered for the	organizat	ion	ĺ		
	by:									- m	Yes	No
		nrelated organizations								3a(i)		
		elated organizations								3a(ii)		
b		es" on line 3a(ii), are the related organiza								3b		
4 Dor		ribe in Part XIII the intended uses of the		owment	funds.							
rai	t VI	Land, Buildings, and Equipm) De-+ "	/ line 11 - (Coo Forms 000) Dort V !!	. 10				
		Complete if the organization answere			r e		· · · · ·		1	/ D D	1	_
		Description of property	(a) Cost or o			or other		umulated eciation		(d) Boo	k valu	е
_			`	nent)	Dasis	(other)	depre	ciatiOH				
		ings										
С	Lease	ehold improvements	[Ī							

Schedule D (Form 990) 2018

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)

d Equipment

DEPOSITORY	INC.
DEFOSITORI	TINC.

Part VII	Investments	- Other Securiti	A C		
<u>Schedule [</u>	D (Form 990) 2018	DEPOSITORY	INC.	31-1140889	Pa

	Complete if the organization answered "Yes" (a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
		(-7	(-)	
(3) Other (A) (B) (C) (C) (D) (E) (F) (G) (H) (F) (G) (F) (G) (H) (F) (G) (F) (G) (F) (F) (G) (F) (F) (G) (F) (F) (F) (G) (F) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
(A) (B) (C) (C) (D) (E) (F) (G) (H) (F) (F) (G) (H) (F) (F) (F) (G) (F) (F) (F) (F) (F) (F) (F) (F) (F) (F				
(B) (C) (D) (E) (F) (G) (H) Total, (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year marker of the part IX of the part IX of the part IX of the part IX of the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book value (c) Method of valuation: Cost or end-of-year marker of the part IX of the part IX of the part IX of the part IX of the part IX of the part IX of the part IX of the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book (1) (2) (3) (4) (6) (6) (6) (7)				
(C) (D) (E) (E) (F) (G) (H) (H) (H) (H) (H) (H) (H) (H) (H) (H				
(D) (E) (F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year marke (1) (2) (3) (4) (5) (6) (7) (8) (9) Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book (1) (2) (3) (4) (5) (6) (7) (8) (9) (9) (9) (1) (1) (2) (3) (4) (5) (6) (7)	` '	1		
(F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year marker of the content of the cost				
(F) (G) (H) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶ Part VIII Investments - Program Related. Complete if the organization answered "Yes" on Form 990, Part IV, line 11c. See Form 990, Part X, line 13. (a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year marker of the content of the cost	(E)			
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)	(G)			
Part VIII	(H)			
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 (c) Method of valuat	Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.) ▶			
(a) Description of investment (b) Book value (c) Method of valuation: Cost or end-of-year marker (1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book (1) (2) (3) (4) (5) (6) (7)	Part VIII Investments - Program Related.			
(1) (2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book (1) (2) (3) (4) (5) (6) (7)				
(2) (3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book (1) (2) (3) (4) (5) (6) (7)	(a) Description of investment	(b) Book value	(c) Method of valuation: Cost or en	d-of-year market value
(3) (4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book (1) (2) (3) (4) (5) (6) (7)	(1)			
(4) (5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book (1) (2) (3) (4) (5) (6) (7)	(2)			
(5) (6) (7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book (1) (2) (3) (4) (5) (6) (7)	(3)			
(6) (7) (8) (9) (7) (7) (8) (7) (8) (9) (7) (7) (8) (7) (7) (8) (7) (7) (8) (7) (7) (8) (7) (8) (8) (8) (8) (8) (8) (8) (8) (8) (8	(4)			
(7) (8) (9) Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.) ▶ Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book (1) (2) (3) (4) (5) (6) (7)	(5)			
(8)				
Cotal. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets. Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book (1) (2) (3) (4) (5) (6) (7)				
Complete if the organization answered "Yes" on Form 990, Part IV, line 11d. See Form 990, Part X, line 15. (a) Description (b) Book (1) (2) (3) (4) (5) (6) (7)				
(a) Description (b) Book (1) (2) (3) (4) (5) (6) (7)				
(1) (2) (3) (4) (5) (6) (7)			11d. See Form 990, Part X, line 15.	1 615 1
(2) (3) (4) (5) (6) (7)	(a) L	Description		(b) Book value
(3) (4) (5) (6) (7)				
(4) (5) (6) (7)				
(5) (6) (7)				
(6) (7)				
(7)				
(8)				
(9)				

Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) Part X Other Liabilities.

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

<u>1. </u>	(a) Description of liability	(b) Book value
(1)	Federal income taxes	
(2)	PAYABLE TO RELATED ORGANIZATION	6,443,311.
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
Total.	(Column (b) must equal Form 990, Part X, col. (B) line 25.)	6,443,311.

^{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 x

Schedule D (Form 990) 2018

31-1140889

DEPOSTTORY IN	JC.

