** PUBLIC DISCLOSURE COPY **

Return of Organization Exempt From Income Tax

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

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

OMB No. 1545-0047 Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

Α	For the	2018 calendar year, or tax year beginning JU	<u>ль 1, 2018</u> an c	l ending ਹਾ	<u>UN 30, 20</u> :	19		
В	Check if	C Name of organization	•				ation number	
,	applicable	THE COMMUNITY FOUNDATION OF LOUIS	VILLE.					
	Addres change	S I	,					
	Name change	D : 1 :			1	31-0997	017	
	Initial return	Number and street (or P.O. box if mail is not deli	ivered to street address)	Room/suite	E Telepho			
	Final	325 W MAIN ST.	,	1110		502-585	-4649	
	return/ termin- ated		ZIP or foreign postal code	<u> </u>	G Gross rece		158,14	8 539
	Amend		Zii or foreign poetar oodo		H(a) Is this	•		<u>,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,</u>
	Applica		IEM I BACON			bordinates?	_	v No
	tion pendin	SAME AS C ABOVE	IEW I. BACON		H(b) Are all s			No
$\overline{}$	Ταν-ρνρ	<u> </u>	◀ (insert no.) 4947(a)(1)	or 527	1		ist. (see instructio	
		e: WWW.CFLOUISVILLE.ORG	(mscrtno.) 4347 (a)(1)	01 321		•	number	113)
		·	sociation Other	I Voor			State of legal domi	oilo: 1232
		Summary	Sociation Other	L 1641	ui iui ilialiuli.	1984 IVI	State of legal dolling	LIIE. KY
<u> </u>	1	_	oignificant activities: TO GET	TNOTHE O	NID DEGION	, munouqu		
9		Briefly describe the organization's mission or most		ENGTHEN C	OUR REGION	THROUGH		
Jan	_	INSPIRED PHILANTHROPY AND OUTSTANDING			H 050/		1 -	
& Governance		•	ntinued its operations or dispo			1 1	sets.	0.5
Ĝ		Number of voting members of the governing body						26
		Number of independent voting members of the gov						26
ties		Total number of individuals employed in calendar y						26
Activities		Total number of volunteers (estimate if necessary)						27
Ą		Total unrelated business revenue from Part VIII, co						0.
	b	Net unrelated business taxable income from Form 9	990-T, line 38					3 <u>,159.</u>
					Prior Ye	ear	Current Yea	
ne		Contributions and grants (Part VIII, line 1h)			•	111,213.		8,379 <u>.</u>
ē		Program service revenue (Part VIII, line 2g)				066,697.	63:	2,016.
Revenue		nvestment income (Part VIII, column (A), lines 3, 4,			32,	621,675.	14,98	7,833 <u>.</u>
_		Other revenue (Part VIII, column (A), lines 5, 6d, 8c,				0.		<u>2,383.</u>
		Total revenue - add lines 8 through 11 (must equal			66,	799,585.		0,611 <u>.</u>
		Grants and similar amounts paid (Part IX, column (A			29,	552,522.	31,43	6,646 <u>.</u>
		Benefits paid to or for members (Part IX, column (A				0.		0.
es	15 5	Salaries, other compensation, employee benefits (F			2,:	233,620.	2,40	7 <u>,401.</u>
Expenses	16a F	Professional fundraising fees (Part IX, column (A), li	ine 11e)			0.		0.
ă	b	Total fundraising expenses (Part IX, column (D), line	e 25) > <u>766</u>	,248.				
Ш	17 (Other expenses (Part IX, column (A), lines 11a-11d,	, 11f-24e)		2,	192,844.	2,18	1,840.
	18	Total expenses. Add lines 13-17 (must equal Part I)	X, column (A), line 25)		33,	978,986.	36,02	5,887 <u>.</u>
		Revenue less expenses. Subtract line 18 from line	12		32,	820,599.	29,27	4,724.
SOC				Be	ginning of Cu	rrent Year	End of Yea	r
Sets	20	Total assets (Part X, line 16)			397,	797,874.	440,53	4,869.
Net Assets or Fund Balances	21	Total liabilities (Part X, line 26)			21,	918,309.	20,83	7,241.
		Net assets or fund balances. Subtract line 21 from	line 20		375,	879,565.	419,69	7,628.
P	art II	Signature Block						
Unc	ler penal	ties of perjury, I declare that I have examined this return,	including accompanying schedul	es and statem	ents, and to th	ne best of my	knowledge and beli	ef, it is
true	, correct	t, and complete. Declaration of preparer (other than office	er) is based on all information of w	hich preparer	has any knov	vledge.		
Sig	n	Signature of officer			Dat	te		
He		MATTHEW L. BACON, INTERIM PRESIDER	NT & CEO					
		Type or print name and title						
		Print/Type preparer's name	Preparer's signature		Date	Check	PTIN	
Pai	d E	REBECCA L. PHILLIPS, CPA	-	0.4	4/13/20	self-employe	P00024055	
Pre	parer	Firm's name MCM CPAS & ADVISORS LLP				n's EIN ▶	27-1235638	
	·	Firm's address 462 S. FOURTH ST., SUITE	2600		1			
	-	LOUISVILLE, KY 40202-344			Pho	one no. (502	3)749-1900	
Ma	v the IR	S discuss this return with the preparer shown abo			1	,	x Yes	No

INC Part IV Checklist of Required Schedules

			Yes	No
1	Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)?			
	If "Yes," complete Schedule A	1	X	
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	X	
7	Did the organization receive or hold a conservation easement, including easements to preserve open space,	_		
_	the environment, historic land areas, or historic structures? 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?			
		ο .		v
10	If "Yes," complete Schedule D, Part IV Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent	9		Х
10	endowments, or quasi-endowments? If "Yes," complete Schedule D, Part V	10	v	
11	If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X	10	Х	
••	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	X	
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	44.		
45	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		•
16	foreign organization? If "Yes," complete Schedule F, Parts II and IV Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to	15		Х
16	or for foreign individuals? If "Yes," complete Schedule F, Parts III and IV	16		v
17	Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX,	10		Х
.,	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			Α
.5	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
20a	Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a		X
b	If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b		
21	Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or			
	domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II	21	х	

832003 12-31-18

Page 4

Form 990 (2018)

INC 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		Х
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?	24b		
С	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease			
	any tax-exempt bonds?	24c		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?	24d		
25a	Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit			
	transaction with a disqualified person during the year? If "Yes," complete Schedule L, Part I	25a		Х
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and			
	that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? If "Yes," complete			
	Schedule L, Part I	25b		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	26		Х
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial			
	contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member			
	of any of these persons? 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			
	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
b	A family member of a current or former officer, director, trustee, or key employee? If "Yes," complete Schedule L, Part IV	28b		Х
С	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer,			
	director, trustee, or direct or indirect owner? If "Yes," complete Schedule L, Part IV	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	Х	
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 **Total Com	38	Х	<u> </u>
ı al	Check if Schedule O contains a response or note to any line in this Part V			
	2.155 255ddio 5 contains a respense of note to any mio in the fact v		V	Na
4	Enter the number reported in Poy 2 of Form 1006 Enter 0, if not applicable		Yes	No
_	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable 1a 58			
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable			
С		10	v	
	(gambling) winnings to prize winners?	1c	OOO	(2010)

832004 12-31-18

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

INC

			Yes	No
2 a	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 2a	5		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns?	2b	Х	
	Note. If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
	Did the organization have unrelated business gross income of \$1,000 or more during the year?	3a		Х
	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).			
_	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?	5a 5b		X
b	If "Yes" to line 5a or 5b, did the organization file Form 8886-T?	5c		Х
	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit	30		
ua	any contributions that were not tax deductible as charitable contributions?	6a		х
h	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts	- Oa		_ ^
	were not tax deductible?	6b		
7	Organizations that may receive deductible contributions under section 170(c).	35		
a	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		
	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required			
	to file Form 8282?	7с		х
d	If "Yes," indicate the number of Forms 8282 filed during the year			
е	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?	7e		Х
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?	7f		Х
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? \dots	7g		
h	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		Х
9	Sponsoring organizations maintaining donor advised funds.			
а	Did the sponsoring organization make any taxable distributions under section 4966?	9a		Х
	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?	9b		Х
10	Section 501(c)(7) organizations. Enter:			
	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			
11	Section 501(c)(12) organizations. Enter: Gross income from members or shareholders 11a			
a L	Gross income from members or shareholders			
D	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			
13	Section 501(c)(29) qualified nonprofit health insurance issuers.			
а	Is the organization licensed to issue qualified health plans in more than one state?	13a		
	Note. See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the			
	organization is licensed to issue qualified health plans			
	Enter the amount of reserves on hand			
14a	Did the organization receive any payments for indoor tanning services during the tax year?	14a		Х
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O	14b		Ь—
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.			

INC

31-0997017 Page **6**

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions. Check if Schedule O contains a response or note to any line in this Part VI Section A. Governing Body and Management Yes No 1a Enter the number of voting members of the governing body at the end of the tax year 1a 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 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? Х 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? Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? Х Did the organization become aware during the year of a significant diversion of the organization's assets? 5 5 Did the organization have members or stockholders? 6 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? b Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following: 8 The governing body? 8a Each committee with authority to act on behalf of the governing body? 8b 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 Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.) No 10a Did the organization have local chapters, branches, or affiliates? 10a Х b If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes? 10b Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? 11a **b** Describe in Schedule O the process, if any, used by the organization to review this Form 990. Did the organization have a written conflict of interest policy? If "No," go to line 13 12a Х b Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? 12b Х c Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done Did the organization have a written whistleblower policy? 13 13 Х 14 Did the organization have a written document retention and destruction policy? Х Did the process for determining compensation of the following persons include a review and approval by independent 15 persons, comparability data, and contemporaneous substantiation of the deliberation and decision? a The organization's CEO, Executive Director, or top management official 15a Х Other officers or key employees of the organization 15b Х If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions). 16a Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? 16a Х b If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements? Section C. Disclosure List the states with which a copy of this Form 990 is required to be filed ▶ку Section 6104 requires an organization to make its Forms 1023 (1024 or 1024-A if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply. x Own website Another's website Lx Upon request Other (explain in Schedule O) Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year. State the name, address, and telephone number of the person who possesses the organization's books and records MATTHEW L BACON - 502-585-4649

Form 990 (2018) INC. 31-0997017 Page

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

Check if Schedule O contains a respons	nse or note to any line in this Part V	II T	

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.

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

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

(A)	(B)	0.90			C)			(D)	(E)	(F)
Name and Title	Average hours per week	box offi	not c	ss pe	more rson	than is bot or/trus	h an	Reportable compensation from	Reportable compensation from related	Estimated amount of 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-MISC)	compensation from the organization and related organizations
(1) STEPHANIE H. SMITH	2.00	-								
BOARD CHAIR	4.00	Х		Х				0.	0.	0.
(2) M. CLAIRE ALAGIA	2.00	_								
BOARD VICE CHAIR	4.00	Х		Х				0.	0.	0.
(3) DAVID TACHAU	2.00									
BOARD SECRETARY	4.00	Х		Х				0.	0.	0.
(4) GARY ULMER	2.00									
BOARD TREASURER	4.00	Х		Х				0.	0.	0.
(5) ERIC W. TAYLOR	2.00									
DIRECTOR (TERM ENDED 9/26/18)	4.00	Х						0.	0.	0.
(6) STEPHANIE BATEMAN	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(7) JULIE L. JONES	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(8) JERRY ABRAMSON	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(9) SUZANNE BERMEISTER	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(10) AUDREY D. KLINE	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(11) MARK A. CAMPISANO	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(12) NIRUPAMA KULKARNI	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(13) HARRIET L. LAIR	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(14) CURT SCOTT	1.00									
DIRECTOR	2.00	Х						0.	0.	0.
(15) CAROLYN TANDY	1.00	4								
DIRECTOR	2.00	Х	<u> </u>		<u> </u>	<u> </u>		0.	0.	0.
(16) WILLIAM R. MAPOTHER	1.00	-								
DIRECTOR	2.00	Х	ļ	ļ	<u> </u>	ļ		0.	0.	0.
(17) DEBORAH B. WILLIAMS	1.00	-								
DIRECTOR	2.00	Х						0.	0.	0. Form 990 (2018)

832007 12-31-18

	•		
NC.		31-0997017	Page

Part VII Section A. Officers, Directors, To (A)	(B)	picy	-		<u>C)</u>	gne		(D)	(E)		(F)	
Name and title	Average			Pos	itior			Reportable	Reportable	F	ור) stimate	ed
Name and title	hours per					than		·	compensation		mount	
	week					or/trus		from	from related		other	
	(list any	ctor						the	organizations	con	npensa	ation
	hours for	r dire				ted		organization	(W-2/1099-MISC)	f	rom th	ie
	related	steec	ruste			oen sa		(W-2/1099-MISC)			ganizat	
	organizations below	ıal tru	onal t		oloyee	com					nd relat	
	line)	ndividual trustee or director	nstitutional trustee	Officer	Key employee	Highest compensated employee	Former			org	anizati	ions
(18) GWEN KELLY	1.00	드	드	6	Ke	王与	7.					
DIRECTOR	2.00	х						0.	0.			0.
(19) SUSAN ZEPEDA	1.00								•			
DIRECTOR	2.00	х						0.	0.			0.
(20) DAVID CALZI	1.00								•			
DIRECTOR	2.00	х						0.	0.			0.
(21) WILLIAM G. STRENCH	1.00											
DIRECTOR	2.00	Х						0.	0.			0.
(22) MARTA MIRANDA-STRAUB	1.00											
DIRECTOR	2.00	Х						0.	0.			0.
(23) BETH S. PEABODY	1.00											
DIRECTOR	2.00	Х						0.	0.			0.
(24) ANGIE EVANS	1.00											
DIRECTOR	2.00	Х						0.	0.			0.
(25) MICHAEL W. GOUGH	1.00											
DIRECTOR	2.00	Х						0.	0.			0.
(26) LOPA MEHROTRA	1.00	_										
DIRECTOR	2.00	Х						0.	0.			0.
1b Sub-total								0.	0.			0.
c Total from continuation sheets to Par	t VII, Section A							725,109.	0.		84	<u>,644.</u>
d Total (add lines 1b and 1c)								725,109.	0.		84	<u>,644.</u>
2 Total number of individuals (including bu	ut not limited to th	ose	liste	ed a	bov	e) wl	ho r	eceived more than \$100	,000 of reportable			
compensation from the organization	<u> </u>										T	<u>4</u>
											Yes	No
3 Did the organization list any former office												
line 1a? If "Yes," complete Schedule J fo										3		X
4 For any individual listed on line 1a, is the	•							•	•			
and related organizations greater than \$										4	Х	
5 Did any person listed on line 1a receive					•			red organization or indivi	dual for services			
rendered to the organization? If "Yes," o	omplete Schedul	<u>e J f</u>	or s	uch	pers	son				5		X
Section B. Independent Contractors									•			
1 Complete this table for your five highest	compensated in	depe	ende	ent c	cont	racto	ors t	that received more than	\$100,000 of compens	ation	from	

the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address _{NONE}	(B) Description of services	(C) Compensation
2 Total number of independent contractors (including but not limited to those list \$100,000 of compensation from the organization.		

SEE PART VII, SECTION A CONTINUATION SHEETS

Form 990 INC.									31-099701	7
Part VII Section A. Officers, Directors, Tru	stees, Key Er	nplo	yee	s, a	nd F	ligh	est	Compensated Employ	ees (continued)	
(A)	(B)				C)			(D)	(E)	(F)
Name and title	Average hours	(cl			ition that		ly)	Reportable compensation	Reportable compensation	Estimated amount of
	per week (list any hours for related organizations below line)	Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former	from the organization (W-2/1099-MISC)	from related organizations (W-2/1099-MISC)	other compensation from the organization and related organizations
(27) ELIZABETH ROUNSAVALL DIRECTOR	1.00 2.00	х						0.	0.	0.
(28) SUSAN A. BARRY	40.00									
PRESIDENT & CEO	10.00			х				252,497.	0.	22,562
(29) MATTHEW L. BACON	40.00									
INTERIM PRES & CEO, CFO	10.00			х				147,460.	0.	14,137,
(30) CARA BARIBEAU	40.00									
VP_ COMMUNICATIONS & MARKETING (TERM	10.00			х				95,606.	0.	22,101
(31) TRISHA FINNEGAN	40.00							20,000.	<u> </u>	22,202
CHIEF STRATEGY OFFICER	10.00			х				125,530.	0.	12,124
(32) HEATHER CASH	40.00							220,000.	<u> </u>	
VP_ DEVELOPMENT & STEWARDSHIP	10.00			х				100.738.	0.	12,902
(33) JANET WALTHER	40.00							200,700.	<u> </u>	
VP, COMMUNICATIONS & MARKETING	10.00			х				3,278.	0.	818
Total to Part VII, Section A, line 1c								725,109.		84,644,

Form 990 (2018) 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 :	а	Federated campaigns	1a					
irar our			Membership dues						
s, G			Fundraising events						
a ji			Related organizations		4,301,026.				
imi	,	е	Government grants (contribut	ions) 1e					
rior S	1	f	All other contributions, gifts, grant	ts, and					
ğ ş			similar amounts not included above	ve 1f	45,377,353.				
Contributions, Gifts, Grants and Other Similar Amounts	9	g	Noncash contributions included in lines	1a-1f: \$	22,150,594.				
<u>3 g</u>		h	Total. Add lines 1a-1f		>	49,678,379.			
					Business Code				
Se	2 :	a	ADMIN FUND FEES		900009	632,016.	632,016.		
Program Service Revenue	ı	b							
n S	•	С							
rar Rev	(d							
50_	(е							
ъ	1		All other program service reve						
		q	Total. Add lines 2a-2f			632,016.			
	3		Investment income (including						
	_		other similar amounts)			11,763,202.			11,763,202.
	4		Income from investment of tax		T T				
	5		Royalties						
	•	_	Cross routs	(i) Real	(ii) Personal				
			Gross rents						
			Less: rental expenses Rental income or (loss)						
			Net rental income or (loss)						
			Gross amount from sales of	(i) Securities	(ii) Other				
	•	a	assets other than inventory	96,072,559.	1 '				
		h	Less: cost or other basis	30,072,333.					
		~	and sales expenses	92 847 928					
		С	Gain or (loss)						
			Net gain or (loss)			3,224,631.			3,224,631.
ø)			Gross income from fundraising		·	,,			,,
une			including \$						
eve			contributions reported on line	1c). See					
Other Reven			Part IV, line 18	a					
Ĭ.	ı	b	Less: direct expenses	b					
9	•	С	Net income or (loss) from fund	Iraising events	>				
	9 :	а	Gross income from gaming ac						
			Part IV, line 19						
			Less: direct expenses		,				
			Net income or (loss) from gam						
	10	а	Gross sales of inventory, less						
			and allowances						
			Less: cost of goods sold						
ł		С	Net income or (loss) from sale		P				
	44	_	Miscellaneous Revenu	e	Business Code	0.222	0.000		
			OTHER REVENUE		900099	2,383.	2,383.		
		b	-						
		ч С	All other revenue						
			Total. Add lines 11a-11d			2,383.			
	12		Total revenue. See instructions			2,383. 65,300,611.	634.399.	0 .	14.987.833.
						00,000,011.	. UJ±,JJJ.	U.	<u> </u>

832009 12-31-18

31-0997017

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 to include amounts reported on lines 6b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service	(C) Management and	(D) Fundraising
1	Grants and other assistance to domestic organizations		expenses	general expenses	expenses
'	and demonstic necessaries Can Dawt IV line Of	31,436,646.	21 426 646		
2	Grants and other assistance to domestic	31,430,640.	31,436,646.		
2	individuals. See Part IV, line 22				
3	Grants and other assistance to foreign				
3	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,				
5	trustees, and key employees	809.752.	391,012.	299,634.	119,106
6	Compensation not included above, to disqualified	009,732.	391,012.	233,034.	119,100
Ü	persons (as defined under section 4958(f)(1)) and				
	persons described in section 4958(c)(3)(B)				
7	Other salaries and wages	1,264,202.	206,867.	805,915.	251,420
8	Pension plan accruals and contributions (include	1,204,202.	200,007.	003,313.	231,420
-	section 401(k) and 403(b) employer contributions)	52.480.	7,294.	34,539.	10,647
9	Other employee benefits	138,704.	29,066.	83,086.	26,552
10	Payroll taxes	142,263.	39.834.	76,822.	25,607
11	Fees for services (non-employees):	142,203.	33,034.	70,022.	23,007
 а	Management				
b	Legal	28.744.	7.761.	16,959.	4,024
c	Accounting	35,526.	7,702.	30,552.	4,974
d	Lobbying	33,320.		30,332.	1,5/1
e	Professional fundraising services. See Part IV, line 17				
f	Investment management fees	1,060,500.		1,060,500.	
g	Other. (If line 11g amount exceeds 10% of line 25,			2,000,000.	
9	column (A) amount, list line 11g expenses on Sch O.)	197,105.	53,218.	116,292.	27,595
12	Advertising and promotion	179,244.	55,225.	110,152.	179,244
13	Office expenses	102,921.	27,789.	60,723.	14,409
14	Information technology	53,656.	14,487.	31,657.	7,512
15	Royalties	,,	,,	,	.,
16	Occupancy	181,212.	48,927.	106,915.	25,370
17	Travel	31,022.	8,376.	18,303.	4,343
18	Payments of travel or entertainment expenses	,	-,	,	_,
	for any federal, state, or local public officials				
19	Conferences, conventions, and meetings	37,392.	10,096.	22,061.	5,235
20	Interest	, , , , , , ,	,		,
21	Payments to affiliates				
22	Depreciation, depletion, and amortization	48,080.	12,982.	28,367.	6,731
23	Insurance	52,308.	14,123.	30,862.	7,323
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	MEMBERSHIPS	48,926.		42,076.	6,850
b	CONTRACT LABOR	37,255.		37,255.	
С	DEFERRED TRUST DIST.	29,259.	29,259.		
d	DEVELOPMENT & STEWARDSH	26,471.			26,471
е	All other expenses	32,219.	8,596.	10,788.	12,835
25	Total functional expenses. Add lines 1 through 24e	36,025,887.	32,346,333.	2,913,306.	766,248
26	Joint costs. Complete this line only if the organization				
	reported in column (B) joint costs from a combined				
	educational campaign and fundraising solicitation.				
	Check here if following SOP 98-2 (ASC 958-720)				

Part X | Balance Sheet

Check if Schedule O contains a response or note to any line in this Part X (A) Beginning of year End of year Cash - non-interest-bearing 1,011,897 1 2,301,075. Savings and temporary cash investments 2 2 Pledges and grants receivable, net 10,548,178 3 8.060.576. Accounts receivable, net 4 440,316 492,049. Loans and other receivables from current and former officers, directors. trustees, key employees, and highest compensated employees. Complete Part II of Schedule L 5 6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instr). Complete Part II of Sch L 6 Notes and loans receivable, net 2.788.507 7 2,621,785. Inventories for sale or use 8 Prepaid expenses and deferred charges 62,774 9 53 423 10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D 10a b Less: accumulated depreciation 10b 844.695. 195,033 10c 177,110. Investments - publicly traded securities 11 382,283,447 11 426,215,235. 12 Investments - other securities. See Part IV, line 11 12 Investments - program-related. See Part IV, line 11 13 13 Intangible assets 14 14 Other assets. See Part IV, line 11 15 467,722 15 613,616. Total assets. Add lines 1 through 15 (must equal line 34) 397,797,874 16 440 534 869. 16 Accounts payable and accrued expenses 17 168,065 139,436. 17 Grants payable 18 18 245,758 315,943. Deferred revenue 19 19 10,126 55,655. Tax-exempt bond liabilities 20 21 Escrow or custodial account liability. Complete Part IV of Schedule D 21 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. 22 Complete Part II of Schedule L 23 23 Secured mortgages and notes payable to unrelated third parties Unsecured notes and loans payable to unrelated third parties 24 24 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D 21,494,360 20,326,207. Total liabilities. Add lines 17 through 25 21 918 309 26 20.837.241 complete lines 27 through 29, and lines 33 and 34. Net Assets or Fund Balances 27 Unrestricted net assets 207.014.616 27 217 988 588. Temporarily restricted net assets 28 28 168,405,894, 201,249,985. Permanently restricted net assets 459.055 29 459.055. Organizations that do not follow SFAS 117 (ASC 958), check here and complete lines 30 through 34. Capital stock or trust principal, or current funds 30 Paid-in or capital surplus, or land, building, or equipment fund 31 31 32 Retained earnings, endowment, accumulated income, or other funds 33 Total net assets or fund balances 33 375,879,565 419,697,628. Total liabilities and net assets/fund balances 34 397, 797, 874 440 534 869.

	990 (2018) INC.	31-0997017		Pag	ge 12
Pa	rt XI Reconciliation of Net Assets				
	Check if Schedule O contains a response or note to any line in this Part XI				
1	Total revenue (must equal Part VIII, column (A), line 12)	1			<u>,611</u> .
2	Total expenses (must equal Part IX, column (A), line 25)	2			<u>,887.</u>
3	Revenue less expenses. Subtract line 2 from line 1	3			<u>,724.</u>
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	375	<u>,879</u>	,565 <u>.</u>
5	Net unrealized gains (losses) on investments	5	14	,543	,339 <u>.</u>
6	Donated services and use of facilities	6			
7	Investment expenses	7			
8	Prior period adjustments	8			
9	Other changes in net assets or fund balances (explain in Schedule O)	9			0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33,				
	column (B))	10	419	,697	,628.
Pa	rt XII Financial Statements and Reporting				
	Check if Schedule O contains a response or note to any line in this Part XII				Lx
				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	Ο.			
2a	Were the organization's financial statements compiled or reviewed by an independent accountant?		2a		х
	If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed	d on a			
	separate basis, consolidated basis, or both:				
	Separate basis Consolidated basis Both consolidated and separate basis				
b	Were the organization's financial statements audited by an independent accountant?		2b	Х	
	If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separat				
	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	e audit.			
•	review, or compilation of its financial statements and selection of an independent accountant?	•	2c	х	
	If the organization changed either its oversight process or selection process during the tax year, explain in Sch				
32	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Si				
Ja	Act and OMB Circular A-133?	.g.o / tadit	За		х
h	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the requ	ired audit	Ja		Λ
D	and the complete value in Oak adult O and describe any other Advantagement and any other		3b		
	or audits, explain why in Schedule O and describe any steps taken to undergo such audits		JU		

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

Employer identification number Name of the organization THE COMMUNITY FOUNDATION OF LOUISVILLE, 31-0997017 Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions. The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.) 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i). 2 A school described in section 170(b)(1)(A)(ii). (Attach Schedule E (Form 990 or 990-EZ).) 3 A hospital or a cooperative hospital service organization described in section 170(b)(1)(A)(iii). A medical research organization operated in conjunction with a hospital described in section 170(b)(1)(A)(iii). Enter the hospital's name, 4 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in 5 section 170(b)(1)(A)(iv). (Complete Part II.) 6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v). 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in section 170(b)(1)(A)(vi). (Complete Part II.) A community trust described in section 170(b)(1)(A)(vi). (Complete Part II.) 8 An agricultural research organization described in section 170(b)(1)(A)(ix) operated in conjunction with a land-grant college 9 or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from 10 activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See section 509(a)(2). (Complete Part III.) An organization organized and operated exclusively to test for public safety. See section 509(a)(4). 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or 12 more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See section 509(a)(3). Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g. Type I. A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving а the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. You must complete Part IV, Sections A and B. Type II. A supporting organization supervised or controlled in connection with its supported organization(s), by having b control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). You must complete Part IV, Sections A and C. Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, C its supported organization(s) (see instructions). You must complete Part IV, Sections A, D, and E. d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). You must complete Part IV, Sections A and D, and Part V. Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization. f Enter the number of supported organizations Provide the following information about the supported organization(s) (iv) is the organization listed in your governing document? (i) Name of supported (iii) Type of organization (vi) Amount of other in your gove (described on lines 1-10 organization support (see instructions) support (see instructions) Yes No above (see instructions))

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

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	ndar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
1	Gifts, grants, contributions, and						
	membership fees received. (Do not						
	include any "unusual grants.")	29,550,521.	30,160,147.	48,477,641.	33,111,213.	49,678,379.	190,977,901.
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	29,550,521.	30,160,147.	48,477,641.	33,111,213.	49,678,379.	190,977,901.
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)						45,632,543.
	Public support. Subtract line 5 from line 4.						145,345,358.
	ction B. Total Support	1 1		T			
	ndar year (or fiscal year beginning in)	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
7	Amounts from line 4	29,550,521.	30,160,147.	48,477,641.	33,111,213.	49,678,379.	190,977,901.
8	Gross income from interest,						
	dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources	7,279,728.	8,289,143.	8,242,072.	10,024,635.	11,763,202.	45,598,780.
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.)					2,383.	2,383.
	Total support. Add lines 7 through 10						236,579,064.
	Gross receipts from related activities,					12	2,584,447.
13	First five years. If the Form 990 is for				•		. —
S_	organization, check this box and storection C. Computation of Publ		rcentage				P
				aluma (f)		44	C1 44 0/
	Public support percentage for 2018 (14	61.44 %
	Public support percentage from 2017					15	58.00 %
102	33 1/3% support test - 2018. If the c	•		•		•	
	stop here. The organization qualifies 33 1/3% support test - 2017. If the o						
L	and stop here. The organization qual						
174	10% -facts-and-circumstances tes						
178		_					
	and if the organization meets the "fact meets the "facts-and-circumstances"			-	=		
L	10% -facts-and-circumstances tes						
Ĺ	more, and if the organization meets the	_					
	organization meets the "facts-and-circ		*		•		.
18	Private foundation. If the organization						s

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 qualify under the tests listed below, please complete Part II.)

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.")						
2							
	merchandise sold or services per- formed, or facilities furnished in						
	any activity that is related to the						
	organization's tax-exempt purpose						
3	Gross receipts from activities that						
	are not an unrelated trade or bus-						
	iness under section 513						
4	Tax revenues levied for the organ-						
	ization's benefit and either paid to						
	or expended on its behalf						
5	The value of services or facilities						
	furnished by a governmental unit to						
	the organization without charge						
6	Total. Add lines 1 through 5						
7	Amounts included on lines 1, 2, and						
	3 received from disqualified persons						
k	Amounts included on lines 2 and 3 received						
	from other than disqualified persons that exceed the greater of \$5,000 or 1% of the						
	amount on line 13 for the year						
(Add lines 7a and 7b						
	Public support. (Subtract line 7c from line 6.)						
Se	ction B. Total Support		1				
	endar year (or fiscal year beginning in) 🕨	(a) 2014	(b) 2015	(c) 2016	(d) 2017	(e) 2018	(f) Total
	Amounts from line 6						
10a	Gross income from interest, dividends, payments received on						
	securities loans, rents, royalties,						
	and income from similar sources						
k	Unrelated business taxable income						
	(less section 511 taxes) from businesses						
	acquired after June 30, 1975						
•	Add lines 10a and 10b						
11	Net income from unrelated business activities not included in line 10b,						
	whether or not the business is						
	regularly carried on						
12	Other income. Do not include gain or loss from the sale of capital						
	assets (Explain in Part VI.)						
13	Total support. (Add lines 9, 10c, 11, and 12.)						
14	First five years. If the Form 990 is for	r the organization's	s first, second, thir	d, fourth, or fifth t	ax year as a sectio	on 501(c)(3) orga	nization,
	check this box and stop here)
	ction C. Computation of Publ					1	
	Public support percentage for 2018 (column (f))		15	%
	Public support percentage from 2017					16	%
	ction D. Computation of Inve					1	
	Investment income percentage for 20					17	%
	Investment income percentage from					18	%
198	a 33 1/3% support tests - 2018. If the						
	more than 33 1/3%, check this box a						
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	on did not check a	box on line 14, 19	a, or 19b, check t	his box and see in:	structions)

832023 10-11-18

Schedule A (Form 990 or 990-EZ) 2018

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

- 1 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?
- 6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? If "Yes," provide detail in Part VI.
- 7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? 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		
0-		
3a		
3b		
3c		
4a		
4b		
4c		
5a		
5b		
5c		
6		
_		
7		
8		
J		
9a		
9b		
9с		
30		
10a		
10b		
90 or 99	90-EZ)	2018

832024 10-11-18

Pai	t IV	Supporting Organizations (continued)			
				Yes	No
11	Has th	ne organization accepted a gift or contribution from any of the following persons?			
а	A pers	son who directly or indirectly controls, either alone or together with persons described in (b) and (c)			
	-	the governing body of a supported organization?	11a		
b		ly member of a person described in (a) above?	11b		
		controlled entity of a person described in (a) or (b) above? If "Yes" to a, b, or c, provide detail in Part VI.	11c		
		B. Type I Supporting Organizations			
				Yes	No
1	Did the	e directors, trustees, or membership of one or more supported organizations have the power to			
		rly appoint or elect at least a majority of the organization's directors or trustees at all times during the			
	-	ar? If "No," describe in Part VI how the supported organization(s) effectively operated, supervised, or			
	-	illed the organization's activities. If the organization had more than one supported organization,			
		be how the powers to appoint and/or remove directors or trustees were allocated among the supported			
		zations and what conditions or restrictions, if any, applied to such powers during the tax year.	1		
2	-	e organization operate for the benefit of any supported organization other than the supported			
		zation(s) that operated, supervised, or controlled the supporting organization? If "Yes," explain in			
	-	I how providing such benefit carried out the purposes of the supported organization(s) that operated,			
	superv	rised, or controlled the supporting organization.	2		
Sec		C. Type II Supporting Organizations			
				Yes	No
1	Were a	a majority of the organization's directors or trustees during the tax year also a majority of the directors			
	or trus	stees of each of the organization's supported organization(s)? If "No," describe in Part VI how control			
	or man	nagement of the supporting organization was vested in the same persons that controlled or managed			
	the su	pported organization(s).	1		
Sec	tion D	D. All Type III Supporting Organizations			
				Yes	No
1	Did the	e organization provide to each of its supported organizations, by the last day of the fifth month of the			
	organi	zation's tax year, (i) a written notice describing the type and amount of support provided during the prior tax			
	year, (i	ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the			
	organi	zation's governing documents in effect on the date of notification, to the extent not previously provided?	1		
2	Were a	any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported			
	organi	zation(s) or (ii) serving on the governing body of a supported organization? If "No," explain in Part VI how			
	the org	ganization maintained a close and continuous working relationship with the supported organization(s).	2		
3	By rea	son of the relationship described in (2), did the organization's supported organizations have a			
	-	cant voice in the organization's investment policies and in directing the use of the organization's			
		e or assets at all times during the tax year? If "Yes," describe in Part VI the role the organization's			
0		rted organizations played in this regard.	3		
-		E. Type III Functionally Integrated Supporting Organizations			
1		the box next to the method that the organization used to satisfy the Integral Part Test during the yea(see instructions).	•		
а		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.		.1	
C		The organization supported a governmental entity. Describe in Part VI how you supported a government entity (see inst	ructions		NI-
2		ies Test. Answer (a) and (b) below.		Yes	No
а		bstantially all of the organization's activities during the tax year directly further the exempt purposes of pported organization(s) to which the organization was responsive? If "Yes," then in Part VI identify			
		supported organization(s) to which the organization was responsive: in res, then in Part Vi identity			
		ne organization was responsive to those supported organizations, and how the organization determined			
		ese activities constituted substantially all of its activities.	2a		
b		e activities described in (a) constitute activities that, but for the organization's involvement, one or more	<u>-u</u>		
~		organization's supported organization(s) would have been engaged in? If "Yes," explain in Part VI the			
		is for the organization's position that its supported organization(s) would have engaged in these			
		ies but for the organization's involvement.	2b		
3		t of Supported Organizations. Answer (a) and (b) below.			
а		e organization have the power to regularly appoint or elect a majority of the officers, directors, or			
		es of each of the supported organizations? Provide details in Part VI.	За		
b		e organization exercise a substantial degree of direction over the policies, programs, and activities of each			

832025 10-11-18

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	ion 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	t V Type III Non-Functionally Integrated 509	(a)(3) Supporting Orga	anizations (continued)	
Secti	on D - Distributions			Current Year
1	Amounts paid to supported organizations to accomplish exe	mpt purposes		
2	Amounts paid to perform activity that directly furthers exemp	ot purposes of supported		
	organizations, in excess of income from activity			
3	Administrative expenses paid to accomplish exempt purpose	es of supported organization	าร	
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	ne organization is responsive	e	
	(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		1	
Secti	on 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			
a	From 2013			
b	From 2014			
С	From 2015			
d	From 2016			
e	From 2017			
f	Total of lines 3a through e			
g	Applied to underdistributions of prior years			
h	Applied to 2018 distributable amount			
<u>i</u>	Carryover from 2013 not applied (see instructions)			
<u>j</u>	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:			
<u>a</u>	Excess from 2014			
<u>b</u>	Excess from 2015			
	Excess from 2016			
	Excess from 2017			
е	Excess from 2018			

Schedule A (Form 990 or 990-EZ) 2018

** PUBLIC DISCLOSURE COPY **

THE COMMUNITY FOUNDATION OF LOUISVILLE,

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

II	NC. 31-0997017
Organization type (check	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
	is covered by the General Rule or a Special Rule . c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.
General Rule	
•	on filing Form 990, 990-EZ, or 990-PF that received, during the year, contributions totaling \$5,000 or more (in money or by one contributor. Complete Parts I and II. See instructions for determining a contributor's total contributions.
Special Rules	
sections 509(a)(1 any one contribu	on described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from tor, 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 Z, 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),

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

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)

Name of organization

THE COMMUNITY FOUNDATION OF LOUISVILLE,
INC.

Employer identification number

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

(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	
<u>2</u>		\$\$	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
3		\$ <u>13,860,000.</u>	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	
4		\$\$,195,522.	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 (Complete Part II for noncash contributions.)
(a)	(b)	(c)	(d) Type of contribution
No.	Name, address, and ZIP + 4	Total contributions	
6		\$\$	Person x Payroll Noncash (Complete Part II for noncash contributions.)

Name of organization

THE COMMUNITY FOUNDATION OF LOUISVILLE,

INC.

Employer identification number

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

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

Name of organization
THE COMMUNITY FOUNDATION OF LOUISVILLE,
INC.

Employer identification number

Part II	Noncash Property (see instructions). Use duplicate copies of Part II if additional space is needed.			
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
	STOCK			
1				
		\$ 1,977,383.	12/19/18	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
	INTEREST IN LLC			
3				
		\$13,700,000.	12/03/18	
(a) No.	(b)	(c) FMV (or estimate)	(d)	
from Part I	Description of noncash property given	(See instructions.)	Date received	
	STOCK			
7				
		\$1,675,250.	12/26/18	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
	STOCK			
8				
		\$1,210,851.	02/08/19	
(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions.)	(d) Date received	
		\$		
(a) No.	(b)	(c)	(d)	
from Part I	Description of noncash property given	FMV (or estimate) (See instructions.)	Date received	
		\$		

Employer identification number

Name of organization

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

(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

Name of the organization

INC

THE COMMUNITY FOUNDATION OF LOUISVILLE

Employer identification number 31-0997017

Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" on Form 990, Part IV, line 6. (a) Donor advised funds (b) Funds and other accounts Total number at end of year 337 Aggregate value of contributions to (during year) 31,523,376 Aggregate value of grants from (during year) 3 23.348.545 Aggregate value at end of year 266,495,907. Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds 5 Nο are the organization's property, subject to the organization's exclusive legal control? Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit? Conservation Easements. Complete if the organization answered "Yes" on Form 990, Part IV, line 7. Purpose(s) of conservation easements held by the organization (check all that apply). Preservation of land for public use (e.g., recreation or education) Preservation of a historically important land area Protection of natural habitat Preservation of a certified historic structure Preservation of open space Complete lines 2a through 2d if the organization held a qualified conservation contribution in the form of a conservation easement on the last Held at the End of the Tax Year day of the tax year. Total number of conservation easements Total acreage restricted by conservation easements 2b Number of conservation easements on a certified historic structure included in (a) Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax Number of states where property subject to conservation easement is located > Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations, and enforcement of the conservation easements it holds? Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Amount of expenses incurred in monitoring, inspecting, handling of violations, and enforcing conservation easements during the year Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet, and include, if applicable, the text of the footnote to the organization's financial statements that describes the organization's accounting for

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.

Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

- 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items.
- b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items:
 - (i) Revenue included on Form 990, Part VIII, line 1 (ii) Assets included in Form 990, Part X
- If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items:
- a Revenue included on Form 990, Part VIII, line 1 Assets included in Form 990, Part X

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

Schedule D (Form 990) 2018

832051 10-29-18

Schedule D (Form 990) 2018

0.

127,272.

177 110

248,563

375 563

248 563

502 835

1a Land
b Buildings
c Leasehold improvements

d Equipment

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

т	T/I			
	TA	•	_	

Schedule D (Form 990) 2018	INC.	31-0997017
Part VII Investments - O	ther Securities	

Part VII Investments - Other Securities. Complete if the organization answered "Yes"	on Form 990 Part IV	/ line 11h See Form 990	Part V line 12	
(a) Description of Security or category (including name of security)	(b) Book value			d-of-year market value
(1) Financial derivatives	(-)	(-)		, , , , , , , , , , , , , , , , , , , ,
(2) Closely-held equity interests				
(3) Other				
(A)				
(B)				
(C)				
(D)				
(E)				
(F)				
(G)				
(H)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 12.)				
Part VIII Investments - Program Related.				
Complete if the organization answered "Yes"	on Form 990, Part IV	, line 11c. See Form 990,	Part X, line 13.	
(a) Description of investment	(b) Book value			d-of-year market value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Col. (b) must equal Form 990, Part X, col. (B) line 13.)				
Part IX Other Assets.				
Complete if the organization answered "Yes"		/, line 11d. See Form 990,	Part X, line 15.	
(a)	Description			(b) Book value
(1)				
(2)				
(3)				
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 15.)		>	
Part X Other Liabilities.				
Complete if the organization answered "Yes"	on Form 990, Part IV		n 990, Part X, line 25	
1. (a) Description of liability		(b) Book value		
(1) Federal income taxes				
(2) GIFT ANNUITY LIABILITY		482,501.		
(3) AGENCY FUNDS		19,843,706.		
(4)				
(5)				
(6)				
(7)				
(8)				
(9)				
Total. (Column (b) must equal Form 990, Part X, col. (B) line	e 25.) ▶	20,326,207.		

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

Pai	rt XI	Reconciliation of Revenue per Audited Financial Stateme		evenue per Ret	urn.	
		Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.				
1		revenue, gains, and other support per audited financial statements			1	
2		nts included on line 1 but not on Form 990, Part VIII, line 12:	1 1			
а		nrealized gains (losses) on investments				
b		ed services and use of facilities				
С		veries of prior year grants				
d		(Describe in Part XIII.)	·			
е		nes 2a through 2d			e e	
3		act line 2e from line 1			3	
4		nts included on Form 990, Part VIII, line 12, but not on line 1:	1 4-1			
a		ment expenses not included on Form 990, Part VIII, line 7b				
b		(Describe in Part XIII.) nes 4a and 4b			10	
с 5		revenue. Add lines 3 and 4c. (This must equal Form 990, Part I, line 12.)			С 5	
		Reconciliation of Expenses per Audited Financial Statem				_
. u	7411	Complete if the organization answered "Yes" on Form 990, Part IV, line 12a.		Expended per m	ota	
1	Total	expenses and losses per audited financial statements			1	
2		nts included on line 1 but not on Form 990, Part IX, line 25:			•	
a		ed services and use of facilities	2a			
b		/ear adjustments				
c		losses				
d		(Describe in Part XIII.)				
е		nes 2a through 2d		2	e.	
3		act line 2e from line 1			3	
4		nts included on Form 990, Part IX, line 25, but not on line 1:				
а	Invest	ment expenses not included on Form 990, Part VIII, line 7b	4a			
b	Other	(Describe in Part XIII.)	4b			
С	Add li	nes 4a and 4b		4	ŀc	
5		expenses. Add lines 3 and 4c. (This must equal Form 990, Part I, line 18.)			5	
Pa	rt XIII	Supplemental Information.				
Prov	ide the	descriptions required for Part II, lines 3, 5, and 9; Part III, lines 1a and 4; Part	IV, lines 1b an	id 2b; Part V, line 4; F	Part X, line	e 2; Part XI,
lines	2d and	4b; and Part XII, lines 2d and 4b. Also complete this part to provide any add	itional informa	tion.		
PART	' V, I	INE 4:				
THE	ORGAN	IZATION'S ENDOWMENT FUNDS ARE USED TO FURTHER ITS EXEMPT	PURPOSE			
OF I	OISTRI	BUTING CONTRIBUTIONS AND GRANTS FOR CHARITABLE PURPOSES.				
חסגם	т у т	TMP 2.				
r AK I	Δ, Ι	INE 2:				
тнг	FOUNT	ATION IS EXEMPT FROM FEDERAL INCOME TAXES UNDER SECTION 5	01(C)(3)			
111111	TOUND	MITON 15 BABMI I ROM I BERNA INCOME IMAD ONDER BEGION 5	01(0)(3)			
OF T	THE IN	TERNAL REVENUE CODE (CODE). ADDITIONALLY THE FOUNDATION	HAS			
<u> </u>		India Revision Code (Code). Indianal, indicating	11110			
BEEN	N DETE	RMINED BY THE INTERNAL REVENUE SERVICE NOT TO BE A PRIVAT	E			
FOUN	NDATIC	N WITHIN THE CONTEXT OF SECTION 509(A) OF THE CODE.				
WHE	N APPI	ICABLE, THE FOUNDATION RECOGNIZES UNCERTAIN INCOME TAX PO	SITIONS			
						
USI	IG THE	"MORE-LIKELY-THAN-NOT" APPROACH AS DEFINED IN THE ASC.	NO			
00005	4 10 20	40		e.	hadula D	(Form 990) 2018

THE COMMUNITY FOUNDATION OF LOUISVILLE,

Schedule D (Form 990) 2018 INC. Part XIII Supplemental Information (continued)	31-0997017	Page 5
Part XIII Supplemental Information (continued)		
LIABILITY FOR UNCERTAIN TAX POSITIONS HAS BEEN RECORDED IN THE		
ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.		
ACCOMPANIING CONSOLIDATED FINANCIAL STATEMENTS.		
. <u></u>		

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.

THE COMMUNITY FOUNDATION OF LOUISVILLE

2018

OMB No. 1545-0047

Open to Public Inspection

Employer identification number

31-0997017 **General Information on Grants and Assistance** Part I 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection x Yes criteria used to award the grants or assistance? Nο Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States. Part II Grants and Other Assistance to Domestic Organizations and Domestic Governments. Complete if the organization answered "Yes" on Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed. (f) Method of 1 (a) Name and address of organization (c) IRC section (d) Amount of (e) Amount of (b) EIN (g) Description of (h) Purpose of grant valuation (book, or government (if applicable) cash grant non-cash noncash assistance or assistance FMV, appraisal, assistance other) LOUISVILLE FREE PUBLIC LIBRARY FOUNDATION - 301 YORK STREET -LOUISVILLE KY 40203 61-0969361 501(C)(3) 364,938 0 EDUCATION METRO UNITED WAY, INC. 334 E BROADWAY PHILANTHROPY, VOLUNTARISM LOUISVILLE KY 40204-0488 61-0444680 501(C)(3) 1 412 368 GRANTMAKING FOUNDATIONS 21ST CENTURY PARKS ENDOWMENT INC. 471 W. MAIN ST. #202 20-8834817 501(C)(3) 1,275,000. LOUISVILLE KY 40202 0 RECREATION & SPORTS FATHER MALONEY'S BOYS' HAVEN INC. 2301 GOLDSMITH LANE LOUISVILLE, KY 40218 61-0479621 501(C)(3) 1,109,813, HUMAN SERVICES YALE UNIVERSITY P.O. BOX 2038 NEW HAVEN CT 06521-2038 06-0646973 501(C)(3) 880,000 0 EDUCATION 21ST CENTURY PARKS INC. 471 W. MAIN ST #202 20-1780317 501(C)(3) 813 242 LOUISVILLE KY 40202 RECREATION & SPORTS 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 455.

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

Schedule I (Form 990) INC. 31-0997017

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) Part II (a) Name and address of (c) IRC section (g) Description of (h) Purpose of grant (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 assistance (book, FMV. appraisal, other) FRIENDS OF MCGILL UNIVERSITY, INC. PO BOX 28137 NEW YORK, NY 10087-8137 23-7054819 501(C)(3) 800,000 0 EDUCATION THE U.S. CHARITABLE GIFT TRUST PO BOX 4570 PHILANTHROPY, VOLUNTARISM GRANTMAKING FOUNDATIONS WILMINGTON, DE 19807 31-1663020 501(C)(3) 791 045 0 GILDA'S CLUB VOLUNTARY HEALTH 2440 GRINSTEAD DRIVE ASSOCIATIONS & MEDICAL LOUISVILLE KY 40204 20-1635170 501(C)(3) 675,580 0 DISCIPLINES UNIVERSITY OF LOUISVILLE FOUNDATION, INC. - 215 CENTRAL AVENUE, SUITE 212 - LOUISVILLE, KY 40208 23-7078461 501(C)(3) 627,275 0 EDUCATION FUND FOR THE ARTS, INC. 623 WEST MAIN STREET ARTS, CULTURE & 594,275 LOUISVILLE KY 40202 61-0479626 501(C)(3) 0 HUMANITIES LOUISVILLE COLLEGIATE SCHOOL 2427 GLENMARY AVENUE 61-0449630 542.795 LOUISVILLE, KY 40204 501(C)(3) 0 EDUCATION SPEED ART MUSEUM 2035 SOUTH THIRD STREET ARTS, CULTURE & 61-0444823 501(C)(3) 538,447 HUMANITIES LOUISVILLE KY 40208-1812 0 BERRY CENTER, INC. 111 S. MAIN STREET 501(C)(3) 513,395 NEW CASTLE, KY 40050 80-0721644 0 EDUCATION LOUISVILLE ORCHESTRA INC. 620 W. MAIN STREET STE. 600 ARTS, CULTURE & LOUISVILLE KY 40202 61-6000384 501(C)(3) 512,692 HUMANITIES

Schedule I (Form 990)

Page 1

Schedule I (Form 990)

31-0997017

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 (d) Amount of (e) Amount of (f) Method of (b) EIN (c) IRC section (g) Description of (h) Purpose of grant organization or government if applicable cash grant non-cash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) MUHAMMAD ALI MUSEUM AND EDUCATION CENTER INC. - 1 MUHAMMAD ALI CENTER, 144 N. 6TH STREET -ARTS, CULTURE & 61-1323046 501(C)(3) LOUISVILLE KY 40202 420,296 0 HUMANITIES THE DE PAUL SCHOOL 1925 DUKER AVENUE LOUISVILLE, KY 40205 61-0711082 501(C)(3) 13,409 0 EDUCATION KENTUCKY COUNTRY DAY SCHOOL 4100 SPRINGDALE ROAD 61-0731998 501(C)(3) 410,207 0 EDUCATION LOUISVILLE, KY 40241 ISAAC W. BERNHEIM FOUNDATION INC. P.O. BOX 130 CLERMONT, KY 40110-0130 61-0444651 501(C)(3) 352,695 0 ENVIRONMENT LOUISVILLE URBAN LEAGUE 1535 WEST BROADWAY 341,595 LOUISVILLE, KY 40203 61-0444771 501(C)(3) 0 HUMAN SERVICES LOUISVILLE OLMSTED PARKS CONSERVANCY, INC. - 1299 TREVILIAN 340,422 WAY - LOUISVILLE, KY 40213 61-1196368 501(C)(3) 0 UNKNOWN COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY - 325 W. MAIN STREET, SUITE 1110 - LOUISVILLE, PHILANTHROPY, VOLUNTARISM **KY 40202** 61-1100993 501(C)(3) 308.317 0 & GRANTMAKING FOUNDATIONS AMERICAN CIVIL LIBERTIES UNION OF KENTUCKY FOUNDATION, INC. - 325 W MAIN ST SUITE 2210 - LOUISVILLE, CIVIL RIGHTS, SOCIAL 309.780 **KY 40202** 61-6058569 501(C)(3) 0 ACTION & ADVOCACY JEFFERSON COMMUNITY & TECHNICAL COLLEGE - SOUTHWEST - 1000 COMMUNITY COLLEGE DRIVE, SUITE 155 - LOUISVILLE, KY 40272 23-7035648 501(C)(3) 303.055 EDUCATION

Schedule I (Form 990)

Page 1

Schedule I (Form 990) INC. 31-0997017 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 (c) IRC section (g) Description of (h) Purpose of grant (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) LINCOLN FOUNDATION 4322 BISHOP LANE LOUISVILLE KY 40218 61-0449631 501(C)(3) 300.075 0 EDUCATION CATHOLIC EDUCATION FOUNDATION 401 W. MAIN ST. #806 LOUISVILLE, KY 40202 61-1294640 501(C)(3) 289.828. 0 EDUCATION ARCHDIOCESE OF LOUISVILLE PO BOX 32533 LOUISVILLE, KY 40232-2533 61-0447247 501(C)(3) 267.048 0 RELIGION-RELATED SPALDING UNIVERSITY 845 S. THIRD ST. LOUISVILLE, KY 40203 61-0444780 501(C)(3) 263 697 0 EDUCATION REFUGE FOR WOMEN, INC. 342 WALLER AVE, STE D 26-4388243 250,000 LEXINGTON KY 40504 501(C)(3) 0 HOUSING & SHELTER WEST END PREPARATORY SCHOOL 3628 VIRGINIA AVENUE 04-3798875 501(C)(3) 237,652 LOUISVILLE, KY 40211 0 EDUCATION HEALING PLACE INC 1020 WEST MARKET ST. MENTAL HEALTH & CRISIS 61-1164775 501(C)(3) 230,386 LOUISVILLE, KY 40202 0 INTERVENTION KENTUCKY COLLEGE OF ART & DESIGN 505 W. ORMSBY AVENUE 223,100 LOUISVILLE KY 40203 27-2232797 501(C)(3) 0 EDUCATION YOUNG ADULT DEVELOPMENT IN ACTION INC. AKA YOUTHBUILD - PO BOX 638 LOUISVILLE KY 40201 61-1374470 501(C)(3) 225,795 HUMAN SERVICES

Schedule I (Form 990)

Schedule I (Form 990) INC. 31-0997017

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) Part II (a) Name and address of (c) IRC section (g) Description of (h) Purpose of grant (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 assistance (book, FMV. appraisal, other) BELLARMINE UNIVERSITY 2001 NEWBURG ROAD 61-0482955 501(C)(3) LOUISVILLE KY 40205-0671 206,659 0 EDUCATION GEORGETOWN UNIVERSITY DEPARTMENT NUMBER 0734 WASHINGTON DC 20057 53-0196603 501(C)(3) 201,000 0 EDUCATION CANAAN CHRISTIAN CHURCH 2840 HIKES LANE LOUISVILLE, KY 40218 61-1024402 501(C)(3) 200,000 0 RELIGION-RELATED MORGAN STANLEY CHARITABLE 2000 WESTCHESTER AVE PHILANTHROPY, VOLUNTARISM PURCHASE, NY 10057-2530 52-7082731 501(C)(3) 192,755 0 GRANTMAKING FOUNDATIONS KENTUCKY DANCE COUNCIL INC. 315 EAST MAIN STREET ARTS, CULTURE & 189,299 LOUISVILLE KY 40202 61-6033779 501(C)(3) 0 HUMANITIES CHILDREN'S HOSPITAL FOUNDATION -LOUISVILLE - 234 E. GRAY ST #450 61-6027530 192,039 LOUISVILLE, KY 40202 501(C)(3) 0 HEALTH CARE HOME OF THE INNOCENTS 1100 E MARKET ST LOUISVILLE KY 40206 61-0445834 501(C)(3) 179.892 HUMAN SERVICES 0 GUTHRIE OPPORTUNITY CENTER FOUNDATION INC. - 900 NUTTER DRIVE 180,031 - BARDSTOWN, KY 40004 45-2999517 501(C)(3) 0 HUMAN SERVICES HISTORIC LOCUST GROVE INC. 561 BLANKENBAKER LANE ARTS, CULTURE & LOUISVILLE KY 40207-1168 61-1390403 501(C)(3) 165,324 HUMANITIES

Schedule I (Form 990)

Page 1

832241 04-01-18

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 (g) Description of (h) Purpose of grant (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 assistance (book, FMV. appraisal, other) ST. PAUL UNITED METHODIST CHURCH 2000 DOUGLAS BLVD. LOUISVILLE KY 40205 61-0444817 CHURCH 160,000 0 RELIGION-RELATED LOUISVILLE FILM SOCIETY PO BOX 6088 ARTS, CULTURE & LOUISVILLE, KY 40206 26-0252493 501(C)(3) 156,250 0 HUMANITIES UNIVERSITY OF LOUISVILLE 2301 S. 3RD ST. LOUISVILLE, KY 40292 61-1014882 501(C)(3) 155,002 0 EDUCATION ST. JOSEPH CHURCH 310 W. STEPHEN FOSTER AVE. BARDSTOWN, KY 40004 61-0485640 CHURCH 153,493 0 RELIGION-RELATED COLLEGE FOUNDATION OF THE UNIVERSITY OF VIRGINIA - PO BOX PHILANTHROPY, VOLUNTARISM 150,000 400801 - CHARLOTTESVILLE VA 22904 54-2009312 501(C)(3) 0 GRANTMAKING FOUNDATIONS ACADEMY FOR INDIVIDUAL EXCELLENCE 3101 BLUEBIRD LANE 81-4505964 501(C)(3) 150,000 LOUISVILLE, KY 40299 0 EDUCATION LOUISVILLE PRESERVATION FUND 325 W MAIN ST STE 1110 COMMUNITY IMPROVEMENT & 46-2871014 501(C)(3) 146,000 LOUISVILLE KY 40202-4251 0 CAPACITY BUILDING PRESIDENT & FELLOWS OF MIDDLEBURY 9 OLD CHAPEL ROAD 03-0179298 140,000 MIDDLEBURY VT 05753 501(C)(3) 0 EDUCATION UNIVERSITY OF THE SOUTH 735 UNIVERSITY AVE SEWANEE TN 37383 62-0475697 501(C)(3) 140,000 EDUCATION

Schedule I (Form 990) INC. 31-0997017

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 (g) Description of (h) Purpose of grant (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) CENTER FOR INTERFAITH RELATIONS, INC. - 415 W. MUHAMMAD ALI BLVD # ARTS, CULTURE & 101 - LOUISVILLE, KY 40202-2344 61-1149619 501(C)(3) 139,467 0 HUMANITIES PORTLAND MUSEUM 2308 PORTLAND AVENUE ARTS, CULTURE & LOUISVILLE, KY 40212 23-7422794 501(C)(3) 136,250 0 HUMANITIES KENTUCKY NATURAL LANDS TRUST INC. 433 CHESTNUT ST. BEREA, KY 40403 61-1276913 501(C)(3) 135,029 0 ENVIRONMENT NATURE CONSERVANCY - KENTUCKY CHAPTER - 114 WOODLAND AVE -LEXINGTON, KY 40502 53-0242652 501(C)(3) 131,218 0 ENVIRONMENT NORTON HEALTHCARE FOUNDATION INC. PO BOX 950184 31-0914919 130,500 LOUISVILLE KY 40295-0184 501(C)(3) 0 HEALTH CARE KENTUCKIANAWORKS FOUNDATION INC. 410 CHESTNUT STREET, SUITE 200 37-1508088 501(C)(3) 130,000 LOUISVILLE, KY 40202 0 EDUCATION FILSON HISTORICAL SOCIETY 1310 SOUTH THIRD STREET LOUISVILLE KY 40208 61-0444690 501(C)(3) 129,490 0 RECREATION & SPORTS ST. FRANCIS SCHOOL, INC. 11000 U.S. HWY. 42 31-0896538 126,521 GOSHEN KY 40026 501(C)(3) 0 EDUCATION BLUEGRASS LAND CONSERVANCY 450 OLD VINE STREET SUITE 105 LEXINGTON KY 40507 61-1293032 501(C)(3) 126,500 ENVIRONMENT

Schedule I (Form 990)