Pai	Complete if the experimentian ensurement		enue per neturn.	
	Complete if the organization answered "Yes" on Form 990, Part IV, lin			
1			1	
2	Amounts included on line 1 but not on Form 990, Part VIII, line 12:			
_	Net unrealized gains (losses) on investments			
b	Donated services and use of facilities			
С	Recoveries of prior year grants			
d	Other (Describe in Part XIII.)			
	Add lines 2a through 2d			
3	Subtract line 2e from line 1 Amounts included on Form 990, Part VIII, line 12, but not on line 1:		3	
4		4-		
a	Investment expenses not included on Form 990, Part VIII, line 7b			
b	Other (Describe in Part XIII.)		45	
	Add lines 4a and 4b Total revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.			
<u>5</u> Раг	rt XII Reconciliation of Expenses per Audited Financial St	atements With Exp	menses ner Return	
ı u	Complete if the organization answered "Yes" on Form 990, Part IV, lii		crises per rietarii.	
_				
1	Total expenses and losses per audited financial statements Amounts included on line 1 but not on Form 990, Part IX, line 25:		1	
2		20		
a	Donated services and use of facilities Prior year adjustments			
b	Prior year adjustments Other losses			
c d	Other losses Other (Describe in Part XIII.)			
	Add lines 2a through 2d		20	
3				
3 4	Subtract line 2e from line 1 Amounts included on Form 990, Part IX, line 25, but not on line 1:			
-	Investment expenses not included on Form 990, Part VIII, line 7b	40		
a	Other (Describe in Part XIII.)			
			40	
	Add lines 4a and 4b Total expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 1			
	rt XIII Supplemental Information.	0.)	3	
	ide the descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and	4· Part IV lines 1b and 2l	h· Part V line 4· Part X line 2· F	Part XI
	2d and 4b; and Part XII, lines 2d and 4b. Also complete this part to provide a	•		art Ai,
	Za ana 15, ana 1 ar An, into Za ana 15.7 ioo complete and part to provide a	any additional information	•	
אפי	X LINE 2:			
	1, 1111 1.			
HE	FOUNDATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECT	TON 501(C)(3)		
	TOOMBITTON IS BREET THOSE TRANSPORTED TO THE CARBON BEET	1011 301 (07 (37		
T 7(HE INTERNAL REVENUE CODE (CODE). ADDITIONALLY THE FOUND	ATTON HAS		
REEN	DETERMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A P	RTVATE		

אנזסי	DATION WITHIN THE CONTEXT OF SECTION 509(A) OF THE CODE.			
001	EMITOR WITHIN THE CONTENT OF EMETERS SUSYING OF THE COME.			
HEN	APPLICABLE THE FOUNDATION RECOGNIZES UNCERTAIN INCOME T	AX POSITIONS		
	, , INCOME I			
ISTN	G THE "MORE-LIKELY-THAN-NOT" APPROACH AS DEFINED IN THE A	SC NO		
	THE INTERPOLATION AND DELICATION AND			
JIAF	BILITY FOR UNCERTAIN TAX POSITIONS HAS BEEN RECORDED IN TH	E		
	THE POST OF THE PROPERTY OF TH			
CCC	OMPANYING CONSOLIDATED FINANCIAL STATEMENTS.			

THE COMMUNITY FOUNDATION OF LOUISVILLE

Schedule D	(Form 990) 2018	DEPOSITORY	INC.	31-1140889	Page 5
Part XIII	(Form 990) 2018 Supplemental Infor	mation (contin	ued)		
		,			
-					
					•
					·
					-
•					

SCHEDULE I (Form 990)

Department of the Treasury Internal Revenue Service

Name of the organization

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

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

➤ Attach to Form 990.

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

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

DEPOSITORY, IN	TC.						31-1	L140889
Part I General Information on Grants a	nd Assistance							
1 Does the organization maintain records t	o substantiate th	e amount of the grant	s or assistance, the	grantees' eligibilit	y for the grants or ass	istance, and the select	tion	
criteria used to award the grants or assis	stance?						X Y	res No
2 Describe in Part IV the organization's pro	cedures for mon	itoring the use of gran	t funds in the United	d States.				
Part II Grants and Other Assistance to I	Domestic Organ	izations and Domest	ic Governments. C	omplete if the org	anization answered "Y	es" on Form 990, Part	IV, line 21, for an	y
recipient that received more than \$	5,000. Part II ca	n be duplicated if addi	tional space is need	led.	(6) 14 11 1 (1		
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		se of grant istance
COMMUNITY FOUNDATION OF								
LOUISVILLE, INC 325 W. MAIN								
STREET, SUITE 1110 - LOUISVILLE,								
KY 40202	31-0997017	501(C)(3)	1,428,075.	0.			PHILANTHROPY,	VOLUNTARISM
GREATER KANAWHA VALLEY FOUNDATION								
1600 HUNTINGTON SQUARE, 900 LEE ST								
CHARLESTON, WV 25301	55-6024430	501(C)(3)	1,000,000.	0.			PHILANTHROPY,	VOLUNTARISM
ARCHDIOCESE OF LOUISVILLE OFFICE OF FINANCE, PO BOX 32533 LOUISVILLE KY 40232-2533	61-0447247	501/01/31	685 625.	0.			RELIGION-RELA	A TRED
10015V1111E, R1 40232-2333	01-044/24/	501(0)(3)	005,025.	0.			REDIGION-REDA	1160
METRO UNITED WAY, INC. 334 E BROADWAY, PO BOX 4488 LOUISVILLE, KY 40204-0488	61-0444680	501(C)(3)	446,680.	0.			PHILANTHROPY,	VOLUNTARISM
·								
UNIVERSITY OF KENTUCKY 160 AVENUE OF CHAMPIONS SUITE A154 LEXINGTON, KY 40506	61-6001218	GOVERNMENT	423,549.	0.			EDUCATION	
KENTUCKY NATURAL LANDS TRUST, INC. 433 CHESTNUT ST. BEREA. KY 40403	61-1276913	501(C)(3)	392 933.	0.			ENVIRONMENT	
2 Enter total number of section 501(c)(3) at								369.
3 Enter total number of other organizations								0.

THE COMMUNITY FOUNDATION OF LOUISVILLE

Schedule I (Form 990) DEPOSITORY INC. 31-1140889 Page 1

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

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (c) IRC section (e) Amount of (g) Description of (h) Purpose of grant (b) EIN (d) Amount of (f) Method of organization or government if applicable cash grant non-cash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) ST. FRANCIS IN THE FIELDS EPISCOPAL CHURCH - 6710 WOLF PEN BRANCH ROAD - HARRODS CREEK, KY 40027 61-0444805 501(C)(3) 289 025 0 RELIGION-RELATED SOUTHEAST CHRISTIAN CHURCH OF JEFFERSON COUNTY KENTUCKY INC. -920 BLANKENBAKER PKWY -LOUISVILLE KY 40243 61-0850307 501(C)(3) 265 134 0 RELIGION-RELATED ACADEMY FOR INDIVIDUAL EXCELLENCE 3101 BLUEBIRD LANE LOUISVILLE, KY 40299 81-4505964 501(C)(3) 215,000 0 EDUCATION NATIONAL CHRISTIAN FOUNDATION KENTUCKY - PO BOX 175 - LEXINGTON **KY 40588** 61-1404015 501(C)(3) 200,500 0 PHILANTHROPY VOLUNTARISM CATHOLIC EDUCATION FOUNDATION 401 W. MAIN ST. #806 193,500 LOUISVILLE KY 40202 61-1294640 501(C)(3) 0 EDUCATION SACRED HEART SCHOOLS INC. 3177 LEXINGTON ROAD 184,991 LOUISVILLE, KY 40206 61-1181710 501(C)(3) 0 EDUCATION JEWISH COMMUNITY OF LOUISVILLE, INC. - 3600 DUTCHMANS LANE -LOUISVILLE KY 40205 61-0444765 501(C)(3) 182 318 0 PHILANTHROPY VOLUNTARISM REACH THE REST PO BOX 1695 58-2666820 154.800 MONUMENT, CO 80132 501(C)(3) 0 RELIGION-RELATED 21ST CENTURY PARKS INC. 471 W. MAIN ST #202 LOUISVILLE KY 40202 20-1780317 501(C)(3) 152,100 RECREATION & SPORTS

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Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (c) IRC section (h) Purpose of grant (a) Name and address of (b) EIN (d) Amount of (e) Amount of (f) Method of (g) Description of organization or government if applicable cash grant non-cash valuation non-cash assistance or assistance assistance (book, FMV. appraisal, other) CROSS CATHOLIC OUTREACH 2700 N. MILITARY TRAIL SUITE 240, PO BOX 273908 - BOCA RATON, FL 33427-3908 65-1156061 501(C)(3) 20,000 0 RELIGION-RELATED ST. JUDE SHRINE 3101 N MAIN ST STAFFORD, TX 77477 74-1788029 501(C)(3) 20,000 0 RELIGION-RELATED SHARA'S HOPE, INC. 4949 OLD BROWNSBORO RD, STE 249 82-3536868 501(C)(3) 20,000 0 HUMAN SERVICES LOUISVILLE, KY 40222 KENTUCKYONE HEALTH FRAZIER REHAB CENTER INC. - 220 ABRAHAM FLEXNER WAY 15TH FLOOR - LOUISVILLE, KY 40202 61-1029769 501(C)(3) 19.850 0 HEALTH CARE CHAPEL HILL UNITED CHURCH OF CHRIST - 2307 EMBASSY LANE -61-0602255 19 700 LOUISVILLE KY 40216 501(C)(3) 0 RELIGION-RELATED CENTENARY UNITED METHODIST CHURCH 1441 PERRYVILLE ROAD 61-0518020 19.500 DANVILLE, KY 40422 501(C)(3) 0 RELIGION-RELATED ST. VINCENT DE PAUL SOCIETY COUNCIL OF LOUISVILLE - P.O. BOX 17126 - LOUISVILLE, KY 40217-0126 61-0727110 501(C)(3) 19,500 0 HOUSING & SHELTER GREEN CASTLE BAPTIST CHURCH 4970 MURPHY LANE 61-1026881 19,500 LOUISVILLE KY 40241 501(C)(3) 0 RELIGION-RELATED ST. MARY OF THE KNOBS 5719 SAINT MARYS ROAD FLOYDS KNOBS IN 47119 35-6033616 501(C)(3) 19,200 RELIGION-RELATED

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Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (c) IRC section (e) Amount of (h) Purpose of grant (b) EIN (d) Amount of (f) Method of (g) Description of organization or government if applicable cash grant non-cash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) HABITAT FOR HUMANITY OF METRO LOUISVILLE, INC. - 1620 BANK 58-1735528 501(C)(3) STREET - LOUISVILLE, KY 40203 19,100 0 HOUSING & SHELTER JUNIOR ACHIEVEMENT OF KENTUCKIANA INTERNATIONAL, FOREIGN AFFAIRS & NATIONAL 1401 W. MUHAMMAD ALI BLVD. LOUISVILLE, KY 40203 61-0476694 501(C)(3) 19.050 0 SECURITY NORTHEAST CHRISTIAN CHURCH 9900 OLD BROWNSBORO RD. LOUISVILLE, KY 40241 61-0941327 501(C)(3) 19,000 0 RELIGION-RELATED CASA, INC. 982 EASTERN PKWY #9 CIVIL RIGHTS, SOCIAL LOUISVILLE, KY 40217-1566 61-1066568 501(C)(3) 18,900 0 ACTION & ADVOCACY UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION INC. - 2100 S. FLOYD STREET, SAC BLDG - LOUISVILLE, KY 18.333 40208 31-1106941 501(C)(3) 0 RECREATION & SPORTS SPALDING UNIVERSITY 901 S FOURTH ST 61-0444780 18,250 LOUISVILLE, KY 40203 501(C)(3) 0 EDUCATION THE SALVATION ARMY - LOUISVILLE AREA COMMAND - P.O. BOX 1149 -58-0660607 LOUISVILLE KY 40201 501(C)(3) 18,100 0 HUMAN SERVICES ST. FRANCIS SCHOOL, INC. 11000 U.S. HWY. 42 31-0896538 501(C)(3) 18.050 GOSHEN KY 40026 0 EDUCATION ST. MATTHEW'S EPISCOPAL CHURCH 330 N. HUBBARDS LANE LOUISVILLE KY 40207 61-0476701 501(C)(3) 18,030 RELIGION-RELATED