Page 1

Schedule I (Form 990) INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) 31-0997017 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY OF METRO							
LOUISVILLE, INC 1620 BANK							
STREET - LOUISVILLE, KY 40203	58-1735528	501(C)(3)	123,645.	0.			HOUSING & SHELTER
		- , , , ,		•			
HIGHPOINT CHARITABLE SERVICES INC.							
424 E MAIN ST							FOOD, AGRICULTURE &
LAGRANGE, KY 40031	46-4284885	501(C)(3)	120,000.	0.			NUTRITION
•							
ST. VINCENT DE PAUL SOCIETY							
COUNCIL OF LOUISVILLE - P.O. BOX							
17126 - LOUISVILLE, KY 40217-0126	61-0727110	501(C)(3)	117,881.	0.			HOUSING & SHELTER
•							
SMOKETOWN FAMILY WELLNESS CENTER							
760 S HANCOCK ST SUITE B100							
LOUISVILLE, KY 40203	47-4155748	501(C)(3)	117,698.	0.			HEALTH CARE
CENTRE COLLEGE OF KENTUCKY							
600 WEST WALNUT							
DANVILLE, KY 40422-9986	61-0444671	501(C)(3)	115,679.	0.			EDUCATION
•							
ACTORS THEATRE OF LOUISVILLE, INC.							
316 WEST MAIN STREET							ARTS, CULTURE &
LOUISVILLE KY 40202	61-0645030	501(C)(3)	115,520.	0.			HUMANITIES
BETHLEHEM HIGH SCHOOL							
309 WEST STEPHEN FOSTER AVE.							
BARDSTOWN, KY 40004	61-0592028	501(C)(3)	115,000.	0.			EDUCATION
-							
WESTERN KENTUCKY UNIVERSITY							
1906 COLLEGE HEIGHTS BLVD 11022							
BOWLING GREEN, KY 42101	61-6055628	501(C)(3)	112,850.	0.			EDUCATION
•			, ,				
KENTUCKY PUBLIC RADIO, INC.							
619 SOUTH 4TH STREET							ARTS, CULTURE &
LOUISVILLE, KY 40202	61-1259787	501(C)(3)	109,760.	0.			, HUMANITIES

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) Part II (a) Name and address of (c) IRC section (g) Description of (h) Purpose of grant (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 assistance (book, FMV. appraisal, other) UNIVERSITY OF KENTUCKY 160 AVENUE OF CHAMPIONS, SUITE A15 LEXINGTON KY 40506 61-6001218 GOVERNMENT 109,693 0 EDUCATION LEADERSHIP LOUISVILLE FOUNDATION 707 W. MAIN ST. LOUISVILLE, KY 40202 31-0958491 501(C)(3) 48,000 0 PUBLIC & SOCIETAL BENEFIT NATIONAL AUDUBON SOCIETY, INC. 225 VARICK STREET, 7TH FLOOR 100,000 NEW YORK, NY 10014 13-1624102 501(C)(3) 0 ENVIRONMENT AMAZON CONSERVATION ASSOCIATION 1012 14TH STREET, NW, SUITE 625 WASHINGTON, DC 20005 52-2211305 501(C)(3) 100 000 0 ENVIRONMENT KENTUCKY OPERA ASSOCIATION 323 W. BROADWAY SUITE 601 ARTS, CULTURE & 61-6013111 501(C)(3) 98,976 LOUISVILLE KY 40202 0 HUMANITIES SCHOOL CHOICE SCHOLARSHIPS INC. 2200 DUNDEE ROAD SUITE B 31-1589289 501(C)(3) 98,000 LOUISVILLE, KY 40205 0 EDUCATION OPERATION BRIGHTSIDE LOUISVILLE 527 W. JEFFERSON ST. 2ND FLOOR 32-0049006 GOVERNMENT 97.740 LOUISVILLE, KY 40202 0 RECREATION & SPORTS HOLY TRINITY CHURCH 501 CHERRYWOOD ROAD 90.100 LOUISVILLE KY 40207 61-0507073 CHURCH 0 RELIGION-RELATED BOYS & GIRLS CLUBS INC. 3900 CRITTENDEN DRIVE LOUISVILLE KY 40209 61-0568789 501(C)(3) 86,670 YOUTH DEVELOPMENT

Schedule I (Form 990)

Schedule I (Form 990) INC.

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) Part II (a) Name and address of (c) IRC section (g) Description of (h) Purpose of grant (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 assistance (book, FMV. appraisal, other) KENTUCKY MUSEUM OF ART AND CRAFT 715 WEST MAIN STREET ARTS, CULTURE & LOUISVILLE KY 40202 61-0985312 501(C)(3) 84,520 0 HUMANITIES MAIDEN VOYAGE PRODUCTIONS, INC. 2314 HIGGINS CANYON ROAD ARTS, CULTURE & HALF MOON BAY, CA 94019 94-3191142 501(C)(3) 82,400 0 HUMANITIES FAMILY COMMUNITY CLINIC, INC. 1420 E WASHINGTON ST LOUISVILLE KY 40206 27-2994215 501(C)(3) 77,250 0 HEALTH CARE DARE TO CARE, INC. PO BOX 35458 FOOD, AGRICULTURE & LOUISVILLE, KY 40232 23-7345952 501(C)(3) 76.755 0 NUTRITION BOMB MAGAZINE 80 HANSON PLACE, SUITE 703 ARTS, CULTURE & 13-3336695 75 000 BROOKLYN, NY 11217 501(C)(3) 0 HUMANITIES CHRISTIAN STUDENT FELLOWSHIP INC 502 COLUMBIA AVE 61-0711889 501(C)(3) 75.000 LEXINGTON, KY 40508 0 EDUCATION GREATER LOUISVILLE FOUNDATION INC. 614 W MAIN ST. #6000 COMMUNITY IMPROVEMENT & LOUISVILLE KY 40202 61-1131064 501(C)(3) 75.000 0 CAPACITY BUILDING AMAZON BIODIVERSITY CENTER 1750 PENNSYLVANIA AVE NW RM 412 75.000 WASHINGTON DC 20006 83-0572780 501(C)(3) 0 ENVIRONMENT HOPE CITY CHURCH 7515 3RD STREET ROAD LOUISVILLE KY 40214 61-6086445 501(C)(3) 70.000 EDUCATION

Schedule I (Form 990)

Page 1

31-0997017

Schedule I (Form 990) INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) 31-0997017 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS - GREATER							
CHESAPEAKE REGION - 4800 MT. HOPE							
DR BALTIMORE MD 21215	53-0196605	501 (C) (3)	68,877.	0.			HUMAN SERVICES
DR. BRITINGKI, ND 21213	33 0130003	501(0)(3)	00,077.	<u>.</u>			HOMAN BERVICES
ST. JOHN CENTER FOR THE HOMELESS							
700 EAST MUHAMMAD ALI BOULEVARD							
LOUISVILLE, KY 40202-3614	61-1135907	501(C)(3)	68,749.	0.			HOUSING & SHELTER
			,				
HIGHLAND PRESBYTERIAN CHURCH							
1011 CHEROKEE ROAD							
LOUISVILLE, KY 40204	61-0538145	CHURCH	66,500.	0.			RELIGION-RELATED
RONALD MCDONALD HOUSE CHARITIES OF			-				
KENTUCKIANA, INC 550 SOUTH							
FIRST STREET - LOUISVILLE, KY							
40202	31-1053467	501(C)(3)	65,096.	0.			HEALTH CARE
JEFFERSON COUNTY PUBLIC EDUCATION							
FOUNDATION - 3332 NEWBURG ROAD -							PHILANTHROPY, VOLUNTARIS
LOUISVILLE, KY 40218	61-1021128	501(C)(3)	61,907.	0.			© GRANTMAKING FOUNDATION
WELLSPRING INC.							
P.O. BOX 1927							MENTAL HEALTH & CRISIS
LOUISVILLE, KY 40201	31-1020023	501(C)(3)	43,751.	0.			INTERVENTION
G.O. MINISTRIES							
11501 PLANTSIDE DR STE 14							
LOUISVILLE, KY 40299	36-4092893	501(C)(3)	59,600.	0.			RELIGION-RELATED
LOUISVILLE PARKS FOUNDATION							
PO BOX 5755							
LOUISVILLE, KY 40255	20-4372292	501(C)(3)	57,945.	0.			ENVIRONMENT
JUNIOR ACHIEVEMENT OF KENTUCKIANA							INTERNATIONAL, FOREIGN
1401 W. MUHAMMAD ALI BLVD.				_			AFFAIRS & NATIONAL
LOUISVILLE, KY 40203	61-0476694	b01(C)(3)	56,663.	0.			SECURITY

Schedule I (Form 990)

31-0997017

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 (g) Description of (h) Purpose of grant (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 assistance (book, FMV. appraisal, other) ST. FRANCIS XAVIER CATHOLIC CHURCH 155 STRINGER LANE MT. WASHINGTON KY 40047 61-0952560 CHURCH 57,000 0 RELIGION-RELATED JEWISH FAMILY & CAREER SERVICES OF LOUISVILLE, INC. - 2821 KLEMPNER WAY - LOUISVILLE, KY 40205 61-0444704 501(C)(3) 56.867 0 HUMAN SERVICES KENTUCKY WESLEYAN COLLEGE 3000 FREDERICA STREET OWENSBORO, KY 42301 61-0466713 501(C)(3) 56,000 0 EDUCATION LOUISVILLE COMMUNITY DESIGN CENTER 507 S. 3RD STREET LOUISVILLE, KY 40202 61-0889003 501(C)(3) 55.545 0 HOUSING & SHELTER KENTUCKY REFUGEE MINISTRIES, INC. 969-B CHEROKEE ROAD 61-1229842 55.295 LOUISVILLE, KY 40204 501(C)(3) 0 RELIGION-RELATED CREATIVE CAPITAL FOUNDATION 15 MAIDEN LANE 18TH FLOOR 31-1605982 501(C)(3) 54.500 NEW YORK, NY 10038 0 HUMAN SERVICES SIDE BY SIDE STUDIO 2528 FRANKFORT AVE. ARTS, CULTURE & LOUISVILLE, KY 40206 47-1843740 501(C)(3) 54.400 HUMANITIES 0 HOSPARUS, INC. 3532 EPHRAIM MCDOWELL DRIVE 501(C)(3) 53,291 LOUISVILLE KY 40205 61-0921718 0 HUMAN SERVICES PLANNED PARENTHOOD OF INDIANA AND KENTUCKY - PO BOX 397 -INDIANAPOLIS IN 46206 35-0874276 501(C)(3) 52.034 HEALTH CARE

Schedule I (Form 990)

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 (c) IRC section (h) Purpose of grant (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) TREESLOUISVILLE PO BOX 5816 COMMUNITY IMPROVEMENT & 47-3739795 501(C)(3) LOUISVILLE KY 40255 52.870 0 CAPACITY BUILDING NATIVITY ACADEMY AT ST. BONIFACE 529 E. LIBERTY STREET LOUISVILLE, KY 40202 51-0450314 501(C)(3) 52.820 0 EDUCATION LEGAL AID SOCIETY INC. 416 W. MUHAMMAD ALI BLVD. #300 LOUISVILLE KY 40202 61-0537626 501(C)(3) 52.787 0 CRIME & LEGAL-RELATED BRIGHTSIDE FOUDATION PO BOX 70362 PUBLIC SAFETY, DISASTER LOUISVILLE, KY 40270 45-0948896 501(C)(3) 51,620 0 PREPAREDNESS & RELIEF MARINE CORPS SCHOLARSHIP FOUNDATION INC. - 909 N. WASHINGTON ST. #400 - ALEXANDRIA 50 000 VA 22314 22-1905062 501(C)(3) 0 EDUCATION LEARNING ALLIANCE INC PO BOX 643446 27-0725986 50,000 VERO BEACH, FL 32964 501(C)(3) 0 EDUCATION ENDEAVOR LOUISVILLE, INC. INTERNATIONAL, FOREIGN 471 W MAIN ST SUITE 204 AFFAIRS & NATIONAL 47-3170808 501(C)(3) 50,000 SECURITY LOUISVILLE, KY 40202 0 SOUTH CUMBERLAND COMMUNITY FUND PHILANTHROPY, VOLUNTARISM (SCCF) - PO BOX 1301 - MONTEAGLE, 50,000 TN 37356 47-5208551 501(C)(3) 0 GRANTMAKING FOUNDATIONS AMERICAN FARMLAND TRUST 1150 CONNECTICUT AVE. NW, STE. 600 FOOD, AGRICULTURE & WASHINGTON, DC 20036 52-1190211 501(C)(3) 50,000 NUTRITION

Schedule I (Form 990)

Schedule I (Form 990)

31-0997017

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) Part II (a) Name and address of (c) IRC section (g) Description of (h) Purpose of grant (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 assistance (book, FMV. appraisal, other) AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVENUE WASHINGTON DC 20016 53-0196549 501(C)(3) 50,000 0 EDUCATION WALDEN SCHOOL CORPORATION 4238 WESTPORT ROAD LOUISVILLE, KY 40207 61-0883146 501(C)(3) 50,000 0 EDUCATION RED BIRD CLINIC, INC. 53 QUEENDALE CTR BEVERLY, KY 40913 61-0945454 501(C)(3) 50,000 0 HEALTH CARE CABBAGE PATCH SETTLEMENT HOUSE INC. - 1413 SOUTH SIXTH STREET -LOUISVILLE, KY 40208 61-0458359 501(C)(3) 41.856 0 HUMAN SERVICES CHRIST CHURCH UNITED METHODIST 4614 BROWNSBORO ROAD 48 500 LOUISVILLE, KY 40207 61-0449611 CHURCH 0 RELIGION-RELATED BLUEGRASS COMMUNITY & TECHNICAL COLLEGE - 211 COOPER DRIVE -61-1320380 501(C)(3) 45.744 LEXINGTON, KY 40506-0235 0 EDUCATION CENTER FOR NONPROFIT EXCELLENCE 323 WEST BROADWAY, STE 501 PHILANTHROPY, VOLUNTARISM LOUISVILLE, KY 40202 20-0040424 501(C)(3) 45,000 & GRANTMAKING FOUNDATIONS 0 MARYHURST INC. 1015 DORSEY LANE 31-1542209 44.698 LOUISVILLE KY 40223-2612 501(C)(3) 0 YOUTH DEVELOPMENT FOOD FOR THE POOR INC. INTERNATIONAL, FOREIGN 6401 LYONS ROAD AFFAIRS & NATIONAL COCONUT CREEK, FL 33073 59-2174510 501(C)(3) 44.064 SECURITY

Schedule I (Form 990)

Page 1

Schedule I (Form 990) INC. 31-0997017

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) Part II (a) Name and address of (c) IRC section (g) Description of (h) Purpose of grant (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 assistance (book, FMV. appraisal, other) THE SALVATION ARMY - LOUISVILLE AREA COMMAND - P.O. BOX 1149 -LOUISVILLE KY 40201 58-0660607 501(C)(3) 43.888 0 HUMAN SERVICES CHANCE SCHOOL INC. 4200 LIME KILN LANE LOUISVILLE, KY 40222-5999 61-0549871 501(C)(3) 43,000 0 EDUCATION KOSAIR CHARITIES COMMITTEE, INC. P.O. BOX 37370 LOUISVILLE, KY 40233-7370 61-0514703 501(C)(3) 42.745 0 HEALTH CARE HOSEAS HOUSE INC. PO BOX 991492 LOUISVILLE, KY 40269 20-3161219 501(C)(3) 41,545 0 HUMAN SERVICES FAMILY SCHOLAR HOUSE, INC. 403 REG SMITH CIRCLE 61-1285124 501(C)(3) 41,495 LOUISVILLE KY 40208-2746 0 HOUSING & SHELTER UNIVERSITY OF VIRGINIA ALUMNI ASSOCIATION - PO BOX 400331 -54-0485595 501(C)(3) 40.000 CHARLOTTESVILLE, VA 22904-4331 0 EDUCATION HILDEGARD HOUSE PO BOX 5613 39.345 46-5555742 501(C)(3) LOUISVILLE, KY 40255 0 HOUSING & SHELTER KENTUCKY CENTER FOR THE ARTS 501 WEST MAIN STREET ARTS, CULTURE & 31-0999046 501(C)(3) 39.170 LOUISVILLE KY 40202-2989 0 HUMANITIES CASA OF THE RIVER REGION - SHELBY COUNTY - PO BOX 1276 -CIVIL RIGHTS, SOCIAL SHELBYVILLE KY 40066 61-1066568 501(C)(3) 38,595 ACTION & ADVOCACY

Schedule I (Form 990)

Page 1

Schedule I (Form 990) INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) 31-0997017 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NELSON COUNTY FISCAL COURT							
PO BOX 578							
BARDSTOWN, KY 40004	61-0000701	GOVERNMENT	38,320.	0.			UNKNOWN
	01 0000701		33,023.	•			
NEIGHBORHOOD HOUSE							
201 NORTH 25TH STREET							
LOUISVILLE, KY 40212	61-0445842	501(C)(3)	38,295.	0.			HUMAN SERVICES
-							
YOUNG AUTHORS GREENHOUSE							
1355 BARDSTOWN RD STE 121							
LOUISVILLE, KY 40204	82-2878352	501(C)(3)	37,896.	0.			EDUCATION
TRILOGY SCHOLARSHIP FOUNDATION							
303 NORTH HURSTBOURNE PKWY							
LOUISVILLE, KY 40222	20-5755082	501(C)(3)	37,500.	0.			EDUCATION
BRESCIA UNIVERSITY							
717 FREDERICA ST.			25.22				
OWENSBORO, KY 42303	61-0660795	501(C)(3)	36,000.	0.			EDUCATION
ONEWEST CORPORATION							
2028 W. BROADWAY, STE. 104							COMMUNITY IMPROVEMENT &
LOUISVILLE KY 40203	47-3080680	501(C)(3)	35,396.	0.			CAPACITY BUILDING
DOOLDVIDDE, NI 10200	17 3000000	501(0)(3)	33,330.	•			DILITICITI DOLDDING
HOLY CROSS HIGH SCHOOL							
5144 DIXIE HIGHWAY							
LOUISVILLE, KY 40216	61-1053991	CHURCH	34,489.	0.			EDUCATION
EASTERN KENTUCKY UNIVERSITY							
FOUNDATION INC CPO 19A -							
RICHMOND, KY 40475-3102	61-1131682	501(C)(3)	34,361.	0.			EDUCATION
HAND IN HAND MINISTRIES							
518 N. 26TH STREET							
LOUISVILLE, KY 40212	61-1352889	501(C)(3)	33,995.	0.			RELIGION-RELATED

Schedule I (Form 990) INC

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) Part II (a) Name and address of (c) IRC section (g) Description of (h) Purpose of grant (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) BOTANICA, INC. PO BOX 5056 61-1297238 501(C)(3) LOUISVILLE KY 40255 33.845 0 ENVIRONMENT BROADWAY BAPTIST CHURCH 4000 BROWNSBORO ROAD LOUISVILLE, KY 40207 61-6001947 CHURCH 33,515. 0 RELIGION-RELATED WATERSTEP 625 MYRTLE AVENUE LOUISVILLE, KY 40208 61-1262016 501(C)(3) 33,445 0 YOUTH DEVELOPMENT LOUISVILLE VISUAL ART 1538 LYTLE STREET ARTS, CULTURE & LOUISVILLE, KY 40203 61-0492348 501(C)(3) 27,920 0 HUMANITIES OWENSBORO SYMPHONY ORCHESTRA 211 EAST 2ND STREET ARTS, CULTURE & 61-6055984 501(C)(3) 32,269 OWENSBORO, KY 42303 0 HUMANITIES BARDSTOWN FOUNDATION FOR EXCELLENCE IN PUBLIC EDUCATION -308 N. 5TH ST. - BARDSTOWN, KY 31-1145221 501(C)(3) 31,965 40004 0 EDUCATION KENTUCKY HUMANE SOCIETY 1000 LYNDON LANE SUITE B 61-0463938 501(C)(3) 31,892 LOUISVILLE KY 40222 0 ANIMAL-RELATED SUMMIT ACADEMY OF GREATER LOUISVILLE INC. - 11508 MAIN 31,636 STREET - LOUISVILLE, KY 40243 61-1214457 501(C)(3) 0 EDUCATION BIG BROTHERS BIG SISTERS OF KENTUCKIANA - 1519 GARDINER LANE SUITE B - LOUISVILLE, KY 40218 61-6057856 501(C)(3) 31,590 YOUTH DEVELOPMENT

Schedule I (Form 990)

Page 1

31-0997017

Schedule I (Form 990)

31-0997017

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 (c) IRC section (g) Description of (h) Purpose of grant (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 assistance (book, FMV. appraisal, other) RIVERPARK CENTER INC. 101 DAVIESS ST ARTS, CULTURE & OWENSBORO, KY 42303 61-1147328 501(C)(3) 31,198 0 HUMANITIES OLDHAM COUNTY HISTORICAL SOCIETY INC. - 106 N. 2ND ST. - LAGRANGE ARTS, CULTURE & **KY 40031** 61-1195581 501(C)(3) 31,000 0 HUMANITIES THE TEMPLE-CONGREGATION ADATH ISRAEL BRITH SHOLOM - 5101 U.S. HIGHWAY 42 - LOUISVILLE, KY 40241 61-0918772 501(C)(3) 30.835 0 RELIGION-RELATED CENTER FOR WOMEN AND FAMILIES P.O. BOX 2048 LOUISVILLE, KY 40201-2048 61-0444846 501(C)(3) 30.725 0 HUMAN SERVICES EDUCATIONAL JUSTICE LLC 737 S 3RD STREET 30 696 LOUISVILLE KY 40202 27-0405207 501(C)(3) 0 EDUCATION ST. FRANCIS IN THE FIELDS EPISCOPAL CHURCH - 6710 WOLF PEN BRANCH ROAD - HARRODS CREEK, KY 61-0444805 30,400 40027 CHURCH 0 RELIGION-RELATED SUMMERBRIDGE LOUISVILLE 902 S. SHELBY ST. 31-1695835 LOUISVILLE KY 40203 501(C)(3) 30,000 0 EDUCATION THE MORTON CENTER, INC. 1028 BARRETT AVE. MENTAL HEALTH & CRISIS 31-1068020 27,600 LOUISVILLE KY 40204 501(C)(3) 0 INTERVENTION FOUNDATION FOR DAVIESS COUNTY PUBLIC SCHOOLS INC - PO BOX 21510 PHILANTHROPY, VOLUNTARISM - OWENSBORO, KY 42304 61-1346930 501(C)(3) 29,000 GRANTMAKING FOUNDATIONS

Schedule I (Form 990) INC.