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (c) IRC section (g) Description of (h) Purpose of grant (a) Name and address of (b) EIN (d) Amount of (e) Amount of (f) Method of organization or government if applicable cash grant non-cash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) GOOD SAMARITAN UNITED METHODIST CHURCH - 19624 HOMESTEAD RD -94-1750740 501(C)(3) CUPERTINO CA 95014 18,000 0 RELIGION-RELATED WAYSIDE CHRISTIAN MISSION PO BOX 7249 LOUISVILLE, KY 40257-0249 61-0667139 501(C)(3) 17 650 0 HUMAN SERVICES NATIVITY ACADEMY AT ST. BONIFACE 529 E. LIBERTY STREET LOUISVILLE KY 40202 51-0450314 501(C)(3) 17,600 0 EDUCATION THE TEMPLE-CONGREGATION ADATH ISRAEL BRITH SHOLOM - 5101 U.S. HIGHWAY 42 - LOUISVILLE, KY 40241 61-0918772 501(C)(3) 16,790 0 RELIGION-RELATED WELLSPRING INC. P.O. BOX 1927 MENTAL HEALTH & CRISIS 16.150 LOUISVILLE, KY 40201 31-1020023 501(C)(3) 0 INTERVENTION UNIVERSITY OF MISSISSIPPI FOUNDATION - 406 UNIVERSITY AVE. 23-7310293 16,000 OXFORD, MS 38655 501(C)(3) 0 EDUCATION TOKEN III CLUB INC 3439 BRECKENRIDGE LANE 31-0994066 501(C)(3) 16,000 LOUISVILLE, KY 40220 0 RECREATION & SPORTS KEUKA COLLEGE 141 CENTRAL AVE 16-6054295 15.350 KEUKA PARK, NY 14478 501(C)(3) 0 EDUCATION CHURCH OF THE HOLY SPIRIT 3345 LEXINGTON ROAD LOUISVILLE KY 40206 61-0700575 501(C)(3) 15,180 RELIGION-RELATED

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (c) IRC section (g) Description of (h) Purpose of grant (a) Name and address of (b) EIN (d) Amount of (e) Amount of (f) Method of organization or government if applicable cash grant non-cash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) YOUTH WITH A MISSION LOUISVILLE INC. - PO BOX 22185 - LOUISVILLE, **KY 40252** 27-0604489 501(C)(3) 15,000 0 RELIGION-RELATED SUMMIT COUNTRY DAY SCHOOL 2161 GRANDIN ROAD CINCINNATI, OH 45208 31-0537173 501(C)(3) 15,000 0 EDUCATION SOUTH LOUISVILLE COMMUNITY MINISTRIES INC. - 415 1/2 W. ASHLAND AVE - LOUISVILLE, KY 40214 31-0891259 501(C)(3) 15,000 0 RELIGION-RELATED RANDOLPH COLLEGE 2500 RIVERMONT AVENUE LYNCHBURG, VA 24503 54-0505941 501(C)(3) 15,000 0 EDUCATION SOUTH CAROLINA COASTAL CONSERVATION LEAGUE - PO BOX 1765 15 000 - CHARLESTON, SC 29402 57-0887278 501(C)(3) 0 ENVIRONMENT SAMARITAN'S PURSE P.O. BOX 3000 BOONE, NC 28607 58-1437002 15,000 501(C)(3) 0 RELIGION-RELATED WATER . ORG INTERNATIONAL, FOREIGN 117 W. 20TH ST., STE. 203 AFFAIRS & NATIONAL 58-2060131 501(C)(3) 15,000 SECURITY KANSAS CITY MO 64108 0 LINCOLN MEMORIAL UNIVERSITY 6965 CUMBERLAND GAP PARKWAY 15,000 HARROGATE TN 37752 62-0479542 501(C)(3) 0 EDUCATION PEGASUS INSTITUTE INC. 235 S 5TH ST 1ST FLOOR LOUISVILLE KY 40202 81-3358989 501(C)(3) 15,000 EDUCATION

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Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) Part II (c) IRC section (g) Description of (h) Purpose of grant (a) Name and address of (b) EIN (d) Amount of (e) Amount of (f) Method of organization or government if applicable cash grant non-cash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) NOTRE DAME PRIORY 1202 PARK HILLS COURT LOUISVILLE KY 40207 81-4071739 501(C)(3) 15,000 0 RELIGION-RELATED GRAND CANYON TRUST 2601 N. FT. VALLEY RD. FLAGSTAFF, AZ 86001 86-0512633 501(C)(3) 15,000 0 ENVIRONMENT FRIENDS OF FLORENCE 4545 W. STREET NW ARTS, CULTURE & 91-1878427 WASHINGTON, DC 20007 501(C)(3) 15,000 0 HUMANITIES CONGREGATION ADATH JESHURUN 2401 WOODBOURNE AVE. LOUISVILLE, KY 40205 61-0458363 501(C)(3) 14.859 0 RELIGION-RELATED HIGHVIEW BAPTIST CHURCH 7711 FEGENBUSH LANE 61-0601713 501(C)(3) 14.800 LOUISVILLE KY 40228 0 RELIGION-RELATED FIRST UNITED METHODIST CHURCH 212 3RD STREET N. 59-0637842 501(C)(3) 14,600 ST. PETERSBURG, FL 33701 0 RELIGION-RELATED ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE -MEMPHIS TN 38105 62-0646012 501(C)(3) 14.363 0 HEALTH CARE BAPTIST HOSPITAL FOUNDATION OF GREATER LOUISVILLE, INC. - 4000 KRESGE WAY - LOUISVILLE, KY 20-0292291 501(C)(3) 14,300 40207-4605 0 HEALTH CARE WHITE ROCK PRESBYTERIAN CHURCH 310 ROVER BOULEVARD LOS ALAMOS, NM 87544 23-7000560 501(C)(3) 14,000 RELIGION-RELATED