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 (g) Description of (h) Purpose of grant (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 assistance (book, FMV. appraisal, other) SECOND PRESBYTERIAN CHURCH 3701 OLD BROWNSBORO ROAD LOUISVILLE KY 40207 61-0466721 CHURCH 28.547 0 RELIGION-RELATED CAMPBELLSVILLE UNIVERSITY 1 UNIVERSITY DRIVE, UPO 783 CAMPBELLSVILLE, KY 42718-2799 61-0469267 501(C)(3) 28,500 0 EDUCATION PATHLIGHT INTERNATIONAL INC INTERNATIONAL, FOREIGN 9850 VON ALLMEN CT., STE. #201 AFFAIRS & NATIONAL SECURITY LOUISVILLE KY 40241 27-0583447 501(C)(3) 28,100 0 YMCA OF GREATER LOUISVILLE 545 S. 2ND STREET LOUISVILLE, KY 40202 61-0444843 501(C)(3) 24,956 0 HUMAN SERVICES TEACH KENTUCKY 907 BARRET AVE 20-4009920 27.596 LOUISVILLE, KY 40204 501(C)(3) 0 EDUCATION USA CARES INC 11760 COMMONWEALTH DRIVE 05-0588761 501(C)(3) 27.545. LOUISVILLE, KY 40299 0 HUMAN SERVICES SHELBY COUNTY PARKS AND RECREATION FOUNDATION - 717 BURKS BRANCH ROAD PHILANTHROPY, VOLUNTARISM 7.500 38-3818270 501(C)(3) & GRANTMAKING FOUNDATIONS - SHELBYVILLE, KY 40065 0 COLON CANCER PREVENTION PROJECT PO BOX 4039 20-1510713 501(C)(3) 27,000 LOUISVILLE KY 40204 0 HEALTH CARE YMCA OF OWENSBORO/DAVIES COUNTY 900 KENTUCKY PARKWAY OWENSBORO, KY 42301 61-0561344 501(C)(3) 27,000 HUMAN SERVICES

Schedule I (Form 990)

Page 1

31-0997017

THE COMMONTH FOODERS OF ECOLOGICA,

Schedule I (Form 990) INC. 31-0997017 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 organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISVILLE ZOO FOUNDATION, INC.							
1100 TREVILIAN WAY							
LOUISVILLE KY 40233-9902	31-0971742	501(C)(3)	26,916.	0.			ANIMAL-RELATED
				- •			
ACCESS VENTURES INC							
1155 S. SHELBY STREET							
LOUISVILLE, KY 40203	46-3061287	501(C)(3)	26,000.	0.			ENVIRONMENT
·							
DANIEL PITINO SHELTER INC.							
501 WALNUT ST.							
OWENSBORO, KY 42301	61-1245271	501(C)(3)	26,000.	0.			HOUSING & SHELTER
KENTUCKY HORSE PARK FOUNDATION							
4037 IRON WORKS PARKWAY STE 180							
LEXINGTON, KY 40511	62-1257717	501(C)(3)	26,000.	0.			RECREATION & SPORTS
TRINITY HIGH SCHOOL FOUNDATION							
INC 4011 SHELBYVILLE RD							
LOUISVILLE, KY 40207	31-1105966	501(C)(3)	25,700.	0.			EDUCATION
WHAS CRUSADE FOR CHILDREN INC.							
520 W. CHESTNUT ST.	00 0000004	504 (5) (2)	05 554	•			
LOUISVILLE, KY 40202	23-7075524	501(C)(3)	25,571.	0.			HUMAN SERVICES
SIMMONS COLLEGE OF KENTUCKY							
1018 SOUTH 7TH ST.							
LOUISVILLE KY 40203	20-5289168	501(C)(3)	25,570.	0.			EDUCATION
1001541BB, KI 40205	20-3203100	501(0/(3/	25,570.	0.			EDOCATION
OWSLEY BROWN FRAZIER HISTORICAL							
ARMS MUSEUM FOUNDATION INC 829							ARTS, CULTURE &
W. MAIN ST LOUISVILLE, KY 40202	61-1378343	501(C)(3)	25,400.	0.			HUMANITIES
, 10202	32 2070010		23,100.	<u> </u>			
BOULWARE MISSION INC.							
509 WING AVE.							
DWENSBORO KY 42303	61-0486968	501(C)(3)	25,250.	0.			HUMAN SERVICES

Schedule I (Form 990) INC.

| Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) 31-0997017 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOUTH LOUISVILLE COMMUNITY							
MINISTRIES, INC 415 1/2 W.							
ASHLAND AVE - LOUISVILLE, KY 40214	31-0891259	501(C)(3)	25,196.	0.			RELIGION-RELATED
,,							
TWISTED PINK							
8307 CHESHIRE WAY							 PHILANTHROPY, VOLUNTARISM
LOUISVILLE KY 40222	47-1140389	501(C)(3)	25 165.	0.			, & GRANTMAKING FOUNDATIONS
CENTRAL PRESBYTERIAN CHURCH							
318 WEST KENTUCKY ST.							
LOUISVILLE, KY 40203	61-0459493	501(C)(3)	25 145.	0.			RELIGION-RELATED
,		_ , , , ,	, , , ,	•			
SCARLET HOPE							
PO BOX 6542							
LOUISVILLE, KY 40206	27-0804557	501(C)(3)	25,000.	0.			HUMAN SERVICES
KENTUCKY HUMANITIES COUNCIL, INC.							
206 E. MAXWELL ST.							ARTS, CULTURE &
LEXINGTON KY 40508	31-0981031	501(C)(3)	25,000.	0.			HUMANITIES
	01 0701001		20,000.	<u> </u>			
HEIDELBERG UNIVERSITY							
310 E. MARKET ST.							
TIFFIN OH 44883	34-4428219	501(C)(3)	25,000.	0.			EDUCATION
LIFESONG FOR ORPHANS INC							INTERNATIONAL, FOREIGN
PO BOX 40							AFFAIRS & NATIONAL
GRIDLEY, IL 61744	35-1902841	501(C)(3)	25,000.	0.			SECURITY
ONIBBBI, IB 01744	33 1302041	501(0)(3)	25,000.	· .			BHCORITI
WABASH VALLEY COLLEGE FOUNDATION							
2200 COLLEGE DRIVE							
MOUNT CARMEL, IL 62863	37-6042332	501(C)(3)	25,000.	0.			EDUCATION
MOONI CARMED, ID 02003	31-0042332	501(0/(3/	25,000.	U.			EDUCATION
AMERICAN HORSE TRIALS FOUNDATION							
7913 COLONIAL LANE							
CLINTON, MD 20735	52-1495923		25,000.	0.			RECREATION & SPORTS

Schedule I (Form 990)

Schedule I (Form 990) INC.

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) 31-0997017 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL TRUST FOR HISTORIC							
PRESERVATION IN THE US - 2600							
VIRGINA AVE NW STE 1100 -							ARTS, CULTURE &
WASHINGTON, DC 20037	53-0210807	501(C)(3)	25,000.	0.			HUMANITIES
INTER HAV OF THREAD BIVERS COUNTY							
UNITED WAY OF INDIAN RIVERS COUNTY							DILLI AMERIDODY IVOLUMENDI CM
INC PO BOX 1960 - VERO BEACH,	E0 100E000	E01/G)/2)	05.000	0			PHILANTHROPY, VOLUNTARISM
FL 32961	59-1087090	501(C)(3)	25,000.	0.			& GRANTMAKING FOUNDATIONS
KENTUCKY UNITED METHODIST HOMES							
FOR CHILDREN & YOUTH - 1115							
ASHGROVE ROAD - NICHOLASVILLE, KY	64 0450055	504 (5) (2)	05.000				
40356	61-0458375	501(C)(3)	25,000.	0.			HUMAN SERVICES
FIRST BAPTIST CHURCH							
PO BOX 904							
OWENSBORO, KY 42302	61-0510932	CHURCH	25,000.	0.			RELIGION-RELATED
owners, it in the second	01 0310332	CHORCH	23,000.	.			REDICION REDITED
HIKES POINT CHRISTIAN CHURCH							
2601 HIKES LANE							
LOUISVILLE, KY 40218-1522	61-0999620	501(C)(3)	25,000.	0.			RELIGION-RELATED
HOOISVILLE, KI 40210 1322	01 0333020	501(0)(3)	25,000.	<u>.</u>			REDUCTION REDUCTED
DAVIESS COUNTY PUBLIC LIBRARY							
FOUNDATION INC - 2020 FREDERICA							
STREET - OWENSBORO, KY 42301	61-1249785	501(C)(3)	25,000.	0.			EDUCATION
SURGERY ON SUNDAY, LOUISVILLE							
PO BOX 4757							
LOUISVILLE KY 40204	46-3660906	501(C)(3)	24,577.	0.			HEALTH CARE
			,	-			
INDIANA UNIVERSITY - BLOOMINGTON							
400 EAST 7TH ST.							
BLOOMINGTON, IN 47405-1223	35-6001673	501(C)(3)	24,500.	0.			EDUCATION
			,	``			
ANIMAL CARE SOCIETY INC.							
12207 WESTPORT ROAD							
LOUISVILLE, KY 40245	61-1053516	501(C)(3)	23,312.	0.			ANIMAL-RELATED

Schedule I (Form 990)

31-0997017

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 (g) Description of (h) Purpose of grant (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 assistance (book, FMV. appraisal, other) MARY BYRON PROJECT, INC. 9901 LINN STATION RD ROOM 500 LOUISVILLE KY 40223 61-1374726 501(C)(3) 22,900 0 CRIME & LEGAL-RELATED BOY SCOUTS OF AMERICA - LINCOLN HERITAGE COUNCIL - 12001 SYCAMORE STATION PLACE - LOUISVILLE, KY 40299 22-1576300 501(C)(3) 22,750 0 YOUTH DEVELOPMENT MIDWAY COLLEGE 512 EAST STEPHENS STREET MIDWAY KY 40347 61-0444708 501(C)(3) 22,750 0 EDUCATION HARVARD UNIVERSITY 1033 MASSACHUSETTS AVE STE 3 CAMBRIDGE, MA 02138 04-2103580 501(C)(3) 22,500 0 EDUCATION NEW DIRECTIONS HOUSING CORPORATION 1617 MAPLE STREET COMMUNITY IMPROVEMENT & 61-0715630 22,196 LOUISVILLE KY 40210 501(C)(3) 0 CAPACITY BUILDING 1619 FLUX: ART + ACTIVISM 1619 W. MAIN STREET ARTS, CULTURE & 81-0711104 501(C)(3) 21,620 LOUISVILLE, KY 40203 0 HUMANITIES SACRED HEART SCHOOLS INC. 3177 LEXINGTON ROAD LOUISVILLE KY 40206 61-1181710 501(C)(3) 21,600 0 EDUCATION SARABANDE BOOKS, INC. 822 E. MARKET ST. ARTS, CULTURE & 61-1256352 21,600 HUMANITIES LOUISVILLE KY 40206 501(C)(3) 0 DENISON UNIVERSITY 100 WEST COLLEGE STREET GRANVILLE, OH 43023 31-4379459 501(C)(3) 21,366 EDUCATION

Schedule I (Form 990)

Page 1

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) LOUISVILLE NATURE CENTER INC. 3745 ILLNOIS AVENUE LOUISVILLE KY 40213 61-6036081 501(C)(3) 21,193 0 ENVIRONMENT AWAKE MINISTRIES 701 WASHINGTON ST SHELBYVILLE, KY 40065 26-4436314 501(C)(3) 21,000 0 HUMAN SERVICES DREPUNG GOMANG INSTITUTE 411 N HUBBARDS LN LOUISVILLE, KY 40207 61-1399694 501(C)(3) 20.945 0 EDUCATION LITTLE SISTERS OF THE POOR 15 AUDUBON PLAZA DRIVE LOUISVILLE, KY 40217 61-0487466 501(C)(3) 20.796 0 HEALTH CARE JEWISH COMMUNITY OF LOUISVILLE, INC. - 3600 DUTCHMANS LANE -PHILANTHROPY, VOLUNTARISM 20.500 LOUISVILLE KY 40205 61-0444765 501(C)(3) 0 GRANTMAKING FOUNDATIONS EASTERN KENTUCKY UNIVERSITY CPO 34-A 61-1011211 501(C)(3) 20,250 RICHMOND, KY 40475 0 EDUCATION MURRAY STATE UNIVERSITY 500 SPARKS HALL 61-6053844 MURRAY KY 42071-3312 501(C)(3) 20,250 EDUCATION 0 ELDERSERVE, INC. 215 W. BRECKENRIDGE ST. 20,239 LOUISVILLE KY 40203 61-6024140 501(C)(3) 0 HUMAN SERVICES SHAWNEE CHRISTIAN HEALTHCARE CENTER, INC. - 234 AMY AVENUE -LOUISVILLE KY 40211 26-4345390 501(C)(3) 20,196 HEALTH CARE

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Schedule I (Form 990) INC. 31-0997017 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 (f) Method of (h) Purpose of grant (b) EIN (d) Amount of (g) Description of organization or government if applicable cash grant non-cash valuation non-cash assistance or assistance (book, FMV. assistance appraisal, other) CHRISTIAN CARE COMMUNITIES 12710 TOWNEPARK WAY #1000 LOUISVILLE KY 40243-1596 61-0445828 501(C)(3) 7.313 0 HEALTH CARE CEDAR LAKE FOUNDATION 9505 WILLIAMSBURG PLAZA #200 LOUISVILLE, KY 40222 61-1093278 501(C)(3) 18,959 0 HUMAN SERVICES LHOME 1512 CRUMS LANE SUITE 401 LOUISVILLE, KY 40216 45-4127209 501(C)(3) 20,100 0 HOUSING & SHELTER THE FOOD LITERACY PROJECT AT OXMOOR FARM, INC. - 9001 LIMEHOUSE FOOD, AGRICULTURE & LANE - LOUISVILLE, KY 40222 20-5014424 501(C)(3) 20 095 0 NUTRITION UNITED CRESCENT HILL MINISTRIES 150 S. STATE STREET 501(C)(3) LOUISVILLE KY 40206 51-0166794 11.078 0 HUMAN SERVICES UNITED WAY OF THE COALFIELD, INC. 1 SOUTH MAINE STREET PHILANTHROPY, VOLUNTARISM 61-0732633 20.047 MADISONVILLE, KY 42431 501(C)(3) 0 GRANTMAKING FOUNDATIONS THE CHILDREN'S INITIATIVE, INC. INTERNATIONAL, FOREIGN 15 CHADWICK ST. AFFAIRS & NATIONAL PORTLAND ME 04102 20-5106747 501(C)(3) 20,000 SECURITY INTERNATIONAL ORPHAN SUPPORT INC INTERNATIONAL, FOREIGN 1677 SOUTHSIDE BLVD AFFAIRS & NATIONAL 20,000 JACKSONVILLE FL 32216 27-0543820 501(C)(3) 0 SECURITY CHRISTIAN MISSION AID INTERNATIONAL, FOREIGN 2900 WILSON AVE SW, SUITE 15 AFFAIRS & NATIONAL GRANDVILLE MI 49418 47-0710130 501(C)(3) 20,000 SECURITY

Schedule I (Form 990) INC.

23-7160437

501(C)(3)

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 (g) Description of (h) Purpose of grant (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) WEST LOUISVILLE PERFORMING ARTS ACADEMY - 623 WEST MAIN STREET -ARTS, CULTURE & LOUISVILLE KY 40202 61-1181511 501(C)(3) 20,000 0 HUMANITIES LOUISVILLE MALE HIGH SCHOOL ALUMNI ASSOCIATION INC - PO BOX 43688 -LOUISVILLE KY 40523-0688 61-1233687 501(C)(3) 20,000 0 EDUCATION RUN FREELY 9805 NE 116TH STREET #7228 KIRKLAND, WA 98034 82-4857540 501(C)(3) 20,000 0 HEALTH CARE I WOULD RATHER BE READING 1503 IROOUOIS PKWY LOUISVILLE, KY 40214 82-4974981 501(C)(3) 19.820 0 EDUCATION NATIONAL STEM CELL FOUNDATION INC. 462 S. 4TH STREET, STE. 1230 19.520 LOUISVILLE KY 40202 83-0392250 501(C)(3) 0 MEDICAL RESEARCH SISTER VISITOR CENTER 2235 W MARKET ST 61-1239600 19.030 LOUISVILLE, KY 40212 501(C)(3) 0 HUMAN SERVICES FRIENDS OF INDEPENDENT SCHOOLS AND BETTER EDUCATION - 811 N. KARL 91-1216755 501(C)(3) 19,000 JOHAN AVE. - TACOMA, WA 98406 0 EDUCATION KIDS CENTER FOR PEDIATRIC VOLUNTARY HEALTH THERAPIES - 982 EASTERN PARKWAY -ASSOCIATIONS & MEDICAL LOUISVILLE KY 40217 61-0492378 501(C)(3) 18,946 0 DISCIPLINES COMMUNITY COORDINATED CHILD CARE 1215 SOUTH 3RD STREET

Schedule I (Form 990)

HUMAN SERVICES

Page 1

31-0997017

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LOUISVILLE KY 40203

18,500

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 (g) Description of (h) Purpose of grant (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) PURDUE UNIVERSITY 403 WEST WOOD STREET WEST LAFAYETTE, IN 47907 35-6002041 501(C)(3) 18,500 0 EDUCATION GOODWILL INDUSTRIES OF KENTUCKY 1325 SOUTH FOURTH STREET LOUISVILLE, KY 40208-2313 61-0475284 501(C)(3) 9.741 0 EMPLOYMENT ST. JOSEPH CATHOLIC ORPHANS SOCIETY - 2823 FRANKFORT AVENUE -LOUISVILLE KY 40206 61-0475286 501(C)(3) 18,291 0 HUMAN SERVICES REFUGE LOUISVILLE 5007 SOUTHSIDE DRIVE LOUISVILLE, KY 40214 45-3161988 501(C)(3) 17.696 0 RELIGION-RELATED LOUISVILLE STORY PROGRAM 851 S. 4TH ST. ARTS, CULTURE & 47-5237414 501(C)(3) 17.645 LOUISVILLE KY 40203 0 HUMANITIES ST. MATTHEW'S EPISCOPAL CHURCH 330 N. HUBBARDS LANE 61-0476701 17,426. LOUISVILLE, KY 40207 CHURCH 0 RELIGION-RELATED NAMI LOUISVILLE INC 708 W MAGAZINE SUITE 144 MENTAL HEALTH & CRISIS 31-0969518 LOUISVILLE KY 40203 501(C)(3) 17.100 INTERVENTION 0 THE BACKSIDE LEARNING CENTER 704 CENTRAL AVENUE 37-1803514 501(C)(3) 17,060 LOUISVILLE KY 40208 0 EDUCATION FAIRNESS EDUCATION FUND 2263 FRANKFORT AVENUE LOUISVILLE KY 40206 61-1230383 501(C)(3) 16.795 EDUCATION

Schedule I (Form 990) INC. 31-0997017

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 (g) Description of (h) Purpose of grant (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 assistance (book, FMV. appraisal, other) HARBOR HOUSE OF LOUISVILLE 2231 LOWER HUNTERS TRACE CIVIL RIGHTS, SOCIAL LOUISVILLE KY 40216 61-1216323 501(C)(3) 16.396 0 ACTION & ADVOCACY MOM'S CLOSET RESOURCE CENTER 11921 BRINLEY AVE STE 101 LOUISVILLE KY 40243 32-0049180 501(C)(3) 16,196. 0 HUMAN SERVICES HISTORIC HOMES FOUNDATION INC. 3110 LEXINGTON ROAD ARTS, CULTURE & LOUISVILLE, KY 40206 61-0549274 501(C)(3) 15.788 0 HUMANITIES CATHEDRAL HIGH SCHOOL 5225 E. 56TH ST. INDIANAPOLIS, IN 46226 35-6254955 501(C)(3) 15,701 0 EDUCATION HOPKINS COUNTY EDUCATION FOUNDATION, INC. - PO BOX 593 -15.577 MADISONVILLE, KY 42431 61-1151955 501(C)(3) 0 EDUCATION GOOD NEWS SHELTER CORPORATION 115 E. ADAMS ST. 61-1334374 501(C)(3) 15.500 LAGRANGE, KY 40031 0 HOUSING & SHELTER UNIVERSITY OF VIRGINIA PO BOX 400331 CHARLOTTESVILLE VA 22904-4331 54-6001796 501(C)(3) 15,250 0 EDUCATION VOLUNTEERS OF AMERICA MID-STATES VOLUNTARY HEALTH 570 S FOURTH ST #100 ASSOCIATIONS & MEDICAL 61-0480950 501(C)(3) 15,154 LOUISVILLE KY 40202 0 DISCIPLINES HENRY L. FERGUSON MUSEUM 187 WILLIAMS ST ARTS, CULTURE & FISHERS ISLAND, NY 06320 11-6015380 501(C)(3) 15,000 HUMANITIES

Schedule I (Form 990)

Page 1

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) Part II (a) Name and address of (c) IRC section (g) Description of (h) Purpose of grant (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) SULLIVAN UNIVERSITY SYSTEM FOUNDATION INC. - 2100 GARDINER LANE, SUITE 302 - LOUISVILLE, KY 40205 33-1009808 501(C)(3) 15,000 0 EDUCATION COMMUNITY CHURCH OF GOD 1532 COLLEGE DRIVE MOUNT CARMEL, IL 62863 37-1114891 501(C)(3) 15,000 0 RELIGION-RELATED WOODBERRY FOREST SCHOOL 402 WOODBERRY STATION WOODBERRY FOREST, VA 22989 54-0519590 501(C)(3) 15,000 0 EDUCATION HINDMAN SETTLEMENT SCHOOL 51 CENTER STREET HINDMAN, KY 41822 61-0447248 501(C)(3) 15,000 0 EDUCATION EQUESTRIAN EVENTS INC. PO BOX 12110 61-0899468 15,000 LEXINGTON KY 40580 501(C)(3) 0 RECREATION & SPORTS BAYA CORPORATION 4509 LISA LANE 81-2853453 501(C)(3) 15,000 NEW ALBANY, IN 47150 0 YOUTH DEVELOPMENT WAYSIDE CHRISTIAN MISSION PO BOX 7249 61-0667139 501(C)(3) 13,900 LOUISVILLE KY 40257-0249 0 HUMAN SERVICES LIBERTY HALL, INC. 202 WILKINSON STREET ARTS, CULTURE & 14,000 HUMANITIES FRANKFORT KY 40601 61-0469278 501(C)(3) 0 HOUSE OF RUTH, INC. 607 E. SAINT CATHERINE ST. LOUISVILLE KY 40203 61-1231355 501(C)(3) 13.918 HEALTH CARE

Part II Continuation of Grants and Other				inted States (SCI)	edule i (Foith 990), Fa		
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTIAN ACADEMY OF LOUISVILLE							
700 SOUTH ENGLISH STATION ROAD							
LOUISVILLE, KY 40245	61-0907309	501(C)(3)	13.798.	0.			EDUCATION
HOOISVIHHE, KI 40243	01 0507305	501(0)(3)	15,750.				EDUCATION
FELLOWSHIP MISSIONS							
PO BOX 382							
WINONA LAKE, IN 46590	27-2518264	501(C)(3)	13,500.	0.			RELIGION-RELATED
,							
CAVE HILL HERITAGE FOUNDATION INC							
701 BAXTER AVE.							MUTUAL & MEMBERSHIP
LOUISVILLE KY 40204	56-2498254	501(C)(3)	13,450.	0.			BENEFIT
PORTLAND CHRISTIAN SCHOOL SYSTEM							
INC 8509 WESTPORT RD							
LOUISVILLE, KY 40242	20-2918651	501(C)(3)	13,268.	0.			EDUCATION
			,				
YEW DELL INC.							
6220 OLD LAGRANGE ROAD							
CRESTWOOD, KY 40014	61-1390688	501(C)(3)	13,190.	0.			ENVIRONMENT
·			,				
WOMEN 4 WOMEN							
323 W. BROADWAY #201							
LOUISVILLE, KY 40202	61-1240049	501(C)(3)	12,769.	0.			HUMAN SERVICES
FLAGET MEMORIAL HOSPITAL							
4305 NEW SHEPHERDSVILLE RD.							
BARDSTOWN, KY 40004	56-2351341	501(C)(3)	12,500.	0.			HEALTH CARE
UNIVERSITY OF GEORGIA FOUNDATION							
1260 LUMPKIN ST.							
ATHENS, GA 30602	58-6033837	501(C)(3)	12,500.	0.			EDUCATION
·							
HOPE SCARVES INC.							
141 N. SHERRIN AVENUE, SUITE #101							
LOUISVILLE, KY 40207	45-3578278	501(C)(3)	12,270.	0.			HEALTH CARE

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa T	art II.) T	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTERSTONE							
10101 LINN STATION RD, STE. 600							MENTAL HEALTH & CRISIS
LOUISVILLE, KY 40223	31-0939757	501(C)(3)	11 346.	0.			INTERVENTION
	01 0303.0.						
KENTUCKY STATE UNIVERSITY							
400 E. MAIN ST.							
FRANKFORT KY 40601	61-1099712	501(C)(3)	12,000.	0.			EDUCATION
•							
LIGHTHOUSE PROMISE, INC.							
5312 SHEPHERDSVILLE ROAD							
LOUISVILLE, KY 40228	61-1362760	501(C)(3)	11,720.	0.			RELIGION-RELATED
LOUISVILLE CENTRAL COMMUNITY							
CENTER, INC 1300 W. MUHAMMAD							
ALI BLVD LOUISVILLE, KY 40203	61-0590743	501(C)(3)	11,696.	0.			RECREATION & SPORTS
KIDS CANCER ALLIANCE INC.							
P.O. BOX 24337							
LOUISVILLE, KY 40224	61-1256743	501(C)(3)	11,595.	0.			PUBLIC & SOCIETAL BENEFIT
FAMILY & CHILDREN'S PLACE							
525 ZANE ST.	64 05 40 5 64	504 (5) (2)	11 500				
LOUISVILLE, KY 40203	61-0549561	501(C)(3)	11,593.	0.			HUMAN SERVICES
COMMONWEALTH EIND FOR KET ING							
COMMONWEALTH FUND FOR KET, INC. 560 COOPER DRIVE							ARTS, CULTURE &
LEXINGTON, KY 40502	61-1285473	501/01/31	11,560.	0.			HUMANITIES
DEAINGION, RI 40302	01-1203473	501(0)(3)	11,300.	0.			HUMANITIES
FOSTER CARE COUNCIL OF LEXKY							
2121 RICHMOND RD #105							
LEXINGTON, KY 40502	45-4403520	501(C)(3)	11,500.	0.			HUMAN SERVICES
			22,300.	•			
PEACE EDUCATION PROGRAM, INC.							INTERNATIONAL, FOREIGN
318 W. KENTUCKY ST.							AFFAIRS & NATIONAL
LOUISVILLE, KY 40203	61-1220204	501(C)(3)	11,495.	0.			SECURITY

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 (g) Description of (h) Purpose of grant (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) CLIFF HAGAN BOYS & GIRLS CLUB INC. 3415 BUCKLAND SOUARE OWENSBORO KY 42301 61-0663746 501(C)(3) 11,472. 0 YOUTH DEVELOPMENT PRICHARD COMMITTEE FOR ACADEMIC EXCELLENCE - 271 WEST SHORT ST., STE 202 - LEXINGTON, KY 40507 61-1026214 501(C)(3) 11,300 0 EDUCATION WINONA LAKE GRACE BRETHREN CHURCH 1200 KINGS HWY. WINONA LAKE, IN 46590 35-1319207 501(C)(3) 11,200 0 RELIGION-RELATED VISUALLY IMPAIRED PRESCHOOL SERVICES INC - 1906 GOLDSMITH LANE - LOUISVILLE, KY 40218 61-1061973 501(C)(3) 11.095 0 EDUCATION KENTUCKY INTERFAITH POWER AND LIGHT - PO BOX 5084 - LOUISVILLE. KY 40255-0084 26-1098830 501(C)(3) 11,000 0 ENVIRONMENT GLOBAL HUMAN PROJECT 822 E. BROADWAY ARTS, CULTURE & 47-3897280 10,996. LOUISVILLE, KY 40204 501(C)(3) 0 HUMANITIES BLESSINGS IN A BACKPACK INC 4121 SHELBYVILLE ROAD 26-1964620 501(C)(3) 10.945 LOUISVILLE, KY 40207 0 HUMAN SERVICES CENTRAL LOUISVILLE COMMUNITY MINISTRIES - 809 S. 4TH STREET -10,791 LOUISVILLE KY 40203 61-1082337 501(C)(3) 0 HUMAN SERVICES ART FM INC PO BOX 5103 LOUISVILLE KY 40205 45-4225349 501(C)(3) 10.745 HUMAN SERVICES

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa	art II.)	T
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HONOR FLIGHT, INC.							
P.O. BOX 991364							
LOUISVILLE KY 40269	26-2237257	501(C)(3)	10,620.	0.			PUBLIC & SOCIETAL BENEFIT
				-			
FRANCISCAN SHELTER HOUSE							
748 SOUTH PRESTON ST.							
LOUISVILLE, KY 40203	61-1081045	501(C)(3)	10,600.	0.			HUMAN SERVICES
FRIENDS OF METRO ANIMAL SERVICES							
3705 MANSLICK ROAD							
LOUISVILLE, KY 40215	38-3749218	501(C)(3)	10,520.	0.			ANIMAL-RELATED
CHURCH HOME & INFIRMARY EPISCOPAL							
CHURCH HOME - 7504 WESTPORT ROAD -							
LOUISVILLE, KY 40222	61-0461720	501(C)(3)	10,500.	0.			HUMAN SERVICES
NORTHRIDGE PRESBYTERIAN CHURCH							
6920 BOB-O-LINK DR.							
DALLAS, TX 75214	75-0846305	CHURCH	10,500.	0.			RELIGION-RELATED
LOOKING HOD LILIMIN							
LOOKING FOR LILITH							ARTS, CULTURE &
312 CRESCENT CT. LOUISVILLE, KY 40206	30-0135891	E01/G\/3\	10,296.	0.			HUMANITIES
LOUISVILLE, KI 40200	30-0133691	501(C)(3)	10,290.	<u> </u>			HUMANITIES
ANCHAL, INC.							
PO BOX 7392							
LOUISVILLE, KY 40257	27-2959378	501(C)(3)	10,045.	0.			HUMAN SERVICES
	2. 25050.0		20,020.	-			221112025
SALISBURY SCHOOL							
251 LAUAAU ROAD							
SALISBURY, CT 06068	06-0646888	501(C)(3)	10,000.	0.			EDUCATION
•							
THE UNIVERSITY OF CONNECTICUT							
FOUNDATION INC 2390 ALUMNI							
DRIVE - STORRS, CT 06269-3206	06-6070722	501(C)(3)	10,000.	0.			EDUCATION

Schedule I (Form 990)

Schedule I (Form 990) INC.

| Part II | Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) 31-0997017 Page 1

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEW MUSEUM OF CONTEMPORARY ART							
235 BOWERY							ARTS, CULTURE &
NEW YORK, NY 10002	13-2986881	501(C)(3)	10,000.	0.			HUMANITIES
			,				
DUCKS UNLIMITED - TENNESSEE							
CHAPTER - ONE WATERFOWL WAY -							
MEMPHIS, TN 38120	13-5643799	501(C)(3)	10,000.	0.			ENVIRONMENT
ALZHEIMER'S DISEASE RESEARCH							VOLUNTARY HEALTH
22512 GATEWAY CENTER DR.							ASSOCIATIONS & MEDICAL
CLARKSBURG, MD 20871-1952	23-7337229	501(C)(3)	10,000.	0.			DISCIPLINES
INWARD BOUND MINDFULLNESS							
EDUCATION, INC PO BOX 516 -							
CONCORD, MA 01742	27-3029390	501(C)(3)	10,000.	0.			HUMAN SERVICES
TOWN THE GLUD TWO							
TOKEN III CLUB INC							
4014 DUTCHMANS LN	21 0004066	E01/G)/2)	10.000	0			
LOUISVILLE, KY 40207	31-0994066	501(C)(3)	10,000.	0.			RECREATION & SPORTS
MISSION FRANKFORT CLINIC INC							
201 SAINT CLAIR ST							
FRANKFORT KY 40601	41-2199345	501(C)(3)	10,000.	0.			HEALTH CARE
	11 1199010		20,000.	•			
THE LIGHTHOUSE WORKS, INC.							
1070 MONTAUK AVE #385							ARTS, CULTURE &
FISHERS ISLAND, NY 06390	46-0865290	501(C)(3)	10,000.	0.			, HUMANITIES
·		_ , , , ,	,	-			
CHURCH OF THE PROMISE							
1800 PORTLAND AVE.							
LOUISVILLE, KY 40203	46-4431045	CHURCH	10,000.	0.			RELIGION-RELATED
-			,				
ST. PAUL'S EPISCOPAL CHURCH							
120 EAST J ST.							
BENICIA, CA 94510	51-0155096	CHURCH	10,000.	0.			RELIGION-RELATED

Schedule I (Form 990)

Schedule I (Form 990) INC. 31-0997017 Page 1

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

Part II Continuation of Grants and Other	Assistance to Go	overnments and Orga	nizations in the U	nited States (Sch	edule I (Form 990), Pa T	art II.) T	
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE RIDGE SCHOOL							
273 MAYO DRIVE							
ST. GEORGE, VA 22935	54-0505868	501(C)(3)	10,000.	0.			EDUCATION
DI. CHONCH, VII BESUS	31 0303000	301(0)(3)	10,000.	•			EBC CHITCH
FLORIDA AUDUBON SOCIETY							
4500 BISCAYNE BLVD SUITE 350							
MIAMI, FL 33137	59-0245495	501(C)(3)	10,000.	0.			ENVIRONMENT
		= , , , ,	,				
ROLLINS COLLEGE							
1000 HOLT AVENUE - 2750							
WINTER PARK, FL 32789	59-0624440	501(C)(3)	10,000.	0.			EDUCATION
•							
LOST TREE CHARITABLE FOUNDATION							
8 CHURCH LANE							PHILANTHROPY, VOLUNTARISM
NORTH PALM BEACH, FL 33405	59-2104920	501(C)(3)	10,000.	0.			& GRANTMAKING FOUNDATIONS
BILLFISH FOUNDATION							
5100 N. FEDERAL HWY, STE 200							
FT. LAUDERDALE, FL 33308	59-2694327	501(C)(3)	10,000.	0.			ANIMAL-RELATED
GEORGETOWN COLLEGE							
400 EAST COLLEGE STREET							
GEORGETOWN, KY 40324	61-0444695	501(C)(3)	10,000.	0.			EDUCATION
ST. MICHAEL ORTHODOX CHURCH							
3701 SAINT MICHAEL CHURCH DR.							
LOUISVILLE, KY 40222-2081	61-0605104	CHURCH	10,000.	0.			RELIGION-RELATED
MARINE CORPS COORDINATING COUNCIL							
OF KENTUCKY, INC P.O. BOX 355 -							
PROSPECT, KY 40059	61-1195685	501(C)(3)	10,000.	0.			PUBLIC & SOCIETAL BENEFIT
LOUISVILLE SPORTS COMMISSION							
401 WEST MAIN ST. STE 2200							
LOUISVILLE, KY 40202	61-1365860	501(C)(3)	10,000.	0.			RECREATION & SPORTS

Part II Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) (a) Name and address of (c) IRC section (g) Description of (h) Purpose of grant (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) GOVERNOR'S SCHOLARS PROGRAM FOUNDATION - 1024 CAPITAL CENTER DRIVE, SUITE 210 - FRANKFORT, KY PHILANTHROPY, VOLUNTARISM 40601 61-1393028 501(C)(3) 10,000 0 GRANTMAKING FOUNDATIONS TRIMBLE COUNTY 4-H COUNCIL 43 HIGH COUNTRY LANE, PO BOX 244 BEDFORD KY 40006 61-1395204 501(C)(3) 10,000 0 YOUTH DEVELOPMENT URBAN LEAGUE OF LEXINGTON-FAYETTE COUNTY - 148 DEWEESE STREET -LEXINGTON, KY 40507 61-6054655 501(C)(3) 10,000 0 HUMAN SERVICES THINK TENNESSEE 1831 12TH AVE. SOUTH, NUMBER 105 CIVIL RIGHTS, SOCIAL NASHVILLE, TN 37203 81-2821568 501(C)(3) 10 000 0 ACTION & ADVOCACY FRIENDS OF STORY AVENUE PARK INC 1515 STORY AVE 10,000 LOUISVILLE KY 40206 81-3615372 501(C)(3) 0 ENVIRONMENT HELP US GROW FOUNDATION INC PO BOX 7925 82-0905190 10,000 LOUISVILLE, KY 40257 501(C)(3) 0 EDUCATION HOOVER INSTITUTION 434 GALVEZ MALL 94-1156365 501(C)(3) 10,000 EDUCATION STANFORD CA 94305 0 POINT LOBOS FOUNDATION 80 GARDEN COURT SUITE 106 10,000 MONTEREY CA 93940 94-2546064 501(C)(3) 0 UNKNOWN CLAREMONT GRADUATE UNIVERSITY 1021 N. DARTMOUTH AVE. CLAREMONT CA 91711 95-1664100 501(C)(3) 10,000 EDUCATION

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) SANTA BARBARA ZOO 500 NINOS DRIVE SANTA BARBARA, CA 93103 95-2268554 501(C)(3) 10,000 0 ANIMAL-RELATED ST. JAMES EPISCOPAL CHURCH 401 LAGRANGE ROAD PEWEE VALLEY, KY 40056 61-1041508 CHURCH 9.936. 0 RELIGION-RELATED BEARGRASS CHRISTIAN CHURCH 4100 SHELBYVILLE ROAD LOUISVILLE, KY 40207 61-1219287 501(C)(3) 9.813 0 RELIGION-RELATED ACADEMY OF OUR LADY OF MERCY 5801 FEGENBUSH LANE LOUISVILLE, KY 40228 61-1116388 501(C)(3) 9.655 0 EDUCATION DONORSCHOOSE INC. 134 W. 37TH ST. FLOOR 11 9.621 NEW YORK, NY 10018 13-4129457 501(C)(3) 0 EDUCATION OWENSBORO AREA SHELTER INFORMATION AND SERVICES - 315 OWENSBORO RD -61-0995748 501(C)(3) 9.607 OWENSBORO, KY 42302 0 EDUCATION TRINITY HIGH SCHOOL 4011 SHELBYVILLE ROAD 9.600 61-1256093 CHURCH EDUCATION LOUISVILLE, KY 40207 THE ARROW FUND INC. PO BOX 1127 61-1396389 9.594 PROSPECT KY 40059 501(C)(3) 0 HUMAN SERVICES HEUSER HEARING & LANGUAGE ACADEMY INC. - 111 E KENTUCKY ST. -LOUISVILLE KY 40203 61-0492369 501(C)(3) 9.586 EDUCATION