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (c) IRC section (e) Amount of (g) Description of (h) Purpose of grant (a) Name and address of (b) EIN (d) Amount of (f) Method of organization or government if applicable cash grant non-cash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) KILGORE SAMARITAN COUNSELING CENTER - PO BOX 6728 - LOUISVILLE MENTAL HEALTH & CRISIS KY 40206 61-1131420 501(C)(3) 13,100 0 INTERVENTION CHEYENNE MOUNTAIN ZOOLOGICAL SOCIETY - 4250 CHEYENNE MOUNTAIN ZOO ROAD - COLORADO SPRINGS, CO 80906 84-0407039 501(C)(3) 13,000 0 ANIMAL-RELATED COMMUNITY CATHOLIC CENTER INC. PO BOX 11065 LOUISVILLE, KY 40251 01-0785892 501(C)(3) 12,800 0 EDUCATION PLANNED PARENTHOOD OF INDIANA AND KENTUCKY - ATTN: DEVELOPMENT, PO BOX 397 - INDIANAPOLIS, IN 46206 35-0874276 501(C)(3) 12,650 0 HEALTH CARE FAMILY OF GOD CHRISTIAN FELLOWSHIP 134 SOUTH MAIN STREET 501(C)(3) 12,500 HARRODSBURG KY 40330 61-1846913 0 RELIGION-RELATED KENTUCKY CENTER FOR THE ARTS FOUNDATION, INC. - 501 W. MAIN ST. ARTS, CULTURE & 31-0999046 12,400 - LOUISVILLE, KY 40202 501(C)(3) 0 HUMANITIES SCHOOL CHOICE SCHOLARSHIPS, INC. 2200 DUNDEE ROAD, SUITE B LOUISVILLE KY 40205 31-1589289 501(C)(3) 12,300 EDUCATION 0 AMERICAN NATIONAL RED CROSS 431 18TH ST NW 53-0196605 12,255 WASHINGTON DC 20006 501(C)(3) 0 HUMAN SERVICES ST. FRANCES OF ROME 2119 PAYNE STREET LOUISVILLE KY 40206 61-0445829 501(C)(3) 12,025 RELIGION-RELATED

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Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (c) IRC section (g) Description of (h) Purpose of grant (a) Name and address of (b) EIN (d) Amount of (e) Amount of (f) Method of organization or government if applicable cash grant non-cash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) LITTLE SISTERS OF THE POOR 15 AUDUBON PLAZA DRIVE LOUISVILLE KY 40217 61-0487466 501(C)(3) 8.650 0 HEALTH CARE CHRIST CHURCH CATHEDRAL 421 SOUTH SECOND STREET LOUISVILLE, KY 40202 61-0444673 501(C)(3) 8.475 0 RELIGION-RELATED ACADEMY OF OUR LADY OF MERCY 801 FEGENBUSH LANE LOUISVILLE, KY 40228 61-1116388 501(C)(3) 8.450 0 EDUCATION SMITH COLLEGE 23 ELM STREET, STODDARD ANNEX NORTHAMPTON, MA 01063 04-1843040 501(C)(3) 8.375 0 EDUCATION KIDS CENTER FOR PEDIATRIC VOLUNTARY HEALTH THERAPIES - 982 EASTERN PARKWAY -ASSOCIATIONS & MEDICAL 8.250 LOUISVILLE, KY 40217 61-0492378 501(C)(3) 0 DISCIPLINES NATIONAL PRESBYTERIAN CHURCH 4101 NEBRASKA AVENUE NW 53-0196611 501(C)(3) 8.050. WASHINGTON, DC 20016 0 RELIGION-RELATED SASS SCHOLARSHIP FOUNDATION 215 COWBOY WAY EDGEWOOD, NM 87015 33-0921106 501(C)(3) 8.000 EDUCATION 0 WEST MIDLAND FAMILY CENTER 4011 W ISABELLA RD 38-2416339 8.000 SHEPHERD MI 48883 501(C)(3) 0 HUMAN SERVICES GREATER MUHLENBERG PARKS & RECREATION SYSTEM - 200 N PARK DRIVE - GREENVILLE, KY 42345 45-4955355 501(C)(3) 8.000 RECREATION & SPORTS

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Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) Part II (c) IRC section (g) Description of (h) Purpose of grant (a) Name and address of (b) EIN (d) Amount of (e) Amount of (f) Method of organization or government if applicable cash grant non-cash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) BLUE GRASS TRUST FOR HISTORIC PRESERVATION - 210 NORTH BROADWAY ARTS, CULTURE & - LEXINGTON, KY 40507 61-0518029 501(C)(3) 5.000 0 HUMANITIES ST. GREGORY SCHOOL 330 SAMUELS LOOP COX'S CREEK, KY 40013 61-0535159 501(C)(3) 5.000 0 EDUCATION ST. LEONARD CHURCH 440 ZORN AVENUE LOUISVILLE, KY 40206 61-0539297 501(C)(3) 5 000 0 RELIGION-RELATED SIMPSONVILLE CHRISTIAN CHURCH PO BOX 37 SIMPSONVILLE, KY 40067 61-0592736 501(C)(3) 5 000 0 RELIGION-RELATED FIRST BAPTIST CHURCH 149 LAWRENCE ST 61-0624346 501(C)(3) 5 000 BRANDENBURG KY 40108 0 RELIGION-RELATED CLIFF HAGAN BOYS & GIRLS CLUB INC. 3415 BUCKLAND SOUARE 61-0663746 501(C)(3) 5.000 OWENSBORO, KY 42301 0 YOUTH DEVELOPMENT CHRYSALIS HOUSE INC. 1589 HILL RISE DR. MENTAL HEALTH & CRISIS 5.000 LEXINGTON KY 40504 61-1012290 501(C)(3) 0 INTERVENTION BELFRY HIGH SCHOOL P.O. BOX 160 5.000 BELFRY, KY 41514 61-1110695 GOVERNMENT 0 EDUCATION THOMAS D. CLARK FOUNDATION INC. 663 S. LIMESTONE STREET LEXINGTON KY 40508 61-1259085 501(C)(3) 5.000 PHILANTHROPY VOLUNTARISM

Schedule I (Form 990)

Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (c) IRC section (g) Description of (h) Purpose of grant (a) Name and address of (b) EIN (d) Amount of (e) Amount of (f) Method of organization or government if applicable cash grant non-cash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) BAPTIST SEMINARY OF KENTUCKY 400 EAST COLLEGE ST, BOX 358 GEORGETOWN KY 40324 61-1312812 501(C)(3) 5.000 0 EDUCATION CORPUS CHRISTI INC. PO BOX 395 SIMPSONVILLE, KY 40067 61-1335590 501(C)(3) 5.000. 0 HUMAN SERVICES GREATER LOUISVILLE SPORTS COMMISSION - 401 W. MAIN ST. SUITE 2200 - LOUISVILLE, KY 40202 61-1365860 501(C)(3) 5 000 0 RECREATION & SPORTS TEXAS A & M UNIVERSITY 505 GEORGE BUSH DR. COLLEGE STATION, TX 77840-2811 74-0490865 501(C)(3) 5 000 0 EDUCATION JAMES DICK FOUNDATION FOR THE PERFORMING ARTS - PO BOX 89, STATE HWY 237 @ JASTER ROAD - ROUND TOP. ARTS, CULTURE & 5 000 TX 78954 74-1732353 501(C)(3) 0 HUMANITIES AREA MINISTRIES FOR EMERGENCY NEEDS - PO BOX 571 - LA GRANGE, TX 74-2626889 5.000 78945 501(C)(3) 0 HUMAN SERVICES STEPHAN F. AUSTIN UNIVERSITY ALUMNI ASSOCIATION - PO BOX 6069 5.000 75-1623068 501(C)(3) EDUCATION NACAGDOCHES TX 75962 0 FOUNDATION FOR LANDSCAPE STUDIES 7 WEST 81ST STREET 75-3186305 5.000 NEW YORK, NY 10024 501(C)(3) 0 ENVIRONMENT I WOULD RATHER BE READING 1503 IROQUOIS PKWY LOUISVILLE KY 40214 82-4974981 501(C)(3) 5.000 EDUCATION

Schedule I (Form 990)

Schedule I (Form 990) DEPOSITORY INC. 31-1140889 Page 1

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (b) EIN (c) IRC section (d) Amount of (f) Method of (g) Description of (h) Purpose of grant (e) Amount of organization or government if applicable cash grant non-cash valuation non-cash assistance or assistance assistance (book, FMV, appraisal, other) SANTA FE COUNCIL ON INTERNATIONAL INTERNATIONAL, FOREIGN RELATIONS - 413 GRANT AVENUE, AFFAIRS & NATIONAL 85-0196904 501(C)(3) 5.000. SUITE D - SANTA FE, NM 87501 0 SECURITY ALL GOD'S CHILDREN INTERNATIONAL INTERNATIONAL, FOREIGN 1400 NE 136TH AVE, SUITE 201 AFFAIRS & NATIONAL VANCOUVER, WA 98684 93-1052909 501(C)(3) 5.000. 0 SECURITY BIBLE STUDY FELLOWSHIP INTERNATIONAL - 19001 HUEBNER ROAD - SAN ANTONIO, TX 78258-4019 94-1514010 501(C)(3) 5.000 0 RELIGION-RELATED

Schedule I (Form 990)

Schedule I (Form 990) (2018) DEPOSITORY INC. 31-1140889

Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III Part III can be duplicated if additional space is needed. (a) Type of grant or assistance (b) Number of (c) Amount of (d) Amount of non-(e) Method of valuation (f) Description of noncash assistance (book, FMV, appraisal, other) recipients cash grant cash assistance Part IV Supplemental Information. Provide the information required in Part I, line 2; Part III, column (b); and any other additional information. PART I, LINE 2: THE ORGANIZATION USES GUIDESTAR.ORG TO CONFIRM THAT THE RECIPIENT ORGANIZATIONS ARE IN GOOD STANDING PRIOR TO MAKING THE DONATION. WHEN THE DONATION IS SENT THE FOLLOWING INFORMATION IS PROVIDED TO EACH GRANT RECIPIENT: "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

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Schedule I (Form 990) (2018)

Page 2

THE COMMUNITY FOUNDATION OF LOUISVILLE

Schedule I (Form 990) DEPOSITORY INC.	31-1140889	Page 2
Part IV Supplemental Information		
PURCHASED AT AUCTION). YOUR ORGANIZATION ALSO CERTIFIES IT CONTINUES TO BE		
PUBLICLY SUPPORTED AND EXEMPT UNDER IRS CODE SECTION 501(C)(3). AS A FORCE		
FOR GOOD, THE COMMUNITY FOUNDATION OF LOUISVILLE IS PROUD TO SUPPORT THE		
WORK OF YOUR ORGANIZATION. IF YOU HAVE ANY QUESTIONS REGARDING THIS GRANT,		
WORK OF TOOK ORGANIZATION. IF TOO 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		
annur en		
SERVICE.		

Schedule I (Form 990)

SCHEDULE J (Form 990)

Part I

Compensation Information

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

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

► Attach to Form 990. ► Go to www.irs.gov/Form990 for instructions and the latest information. Open to Public

Employer identification number

31-1140889

. Inspection

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service Name of the organization

THE COMMUNITY FOUNDATION OF LOUISVILLE

Questions Regarding Compensation

			Yes	No
1 a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990,			
	Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	First-class or charter travel Housing allowance or residence for personal use			
	Travel for companions Payments for business use of personal residence			
	Tax indemnification and gross-up payments Health or social club dues or initiation fees			
	Discretionary spending account Personal services (such as maid, chauffeur, chef)			
b	If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or			
	reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		<u></u>
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors,			
	trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's			
	CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to			
	establish compensation of the CEO/Executive Director, but explain in Part III.			
	Compensation committee Written employment contract			
	Independent compensation consultant Compensation survey or study			
	Form 990 of other organizations Approval by the board or compensation committee			
4	During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing			
	organization or a related organization:			
а	Receive a severance payment or change-of-control payment?	4a		X
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		Х
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.			
	Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.			
5	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation			
	contingent on the revenues of:			
а	The organization?	5a		Х
b	Any related organization?	5b		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:			
а	The organization?	6a		X
b	Any related organization?	6b		X
	If "Yes" on line 6a or 6b, describe in Part III.			
7	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments			
	not described on lines 5 and 6? If "Yes," describe in Part III	7		Х
8	Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the			
	initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8		X
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in			
				1

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

Schedule J (Form 990) 2018

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

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

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

		(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	Deficition	(6)(1)-(U)	reported as deferred on prior Form 990
(1) SUSAN A. BARRY	(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)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)			_				
	(i)			_				
	(ii)			_				
	(i)							
	(ii)							

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Schedule J (Form 990) 2018

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SCHEDULE M (Form 990)

Noncash Contributions

Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.

2018

ZU IO

Department of the Treasury Internal Revenue Service

Part I

Name of the organization

Attach to Form 990.
 Go to www.irs.gov/Form990 for instructions and the latest information.

THE COMMUNITY FOUNDATION OF LOUISVILLE

Open to Public Inspection

Employer identification number

DEPOSITORY INC. 31-1140889
Types of Property

(a) (b) (c) (d) Number of Noncash contribution Check if Method of determining contributions or amounts reported on applicable noncash contribution amounts items contributed Form 990, Part VIII, line 1g Art - Works of art Art - Historical treasures 2 Art - Fractional interests 3 Books and publications 4 Clothing and household goods 5 6 Cars and other vehicles 7 Boats and planes Intellectual property 8 Securities - Publicly traded 9 359 Х 9,001,385.FMV AT DATE OF GIFT Securities - Closely held stock 10 11 Securities - Partnership, LLC, or trust interests Securities - Miscellaneous 12 13 Qualified conservation contribution -Historic structures Qualified conservation contribution - Other... 14 Real estate - Residential 15 Real estate - Commercial 16 Real estate - Other Collectibles 18 Food inventory 19 Drugs and medical supplies 20 Taxidermy 21 Historical artifacts 22 Scientific specimens 23 24 Archeological artifacts Other 25 26 Other 27 Other 28 Other Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement 29 Y<u>es</u> No 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? 30a **b** If "Yes," describe the arrangement in Part II. Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions? 31 31 Х 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? 32a Х b If "Yes," describe in Part II. 33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked,

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

Schedule M (Form 990) 2018

Schedule M (Form 990) 2018

SCHEDULE O

Department of the Treasury

(Form 990 or 990-EZ)

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

► Attach to Form 990 or 990-EZ. Go to www.irs.gov/Form990 for the latest information. OMB No. 1545-0047 Open to Public Inspection

Internal Revenue Service Name of the organization

THE COMMUNITY FOUNDATION OF LOUISVILLE DEPOSITORY INC.

Employer identification number 31-1140889

FORM 990, PART VI, SECTION B, LINE 11B: A DRAFT OF THE RETURN IS REVIEWED FIRST BY INTERNAL MANAGEMENT. AFTER INTERNAL MANAGEMENT HAS REVIEWED THE RETURN AND ANY CHANGES ARE MADE A DRAFT IS PROVIDED TO THE FINANCE COMMITTEE FOR REVIEW AND A COPY IS PROVIDED TO THE ENTIRE BOARD. ONCE THE COMMENTS FROM THE BOARD ARE REVIEWED, THE FINAL DRAFT OF THE RETURN IS PREPARED AND SIGNED BY THE VICE PRESIDENT. FORM 990, PART VI, SECTION B, LINE 12C: OFFICERS, DIRECTORS AND KEY EMPLOYEES MAY NOT ENGAGE IN ACTIVITIES THAT MIGHT INTERFERE WITH THE DISCHARGE OF THEIR RESPONSIBILITY OR IN TRANSACTIONS THAT REASONABLY MIGHT AFFECT THE JUDGMENT EXERCISE ON BEHALF OF THE ORGANIZATION. IF THERE HAVE BEEN ANY CHANGES THAT MAY BE A POTENTIAL CONFLICT OF INTEREST, INDIVIDUALS SHOULD NOTIFY THE PRESIDENT & CEO. OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO READ AND SIGN A CONFLICT OF INTEREST DISCLOSURE FORM FROM TIME TO TIME WHICH THE ORGANIZATION WILL KEEP ON FILE OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE EXPECTED AT ALL TIMES TO USE GOOD JUDGMENT AND TO ADHERE TO HIGH ETHICAL STANDARDS. IN DOING SO, THEY WILL CONDUCT THEIR AFFAIRS IN SUCH A MANNER AS TO AVOID ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST. THE ORGANIZATION BELIEVES THAT ITS OFFICERS, DIRECTORS AND KEY EMPLOYEES SHOULD NOT BE INHIBITED SOLELY BECAUSE OF POTENTIAL CONFLICTS OF INTEREST IN FACT, THE ORGANIZATION BELIEVES THAT CONFLICTS OF INTEREST CAN BEST BE HANDLED THROUGH FULL DISCLOSURE OF SUCH INTERESTS, TOGETHER WITH NONINVOLVEMENT IN ANY VOTE WHERE SUCH A CONFLICT EXISTS

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

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

832211 10-10-18

Name of the organization THE COMMUNITY FOUNDATION OF LOUISVILLE DEPOSITORY INC.	Employer identification number 31-1140889
EACH OFFICER, DIRECTOR AND KEY EMPLOYEE IS REQUESTED TO PROVIDE A	ANNUALLY TO
THE PRESIDENT OF CFL A LIST OF OFFICES AND DIRECTORSHIPS HE OR SH	HE HOLDS IN
CHARITABLE AND BUSINESS ORGANIZATIONS, AND TO IDENTIFY HIS OR HER	R PLACE OF
EMPLOYMENT OR PRINCIPAL BUSINESS ACTIVITY.	
OFFICERS, DIRECTORS AND KEY EMPLOYEES SHOULD DISCLOSE A CONFLICT	OF
INTEREST:	
PRIOR TO VOTING ON OR OTHERWISE DISCHARGING HIS OR HER DUTIES.	
PRIOR TO ENTERING INTO ANY CONTRACT WHICH COMES BEFORE THE BOARD	OR ANY
COMMITTEE;	
AS SOON AS POSSIBLE AFTER THE INDIVIDUAL LEARNS OF A CONFLICT OF	INTEREST
IN ANY OTHER CONTEXT.	
DISCLOSURE SHOULD BE MADE TO THE BOARD CHAIR, PRESIDENT OF CFL, O	OR IN THE
CASE OF A COMMITTEE, TO THE CHAIRPERSON OF THAT COMMITTEE. THE MI	INUTES OF
THE MEETING SHOULD REFLECT THAT APPROPRIATE DISCLOSURE WAS MADE,	AND THAT
THE INTERESTED PARTY ABSTAINED FROM VOTING.	
	_
FORM 990, PART VI, SECTION B, LINE 15:	
THE ORGANIZATION DOES NOT HAVE ANY EMPLOYEES CURRENTLY; HOWEVER,	THEY
FOLLOW THE POLICIES AND PROCEDURES FOR DETERMINING COMPENSATION A	AS
ESTABLISHED BY THE COMMUNITY FOUNDATION OF LOUISVILLE, INC. THE	COMMUNITY
FOUNDATION OF LOUISVILLE, INC. HAS A COMPENSATION COMMITTEE THAT	ANNUALLY
REVIEWS INDUSTRY SURVEY INFORMATION TO DETERMINE A FAIR AND REASO	ONABLE
COMPENSATION FOR THE OFFICERS AND KEY EMPLOYEES. THE PRESIDENT'S	S AND
OFFICERS' COMPENSATION IS THEN APPROVED BY THE COMPENSATION COMMI	ITTEE.
COMPENSATION FOR ALL EMPLOYEES IS APPROVED BY THE COMPENSATION CO	DMMITTEE
AND BOARD.	