Schedule I (Form 990) INC. 31-0997017

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) CURE CF VOLUNTARY HEALTH 401 S 4TH ST STE 2200 ASSOCIATIONS & MEDICAL LOUISVILLE KY 40202 47-4095779 501(C)(3) 9.544 0 DISCIPLINES LINDSEY WILSON COLLEGE 210 LINDSEY WILSON STREET COLUMBIA, KY 42728 61-0444763 501(C)(3) 9.514 0 EDUCATION PTA KENTUCKY CONGRESS PO BOX 35444 LOUISVILLE, KY 40232-5444 61-1157139 501(C)(3) 9.480 0 EDUCATION KENTUCKY SCIENCE CENTER 727 WEST MAIN STREET ARTS, CULTURE & LOUISVILLE, KY 40202 31-1005850 501(C)(3) 9.296 0 HUMANITIES AMERICAN HEART ASSOCIATION VOLUNTARY HEALTH 240 WHITTINGTON PARKWAY ASSOCIATIONS & MEDICAL LOUISVILLE KY 40222 13-5613797 501(C)(3) 9.146. 0 DISCIPLINES EPISCOPAL CHURCH OF THE ADVENT 901 BAXTER AVE. 61-0459581 9.000 LOUISVILLE, KY 40204 CHURCH 0 RELIGION-RELATED ATHERTON HIGH SCHOOL 3000 DUNDEE ROAD LOUISVILLE KY 40205 61-6001316 GOVERNMENT 8.800 EDUCATION 0 XAVIER UNIVERSITY 3800 VICTORY PARKWAY 31-0537516 501(C)(3) 8.700 CINCINNATI OH 45207 0 EDUCATION RAPTOR REHABILITATION OF KENTUCKY INC. - PO BOX 206186 - LOUISVILLE **KY 40250** 61-1193464 501(C)(3) 8.444 ANIMAL-RELATED

Schedule I (Form 990)

Page 1

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) Part II (a) Name and address of (c) IRC section (g) Description of (h) Purpose of grant (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 assistance (book, FMV. appraisal, other) SECOND STRIDE, INC. 7204 HWY 329 PHILANTHROPY, VOLUNTARISM 20-2947614 501(C)(3) CRESTWOOD KY 40014 8.246 0 GRANTMAKING FOUNDATIONS PITT ACADEMY 7515 WESTPORT ROAD LOUISVILLE, KY 40222 23-7066205 501(C)(3) 8.054 0 EDUCATION SOS INTERNATIONAL, INC. INTERNATIONAL, FOREIGN 1500 ARLINGTON AVE AFFAIRS & NATIONAL SECURITY LOUISVILLE, KY 40206 27-2624272 501(C)(3) 8.020 0 ELEVATE INC. 13701 FOREST BEND CIRCLE LOUISVILLE, KY 40245 20-5644799 501(C)(3) 8 000 0 HUMAN SERVICES GRAND BLANC COMMUNITY SCHOOLS 11920 S. SAGINAW ST. 38-6001238 8 000 GRAND BLANC, MI 48439 GOVERNMENT 0 EDUCATION FELLOWSHIP OF CHRISTIAN ATHLETES PO BOX 21005 44-0610626 501(C)(3) 8.000. LOUISVILLE, KY 40221 0 YOUTH DEVELOPMENT COMMUNITY FOUNDATION OF LOUISVILLE DEPOSITORY - 325 W. MAIN, SUITE PHILANTHROPY, VOLUNTARISM & GRANTMAKING FOUNDATIONS 1110 - LOUISVILLE, KY 40202 31-1140889 501(C)(3) 7.700 0 TRINITY COLLEGE 300 SUMMIT ST. 06-0646927 7,600 HARTFORD CT 06106-3100 501(C)(3) 0 EDUCATION GOODFELLOWS CLUB OF OWENSBORO KENTUCKY, INC. - 401 FREDERICA STREET, #B-203 - OWENSBORO, KY 42301 61-1155143 501(C)(3) 7.575 HUMAN SERVICES

Schedule I (Form 990)

Schedule I (Form 990) INC. 31-0997017

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 (g) Description of (h) Purpose of grant (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) CREATIVE AGENTS OF CHANGE FOUNDATION, INC. - 633 E MAIN ST ARTS, CULTURE & UNIT 340 - LOUISVILLE, KY 40202 46-3469821 501(C)(3) 7.575 0 HUMANITIES ALPHA BETA LAMBDA CHAPTER EDUCATION FOUNDATION - PO BOX 1248 - LEXINGTON, KY 40588 31-0896719 501(C)(3) 7.500 0 EDUCATION IVY TECH COMMUNITY COLLEGE 8204 HIGHWAY 311 SELLERSBURG, IN 47172 35-1180631 501(C)(3) 7.500 0 EDUCATION GRAND CANYON UNIVERSITY 3300 WEST CAMELBACK ROAD PHOENIX, AZ 85017 47-2507725 501(C)(3) 7 500 0 EDUCATION THE MUSIC BOX INC 14600 WOODBLUFF TRACE ARTS, CULTURE & 51-0565474 501(C)(3) 7.500 LOUISVILLE KY 40245 0 HUMANITIES UNIVERSITY OF NORTH CAROLINA -CHARLOTTE - 9201 UNIVERSITY CITY 56-6001393 501(C)(3) 7.500 BLVD - CHARLOTTE, NC 28223 0 EDUCATION NEWBERRY COLLEGE 2100 COLLEGE STREET 57-0314404 7.500 NEWBERRY SC 29108 501(C)(3) EDUCATION 0 ST. AUGUSTINE SCHOOL 236 SOUTH SPALDING AVE. 7.500 LEBANON, KY 40033 61-0500831 CHURCH 0 RELIGION-RELATED AUSTIN COMMUNITY FOUNDATION 4315 GUADALUPE ST SUITE 300 PHILANTHROPY, VOLUNTARISM AUSTIN TX 78751 74-1934031 501(C)(3) 7.500 GRANTMAKING FOUNDATIONS

Schedule I (Form 990)

Page 1

61-6032501

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Schedule I (Form 990) INC.

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 (g) Description of (h) Purpose of grant (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) GLENDALE COMMUNITY COLLEGE 6000 WEST OLIVE AVENUE 7.500 GLENDALE AZ 85302 95-2668744 501(C)(3) 0 EDUCATION SHAMROCK FOUNDATION INC. PO BOX 24033 LOUISVILLE, KY 40224 61-1244026 501(C)(3) 7.427 0 HUMAN SERVICES BLUEGRASS CENTER FOR AUTISM 9810 BLUEGRASS PKWY LOUISVILLE, KY 40299 27-2279128 501(C)(3) 7.256 0 EDUCATION DREAM FACTORY, INC. 410 WEST CHESTNUT STREET, SUITE 53 LOUISVILLE, KY 40202 31-1009812 501(C)(3) 7,200 0 HUMAN SERVICES LA CASITA CENTER PO BOX 1844 74-3178408 7.104 LOUISVILLE, KY 40201 501(C)(3) 0 HUMAN SERVICES PENNYRILE ALLIED COMMUNITY SERVICES INC. - 55 CAREER WAY -COMMUNITY IMPROVEMENT & 61-0862133 501(C)(3) 7.101 CENTRAL CITY, KY 42330 0 CAPACITY BUILDING CAMP QUALITY KENTUCKIANA PO BOX 35474 38-2208796 501(C)(3) 7.100 LOUISVILLE KY 40232 RECREATION & SPORTS

Schedule I (Form 990)

ENVIRONMENT

EDUCATION

Page 1

31-0997017

RIVER FIELDS, INC.

1620 HEMLOCK CT LOUISVILLE KY 40211

LOUISVILLE KY 40206

SOWING SEEDS WITH FAITH

1201 STORY AVENUE SUITE 215

7.044

7.100

0

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 (g) Description of (h) Purpose of grant (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 assistance (book, FMV. appraisal, other) LOVING CHOICE PREGNANCY RESOURCE CENTER INC - PO BOX 1575 -SHELBYVILLE KY 40066 20-1410531 501(C)(3) 7.000 0 HUMAN SERVICES 100 BLACK MEN OF LOUISVILLE INC. 13200 COMPLETE COURT LOUISVILLE, KY 40223 61-1191888 501(C)(3) 7.000 0 SOCIAL SCIENCE CORPUS CHRISTI INC. PO BOX 395 61-1335590 501(C)(3) 7 000 0 HUMAN SERVICES SIMPSONVILLE KY 40067 ST. ELIZABETH CATHOLIC CHARITIES 702 E. MARKET ST. NEW ALBANY, IN 47150 35-1018460 501(C)(3) 6 980 0 RELIGION-RELATED PRESBYTERIAN HOMES & SERVICES OF KENTUCKY - 1030 ALTA VISTA -6.927 LOUISVILLE, KY 40205 61-1078924 501(C)(3) 0 HUMAN SERVICES HUMANE SOCIETY OF OLDHAM COUNTY PO BOX 727 61-1166840 501(C)(3) 6.796 LAGRANGE, KY 40031 0 ANIMAL-RELATED ALZHEIMER'S ASSOCIATION - NATIONAL CAPITAL AREA CHAPTER - 8180 VOLUNTARY HEALTH GREENSBORO DRIVE SUITE 400 -ASSOCIATIONS & MEDICAL 13-3039601 501(C)(3) 5.996 MCLEAN VA 22102 DISCIPLINES THE FORECASTLE FOUNDATION, INC. PO BOX 5305 27-3666597 LOUISVILLE KY 40255 501(C)(3) 6.644 0 EDUCATION DREAMS WITH WINGS 1579 BARDSTOWN ROAD LOUISVILLE KY 40205 61-1371540 501(C)(3) 6.595 HUMAN SERVICES

Schedule I (Form 990)

Page 1

31-0997017

832241 04-01-18

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) CAROLINE'S KIDS PET RESCUE P.O. BOX 24068 PHILANTHROPY, VOLUNTARISM 34-1932764 501(C)(3) MAYFIELD HEIGHTS OH 44124 6.407 0 GRANTMAKING FOUNDATIONS HARVEY BROWNE PRESCHOOL 311 BROWNS LANE LOUISVILLE, KY 40207 61-0529829 CHURCH 6.407 0 RELIGION-RELATED DAY SPRING FOUNDATION 3430 DAY SPRING COURT PHILANTHROPY, VOLUNTARISM LOUISVILLE, KY 40213 61-1273310 501(C)(3) 6.196 0 GRANTMAKING FOUNDATIONS BATES COMMUNITY DEVELOPMENT CENTER 1228 S. JACKSON STREET COMMUNITY IMPROVEMENT & LOUISVILLE, KY 40203 61-1303937 501(C)(3) 6 020 0 CAPACITY BUILDING COLUMBIA COLLEGE FOUNDATION 11600 COLUMBIA COLLEGE DRIVE 6 000 SONORA, CA 95370 23-7306390 501(C)(3) 0 EDUCATION SIGNS & WONDERS MINISTRIES INC. PO BOX 19041 26-1345716 6.000 LOUISVILLE, KY 40259 CHURCH 0 RELIGION-RELATED IMMACULATA CLASSICAL ACADEMY 6010 PRESTON HIGHWAY 27-3305618 501(C)(3) 6.000 LOUISVILLE, KY 40219 0 EDUCATION ONTONAGON THEATER OF PERFORMING ARTS, CULTURE & ARTS INC - PO BOX 73 - ONTONAGON, 6.000 MI 49953 38-3383058 501(C)(3) 0 HUMANITIES ECKERD COLLEGE 4200 54TH AVENUE SOUTH ST. PETERSBURG FL 33711 59-0859121 501(C)(3) 6.000 EDUCATION

Schedule I (Form 990)

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 (c) IRC section (g) Description of (h) Purpose of grant (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 assistance (book, FMV. appraisal, other) ST. MARK'S EPISCOPAL CHURCH 2822 FRANKFORT AVE. LOUISVILLE KY 40206 61-0444813 CHURCH 6.000 0 RELIGION-RELATED PORTLAND AVENUE PRESBYTERIAN CHURCH - 3126 PORTLAND AVE -LOUISVILLE, KY 40212 61-0471575 CHURCH 6.000 0 RELIGION-RELATED KENTUCKY YOUTH ADVOCATES 10200 LINN STATION ROAD SUITE 310 CIVIL RIGHTS, SOCIAL LOUISVILLE KY 40223 61-0929390 501(C)(3) 6 000 0 ACTION & ADVOCACY WESTERN KENTUCKY BOTANICAL GARDEN P.O. BOX 22562 OWENSBORO, KY 42304-2562 61-1251188 501(C)(3) 6 000 0 ENVIRONMENT WESTERN KENTUCKY UNIVERSITY FOUNDATION - 292 ALUMNI AVE. -6 000 BOWLING GREEN KY 42101 61-1251555 501(C)(3) 0 EDUCATION CHEROKEE AREA COUNCIL BOY SCOUTS OF AMERICA - 6301 LEE HIGHWAY -62-0475671 501(C)(3) 6.000 CHATTANOOGA, TN 37421 0 YOUTH DEVELOPMENT ANCHORAGE PRESBYTERIAN CHURCH 11403 PARK ROAD ANCHORAGE, KY 40223 61-0596536 CHURCH 5.904 0 RELIGION-RELATED CONGREGATION BETH ELOHIM 274 GARFIELD PLACE 5.845 BROOKLYN, NY 11215 11-1672755 501(C)(3) 0 RELIGION-RELATED JUNIOR ACHIEVEMENT, INC. INTERNATIONAL, FOREIGN 1195 WING AVENUE AFFAIRS & NATIONAL OWENSBORO, KY 42303 61-0564988 501(C)(3) 5.687 SECURITY

Schedule I (Form 990)

Page 1

832241 04-01-18 Schedule I (Form 990) INC. 31-0997017 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 (c) IRC section (g) Description of (h) Purpose of grant (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 assistance (book, FMV. appraisal, other) NORTHEAST CHRISTIAN CHURCH 9900 OLD BROWNSBORO RD. 5.650 LOUISVILLE KY 40241 61-0941327 501(C)(3) 0 RELIGION-RELATED DARTMOUTH COLLEGE 6066 DEVELOPMENT OFFICE HANOVER NH 03755 02-0222111 501(C)(3) 5.562 0 EDUCATION SAVING SUNNY, INC. 8803 STONY FIELD WAY LOUISVILLE, KY 40299 35-2379448 501(C)(3) 5.544 0 ANIMAL-RELATED MUSLIM AMERICANS FOR COMPASSION 2903 WALDOAH BEACH ROAD ARTS, CULTURE & LOUISVILLE, KY 40207 46-4191281 501(C)(3) 5.544 0 HUMANITIES DOWN SYNDROME OF LOUISVILLE 5001 S. HURSTBOURNE PKWY 5.500 LOUISVILLE, KY 40291 61-1214126 501(C)(3) 0 HEALTH CARE KIWANIS CLUB OF LOUISVILLE FOUNDATION INC. - PO BOX 965 -PHILANTHROPY, VOLUNTARISM 20-1531707 5.475 LOUISVILLE, KY 40201 501(C)(3) 0 GRANTMAKING FOUNDATIONS HIGHLANDS COMMUNITY MINISTRIES 1228 E BRECKINRIDGE STREET LOUISVILLE KY 40204 61-0708776 501(C)(3) 5.472 0 RELIGION-RELATED SAVANNAH COLLEGE OF ART & DESIGN PO BOX 2072 5.250 SAVANNAH GA 31402-2072 58-1357177 501(C)(3) 0 EDUCATION ALLIANCE FOR GIRLS 735 LAMPTON STREET, SUITE 302 LOUISVILLE KY 40203 13-4226789 501(C)(3) 5.244 YOUTH DEVELOPMENT

Schedule I (Form 990)

832241 04-01-18

Schedule I (Form 990) Page 1 31-0997017

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 (g) Description of (h) Purpose of grant (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 assistance (book, FMV. appraisal, other) SISTER CITIES OF LOUISVILLE INTERNATIONAL, FOREIGN AFFAIRS & NATIONAL 2500 MONTGOMERY STREET, SUITE 4 LOUISVILLE KY 40212 31-1013590 501(C)(3) 5,200 0 SECURITY SEED TO OAKS 1303 S. SHELBY STREET LOUISVILLE, KY 40217 46-1918089 501(C)(3) 5,200 0 RELIGION-RELATED FRIENDS OF EASTERN CEMETERY 1909 BUTTONWOOD ROAD MUTUAL & MEMBERSHIP LOUISVILLE, KY 40222 46-4278446 501(C)(3) 5.196 0 BENEFIT KENTUCKY WATERWAYS ALLIANCE, INC. 120 WEBSTER ST. #217 LOUISVILLE KY 40206 61-1239766 501(C)(3) 5 196 0 ENVIRONMENT AUBURN UNIVERSITY 108 MARY MARTIN HALL 501(C)(3) AUBURN, AL 36849 63-6000724 5.110 0 EDUCATION DOCTORS WITHOUT BORDERS INTERNATIONAL, FOREIGN PO BOX 5030 AFFAIRS & NATIONAL 13-3433452 501(C)(3) 5.100 SECURITY HAGERSTOWN, MD 21741 0 JOE'S HOUSE 505 EAST 79TH ST, SUITE 17E 33-1061624 501(C)(3) 5.100 NEW YORK, NY 10075 0 HEALTH CARE BROADWAY TEMPLE A.M.E. ZION CHURCH 1301 WEST BROADWAY 61-0598961 5.100 LOUISVILLE KY 40203 CHURCH 0 RELIGION-RELATED EPILEPSY FOUNDATION OF KENTUCKIANA VOLUNTARY HEALTH 982 EASTERN PARKWAY ASSOCIATIONS & MEDICAL LOUISVILLE KY 40217 61-1314540 501(C)(3) 5.100 DISCIPLINES

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 (h) Purpose of grant (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) ROTARY FUND OF LOUISVILLE INC. 325 W. MAIN STREET, SUITE 1808 COMMUNITY IMPROVEMENT & 61-6029858 501(C)(3) LOUISVILLE KY 40202 5,100 0 CAPACITY BUILDING PORTLAND PROMISE CENTER 1831 BAIRD STREET LOUISVILLE, KY 40251-0865 61-1210051 501(C)(3) 5.037 0 RELIGION-RELATED MASSACHUSETTS INSTITUTE OF TECHNOLOGY - 77 MASSACHUSETTS AVE. NE - CAMBRIDGE, MA 02139-4307 04-2103594 501(C)(3) 5 000 0 EDUCATION ONE STORY INC. 232 3RD STREET, # A108 BROOKLYN, NY 11215 11-3639386 501(C)(3) 5 000 0 EDUCATION NATIONAL KIDNEY FOUNDATION OF KENTUCKY - 161 ST. MATTHEWS VOLUNTARY HEALTH AVENUE, SUITE 3 - LOUISVILLE, KY ASSOCIATIONS & MEDICAL 5 000 40207 13-1673104 501(C)(3) 0 DISCIPLINES THE URSULINE SCHOOL OF NEW ROCHELLE - 1354 NORTH AVE. - NEW 13-1740495 5.000 ROCHELLE, NY 10804 501(C)(3) 0 EDUCATION DILGO KHYENTSE FELLOWSHIP 237 WEST 35 ST., SUITE 1101 5.000 13-3187080 501(C)(3) NEW YORK, NY 10001 0 UNKNOWN INTERNATIONAL CONTEMPORARY ARTS FOUNDATION - 710 WEST MAIN ST. ARTS, CULTURE & 501(C)(3) 5.000 HUMANITIES #201 - LOUISVILLE, KY 40202 20-1680864 0 WYOMING WILDLIFE FEDERATION PO BOX 1312 LANDER WY 82520 23-7002578 501(C)(3) 5.000 ANIMAL-RELATED

Schedule I (Form 990)