FORM 990 PART VI SECTION C LINE 19:

SCHEDULE R (Form 990)

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

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

Open to Publi Inspection

Name of th	ne organization THE COMMUNITY FOUNDATION OF LOUISVILLE	Employer identification number
	DEPOSITORY INC.	31-1140889
Part I	Identification of Discogarded 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	cont	g) 512(b)(13) rolled tity?
				501(c)(3))		Yes	No
THE COMMUNITY FOUNDATION OF LOUISVILLE, INC.							
- 31-0997017, 325 W. MAIN STREET, SUITE	FACILITATE INDIVIDUAL						
1110, LOUISVILLE, KY 40202	DONORS' CHARITABLE GIVING	KENTUCKY	501(C)(3)	7	N/A		х
FELIX E. MARTIN JR. FOUNDATION, INC -	TYPE I SUPPORTING				COMMUNITY		
26-2193468, 325 W. MAIN STREET, SUITE 1110,	ORGANIZATION - MAINTAIN				FOUNDATION OF		
LOUISVILLE, KY 40202	AND RECEIVE CONTRIBUTIONS	KENTUCKY	501(C)(3)	11 TYPE 1	LOUISVILLE, INC.		х
THE COMMUNITY FOUNDATION OF LOUISVILLE					COMMUNITY		
CORPORATE DEPOSITORY, INC 61-11009, 325	FACILITATE INDIVIDUAL				FOUNDATION OF		
W. MAIN STREET, SUITE 1110, LOUISVILLE, KY	DONORS' CHARITABLE GIVING	KENTUCKY	501(C)(3)	7	LOUISVILLE, INC.		х
THE REAL ESTATE ASSET LEGACY FOUNDATION OF	TYPE I SUPPORTING				COMMUNITY		
KENTUCKY, INC - 26-2417672, 325 W. MAIN	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) 2018

DEPOSITORY INC.

Schedule R (Form 990) 31-1140889

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		512(b)(13) rolled zation?
LOUISVILLE ORCHESTRA FOUNDATION, INC	TYPE I SUPPORTING					162	NO
20-1546969, 323 W. BROADWAY, SUITE 700,	ORGANIZATION - MAINTAIN				LOUISVILLE		
LOUISVILLE, KY 40202	AND RECEIVE CONTRIBUTIONS	KENTUCKY	501(C)(3)	11 TYPE 1	ORCHESTRA, INC.		Х
LOUISVILLE PRESERVATION FUND, INC	TYPE I SUPPORTING				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.		Х

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.

(a) Name, address, and EIN of related organization	(b) Primary activity	Legal domicile (state or foreign	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	alloca	ortionate tions?	amount in box 20 of Schedule	mana partn	or Percenta ownersh	tage
		country)		30010113 0 12 0 14)			Yes	No	K-1 (FOIII 1003)	Yes	NO	

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 country)	(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	ent	tion b)(13) rolled tity?

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

Not	te: Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.					Yes	No				
	During the tax year, did the organization engage in any of the following transactions with o		_								
а	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity				1a		Х				
b	Gift, grant, or capital contribution to related organization(s)				1b	Х					
С	c Gift, grant, or capital contribution from related organization(s)										
	d Loans or loan guarantees to or for related organization(s)										
	Loans or loan guarantees by related organization(s)				1e		Х				
f	Dividends from related organization(s)				1f		Х				
g	Sale of assets to related organization(s)				1g		Х				
	Purchase of assets from related organization(s)				1h		Х				
i	Exchange of assets with related organization(s)				1i		Х				
j	Lease of facilities, equipment, or other assets to related organization(s)				1j		Х				
k	Lease of facilities, equipment, or other assets from related organization(s)				1k		х				
- 1	Performance of services or membership or fundraising solicitations for related organization				11		Х				
n	n Performance of services or membership or fundraising solicitations by related organization				1m		Х				
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)				1n	Х					
	Sharing of paid employees with related organization(s)				10	Х					
р	Reimbursement paid to related organization(s) for expenses				1p		х				
	Reimbursement paid by related organization(s) for expenses				1q		Х				
r	Other transfer of cash or property to related organization(s)				1r		х				
	Other transfer of cash or property from related organization(s)				1s		х				
	If the answer to any of the above is "Yes," see the instructions for information on who mus					U .					
	(a)	(b)	, (c)	(d)							
	(a) Name of related organization Tra	ansaction	Amount involved	Method of determining amount inv	olved						
	ty	ype (a-s)									
1)											
2)											
3)											
4)											
5)											
6)											

31-1140889

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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) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	Are a partners 501(c) orgs	s sec.)(3) :.?	(f) Share of total income	(g) Share of end-of-year assets	Disp tio alloca	ropor- nate ations?	or ouriculate it i	Genera manag partn Yes	own	(k) centage nership

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