Page 1

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) OHIO STATE UNIVERSITY FOUNDATION 1480 WEST LANE AVENUE COLUMBUS OH 43221 31-1145986 501(C)(3) 5.000 0 EDUCATION SHOW HOPE PO BOX 647 FRANKLIN, TN 37065 32-0011220 501(C)(3) 5.000 0 HUMAN SERVICES COLLEGE OF WOOSTER 1189 BEALL AVENUE WOOSTER OH 44691 34-0714654 501(C)(3) 5 000 0 EDUCATION UNIVERSITY OF EVANSVILLE 1800 LINCOLN AVENUE, RM 214 EVANSVILLE, IN 47722 35-0868074 501(C)(3) 5 000 0 EDUCATION WABASH COLLEGE P.O. BOX 352 35-0868202 5 000 CRAWFORDSVILLE IN 47933-0352 501(C)(3) 0 EDUCATION OUR LADY OF PROVIDENCE HIGH SCHOOL 707 PROVIDENCE WAY 35-0894977 5.000 CLARKSVILLE, IN 47129 CHURCH 0 EDUCATION AED FOUNDATION INC. 650 E ALGONOUIN ROAD SUITE 305 SCHAUMBURG, IL 60173 5.000 36-3784945 501(C)(3) EDUCATION TEXAS INDEPENDENT BAPTIST SEMINARY 2200 W LOOP 281 37-1741214 501(C)(3) 5.000 LONGVIEW TX 75604 0 EDUCATION XLERATEHEALTH NON-PROFIT INC 300 E. MARKET STREET, STE. 260 COMMUNITY IMPROVEMENT & LOUISVILLE KY 40202 46-1319390 501(C)(3) 5.000 CAPACITY BUILDING

Schedule I (Form 990)

Page 1

832241 04-01-18

Continuation of Grants and Other Assistance to Governments and Organizations in the United States (Schedule I (Form 990), Part II.) Part II (a) Name and address of (c) IRC section (g) Description of (h) Purpose of grant (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) LOVE THY NEIGHBORHOOD 1143 S 3RD STREET STE B PHILANTHROPY, VOLUNTARISM 46-4428574 501(C)(3) LOUISVILLE KY 40203 5.000 0 GRANTMAKING FOUNDATIONS MIDLAND INSTITUTE FOR ENTREPRENEURSHIP - 1201 NETWORK CENTRE DR - EFFINGHAM, IL 62401 47-4275347 501(C)(3) 5.000 0 EDUCATION DISABLED AMERICAN VETERANS CHARITABLE SERVICE TRUST, INC. -3725 ALEXANDRIA PIKE - COLD SPRING KY 41076 52-1521276 501(C)(3) 5 000 0 PUBLIC & SOCIETAL BENEFIT UNIVERSITY OF VIRGINIA DARDEN SCHOOL FOUNDATION - P.O.BOX 7726 CHARLOTTESVILLE, VA 22906-7726 54-6046419 501(C)(3) 5 000 0 EDUCATION ARTHRITIS FOUNDATION - KENTUCKY VOLUNTARY HEALTH BRANCH - 2908 BROWNSBORO RD. ASSOCIATIONS & MEDICAL 5 000 #S-117 - LOUISVILLE, KY 40206 58-1341679 501(C)(3) 0 DISCIPLINES SAMARITAN'S PURSE P.O. BOX 3000 58-1437002 5.000 BOONE, NC 28607 501(C)(3) 0 RELIGION-RELATED UNIVERSITY OF GEORGIA 220 HOLMES 58-6001998 501(C)(3) 5.000 EDUCATION ATHENS GA 31069 0 GULFSTREAM SCHOOL 3600 GULF STREAM RD. 5.000 GULF STREAM FL 33483-7499 59-0977808 501(C)(3) 0 EDUCATION SACRED HEART FOUNDATION 2200 AIRPORT BLVD., 2ND FLOOR PENSACOLA FL 32504 59-2436597 501(C)(3) 5.000 HEALTH CARE

Schedule I (Form 990)

Page 1

Schedule I (Form 990) INC. 31-0997017 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 (c) IRC section (g) Description of (h) Purpose of grant (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) NEW WORLD SYMPHONY INC 500 17TH STREET 59-2809056 501(C)(3) MIAMI BEACH, FL 33139 5.000 0 EDUCATION HOLY ANGELS ACADEMY 12201 OLD HENRY RD LOUISVILLE, KY 40223 61-0845326 501(C)(3) 5.000 0 EDUCATION MULTI-PURPOSE COMMUNITY ACTION AGENCY INC. - P. O. BOX 305 -SHELBYVILLE KY 40066-0305 61-0867061 501(C)(3) 5 000 0 HUMAN SERVICES KENTUCKY FISH & WILDLIFE EDUCATION AND RESOURCE FOUNDATION - 1 SPORTSMAN'S LANE - FRANKFORT, KY 40601 61-1273612 501(C)(3) 5 000 0 EDUCATION RE: CENTER MINISTRIES 733 EAST JEFFERSON ST. 5 000 LOUISVILLE KY 40202 61-1328488 501(C)(3) 0 RELIGION-RELATED FAMILY OF GOD CHRISTIAN FELLOWSHIP 134 SOUTH MAIN STREET 61-1846913 5.000 HARRODSBURG, KY 40330 CHURCH 0 RELIGION-RELATED UNIVERSITY OF ALABAMA AT BIRMINGHAM - 1720 2ND AVE. SOUTH BIRMINGHAM AL 35294-0013 63-6005396 501(C)(3) 5.000 0 EDUCATION GODCHAUX-RESERVE HOUSE HISTORICAL SOCIETY - PO BOX 2129 - RESERVE, ARTS, CULTURE & 5.000 HUMANITIES LA 70084 72-1338246 501(C)(3) 0 FOCUS BASKETBALL ACADEMY INC 2041 RIVER ROAD LOUISVILLE KY 40206 83-2496747 501(C)(3) 5.000 RECREATION & SPORTS

Schedule I (Form 990)

Schedule I (Form 990) INC. 31-0997017 Page 1

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 assistance (book, FMV. appraisal, other) CHILDREN'S HOSPITAL LOS ANGELES 4650 SUNSET BLVD #29 5.000 LOS ANGELES, CA 90027 95-1690977 501(C)(3) 0 HEALTH CARE CELIAC DISEASE FOUNDATION VOLUNTARY HEALTH 20350 VENTURA BLVD SUITE 240 ASSOCIATIONS & MEDICAL WOODLAND HILLS, CA 91364 95-4310830 501(C)(3) 5.000 0 DISCIPLINES FLORIDA STATE UNIVERSITY UNIVERSITY CENTER, SUITE 4400A TALLAHASSEE, FL 32306 59-1961248 501(C)(3) 5.000 0 EDUCATION MONTANA STATE UNIVERSITY PO BOX 174160 BOZEMAN, MT 59717-4160 81-6010045 501(C)(3) 5 000 0 EDUCATION EAST JESSAMINE HIGH SCHOOL 815 SULPHUR WELL PIKE 11.096 NICHOLASVILLE, KY 40356 61-6001337 GOVERNMENT 0 EDUCATION UNIVERSITY OF WISCONSIN - OSHKOSH 800 ALGOMA BLVD 39-1805963 501(C)(3) 7.500 OSHKOSH, WI 54901 0 EDUCATION UNIVERSITY OF WISCONSIN -WHITEWATER - 130 HYER HALL, 800 WEST MAIN ST - WHITEWATER, WI 53190 39-0743975 7.500 501(C)(3) EDUCATION 0 VIRGINIA COLLEGE 5005 50TH STREET 501(C)(3) 7.500 LUBBOCK TX 79414 0 EDUCATION

Schedule I (Form 990)

Part III Grants and Other Assistance to Domestic Individuals. Complete if the organization answered "Yes" on Form 990, Part IV, line 22.

31-0997017

Page 2

Part III can be duplicated if additional space is needed.					
(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non- cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
		0.0.111	4)	1.00	
Part IV Supplemental Information. Provide the information rec	juired in Part I, Iir	ne 2; Part III, column	(b); and any other a	dditional information.	
PART I, LINE 2:					
THE ORGANIZATION USES GUIDESTAR.ORG TO CONFIRM THAT	THE RECIPIE	NT			
ODGINITARIONG ADD IN GOOD GENERALS DRIVE TO MAKING	MILL DONAMION	LHIDN DID			
ORGANIZATIONS ARE IN GOOD STANDING PRIOR TO MAKING	THE DONATION	. WHEN THE			
DONATION IS SENT THE FOLLOWING INFORMATION IS PROVE	DED TO EACH	GRANT			
RECIPIENT:					
"BY DEPOSITING THIS CHECK, YOUR ORGANIZATION CERTIF	FIES THAT NO	INDIVIDUALS			
OR ENTITIES CONNECTED WITH THE DONOR RECEIVED ANY	ANGIBLE BENE	FITS, GOODS,			
OR OTHER SERVICES (E.G. EVENT TICKETS, MEMBERSHIP I	EES, TUITION	OR ITEMS			

83

Schedule I (Form 990) INC.	31-0997017	Page 2
Part IV Supplemental Information		
PURCHASED AT AUCTION). YOUR ORGANIZATION ALSO CERTIFIES IT CONTINUES TO BE		
DUDITORY GUDDANIED AND EVENUE UNDER THE CODE GEGETAN 501/G//2/ AC A FORGE		
PUBLICLY SUPPORTED AND EXEMPT UNDER IRS CODE SECTION 501(C)(3). AS A FORCE		
FOR GOOD, THE COMMUNITY FOUNDATION OF LOUISVILLE IS PROUD TO SUPPORT THE		
WORK OF YOUR ORGANIZATION. IF YOU HAVE ANY QUESTIONS REGARDING THIS GRANT,		
PLEASE CONTACT US AT 502-585-4649 OR GRANTS@CFLOUISVILLE.ORG."		
PLEASE CONTACT US AT 502-365-4649 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		
DONOR ADDO AGREED THAT THE ARE NOT RECEIVING ANT TANGIBLE DEMENTI, GOOD OR		
SERVICE.		
-		

Schedule I (Form 990)

SCHEDULE J (Form 990)

Department of the Treasury

Internal Revenue Service

Compensation Information

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

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

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

► Attach to Form 990.

OMB No. 1545-0047

Inspection

Employer identification number

Name of the organization

THE COMMUNITY FOUNDATION OF LOUISVILLE,

31-0997017 **Questions Regarding Compensation**

Yes No 1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items. 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 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 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. X Compensation committee Written employment contract x Compensation survey or study x 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: a Receive a severance payment or change-of-control payment? Х b Participate in, or receive payment from, a supplemental nonqualified retirement plan? Х c Participate in, or receive payment from, an equity-based compensation arrangement? Х If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III. Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9. 5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of: a The organization? Х **b** Any related organization? Х If "Yes" on line 5a or 5b, describe in Part III. 6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of: a The organization? 6a Х **b** Any related organization? Х 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 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 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

Schedule J (Form 990) 2018

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

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

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

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

87

832113 10-26-18

SCHEDULE M (Form 990)

Noncash Contributions

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

OMB No. 1545-0047

Department of the Treasury Internal Revenue Service

Name of the organization

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

THE COMMUNITY FOUNDATION OF LOUISVILLE,

Employer identification number 31-0997017

Schedule M (Form 990) 2018

Part I 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 Cars and other vehicles 6 7 Boats and planes Intellectual property 8 Securities - Publicly traded 9 140 Х 8,350,594.FMV Securities - Closely held stock 10 Х 100 000 FMV 11 Securities - Partnership, LLC, or trust interests 13.700.000.FMV 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,

832141 10-18-18

LHA

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

832142 10-18-18 Schedule M (Form 990) 2018

SCHEDULE O

(Form 990 or 990-EZ)

Department of the Treasury

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.

2018
Open to Public Inspection

Internal Revenue Service

Name of the organization

THE COMMUNITY FOUNDATION OF LOUISVILLE, INC.

Employer identification number 31-0997017

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 CHIEF FINANCIAL OFFICER FORM 990, PART VI, SECTION B, LINE 12C: EACH BOARD MEMBER, VOLUNTEER AND STAFF MEMBER IS REQUESTED TO PROVIDE ANNUALLY TO THE PRESIDENT OF THE FOUNDATION A LIST OF OFFICES AND DIRECTORSHIPS HE OR SHE HOLDS IN CHARITABLE AND BUSINESS ORGANIZATIONS, AND TO IDENTIFY HIS OR HER PLACE OF EMPLOYMENT OR PRINCIPAL BUSINESS ACTIVITY. BOARD MEMBERS, VOLUNTEERS AND STAFF MEMBERS SHOULD ALSO 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 THE FOUNDATION OR IN THE CASE OF A COMMITTEE, TO THE CHAIRPERSON OF THAT COMMITTEE. THE MINUTES OF THE MEETING SHOULD REFLECT THAT APPROPRIATE DISCLOSURE WAS MADE

AND THAT THE INTERESTED PARTY ABSTAINED FROM VOTING

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

INC.	31-0997017
FORM 990, PART VI, SECTION B, LINE 15:	
THE ORGANIZATION HAS A COMPENSATION COMMITTEE THAT ANNUALLY REVIEWS	_
INDUSTRY SURVEY INFORMATION TO DETERMINE A FAIR AND REASONABLE COMPENSATION	
FOR THE OFFICERS AND KEY EMPLOYEES. THE PRESIDENT'S AND OFFICERS'	
COMPENSATION IS THEN APPROVED BY THE COMPENSATION COMMITTEE. COMPENSATION	
FOR ALL EMPLOYEES IS APPROVED BY THE COMPENSATION COMMITTEE AND BOARD.	
FORM 990, PART VI, SECTION C, LINE 19:	
THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST	
POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.	
FORM 990, PART XII, LINE 2C	
THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.	
THE COMMUNITY FOUNDATION OF LOUISVILLE IS AUDITED AS PART OF THE	
COMMUNITY FOUNDATION OF LOUISVILLE COMBINED GROUP. THE COMMUNITY	
FOUNDATION OF LOUISVILLE IS INCLUDED IN THE COMMUNITY FOUNDATION OF	
LOUISVILLE COMBINED FINANCIAL STATEMENTS.	
THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT OVERSEES THE AUDIT OF THE	
FINANCIAL STATMENTS AND THE SELECTION OF THE INDEPENDENT AUDITOR FOR	
THE COMBINED GROUP.	
INE COMBINED GROOF.	_

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 the organization	THE COMMUNITY FOUNDATION OF LOUISVILLE,	Employer identification number
	INC.	31-0997017

(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	Section 5 contr enti	olled
				501(c)(3))		Yes	No
THE COMMUNITY FOUNDATION OF LOUISVILLE	_				COMMUNITY		
DEPOSITORY - 31-1140889, 325 W. MAIN STREET,	FACILITATE INDIVIDUAL				FOUNDATION OF		
SUITE 1110, LOUISVILLE, KY 40202	DONORS' CHARITABLE GIVING	KENTUCKY	501(C)(3)	7	LOUISVILLE, INC.	Х	
THE COMMUNITY FOUNDATION OF LOUISVILLE					COMMUNITY		
CORPORATE DEPOSITORY - 61-1100993, 325 W.	FACILITATE INDIVIDUAL				FOUNDATION OF		
MAIN STREET, SUITE 1110, LOUISVILLE, KY	DONORS' CHARITABLE GIVING	KENTUCKY	501(C)(3)	7	LOUISVILLE, INC.	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 I	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 I	LOUISVILLE, INC.	х	

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

Schedule R (Form 990) 2018

Part I Identification of Disregarded Entities. Complete if the organization answered "Yes" on Form 990, Part IV, line 33.

Schedule R (Form 990)

INC. 31-0997017

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	contr	512(b)(13) rolled zation?
LOUISVILLE ORCHESTRA FOUNDATION, INC	TYPE I SUPPORTING					res	NO
20-1546969, 323 W. BROADWAY, SUITE 700,	ORGANIZATION - MAINTAIN				LOUISVILLE		
LOUISVILLE, KY 40202	AND RECEIVE CONTRIBUTIONS	KENTUCKY	501(C)(3)	11 TYPE I	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 I	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?	(i) Code V-UBI amount in box 20 of Schedule	Gener mana partr	al or Pe	(k) Percentage ownership
		country)		Sections 512-514)			Yes	No	K-1 (Form 1065)	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	(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	Sec 512(l contr ent	(i) ction (b)(13) crolled tity?
		country)		or trasty		400010		Yes	No
-									
-									
									<u></u>
									
		0.4							<u></u>

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

	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 or		_						
	Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity						Х		
	Gift, grant, or capital contribution to related organization(s)					Х			
С	Gift, grant, or capital contribution from related organization(s)				. 1c	Х			
d	Loans or loan guarantees to or for related organization(s)				. 1d		Х		
е	Loans or loan guarantees by related organization(s)				. 1e		Х		
f	Dividends from related organization(s)				. 1f		Х		
	Sale of assets to related organization(s)						Х		
h	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		
	Performance of services or membership or fundraising solicitations for related organization						Х		
	Performance of services or membership or fundraising solicitations by related organization(Х		
	Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)					Х			
						Х			
р	Reimbursement paid to related organization(s) for expenses				1p		х		
							Х		
·									
r	Other transfer of cash or property to related organization(s)				1r		х		
							Х		
						I			
	(2)	(h)	(a)	(4)					
			Amount involved	Method of determining amount in	nvolved				
	tyr	pe (a-s)		Č					
1) (COMMUNITY FOUNDATION OF LOUSVILLE DEPOSITORY INC.	С	1 430 076.	FMV					
	, ,		-,,						
2) (COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY INC	C	625 218	rwv					
		_	,,						
3) 1	THE REAL ESTATE ASSET LEGACY FOUNDATION OF KENTUCKY INC	C	2 496 500	rwv					
	100 100 100 100 100 100 100 100 100 100		2,250,000.						
4)									
-,									
5)									
-,									
6)									
-1	Parameter paid to related organization(s) Provided to related organization(s) for expenses Reimbursement paid by related organization(s) for expenses Provided transfer of cash or property to related organization(s) Softer transfer of cash or property from related organization(s) If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction threshore (a) Name of related organization Transaction type (a-s) COMMUNITY FOUNDATION OF LOUSVILLE DEPOSITORY, INC. C 1,430,076,FMV THE REAL ESTATE ASSET LEGACY FOUNDATION OF KENTUCKY, INC. C 2,496,500,FMV								

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	Dispr tion alloca	opor- nate tions?	or odriodalo it i	Gener mana partr Yes	al or F ging her?	(k) Percentage ownership

Schedule R (Form 990) 2018 INC.	31-0997017	Page 5
Part VII Supplemental Information.		
Provide additional information for responses to questions on Schedule R. See instructions.		
PART II, IDENTIFICATION OF RELATED TAX-EXEMPT ORGANIZATIONS:		
NAME, ADDRESS, AND EIN OF RELATED ORGANIZATION:		
THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY		
EIN: 61-1100993		
205 W WYTH GENERAL GUTER 4440		
325 W. MAIN STREET, SUITE 1110		
TOUTOUTLE WY 40000		
LOUISVILLE, KY 40202		

832165 10-02-18

EXTENDED TO MAY 15, 2020 Form **990-T** Exempt Organization Business Income Tax Return OMB No. 1545-0687 (and proxy tax under section 6033(e)) For calendar year 2018 or other tax year beginning JUL 1 2018 _ , and ending JUN 30 2019 ► Go to www.irs.gov/Form990T for instructions and the latest information. Department of the Treasury Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3). Internal Revenue Service D Employer identification number Check box if Name of organization (Check box if name changed and see instructions.) (Employees' trust, see address changed THE COMMUNITY FOUNDATION OF LOUISVILLE, instructions.) Exempt under section Print 31-0997017 F Unrelated business activity code x = 501(c)(3)٥r Number, street, and room or suite no. If a P.O. box, see instructions. (See instructions.) Type 408(e) 220(e) 325 W MAIN ST. NO. 1110 City or town, state or province, country, and ZIP or foreign postal code 408A 530(a) 529(a) LOUISVILLE KY 40202 523000 Book value of all assets at end of year **F** Group exemption number (See instructions.) **G** Check organization type \triangleright x 501(c) corporation 501(c) trust 401(a) trust Other trust 440 534 869. **H** Enter the number of the organization's unrelated trades or businesses. Describe the only (or first) unrelated . If only one, complete Parts I-V. If more than one, trade or business here Investment in Pass-through entities describe the first in the blank space at the end of the previous sentence, complete Parts I and II, complete a Schedule M for each additional trade or business, then complete Parts III-V. During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? X No If "Yes," enter the name and identifying number of the parent corporation. J The books are in care of ► MATTHEW L BACON Telephone number ► 502-585-4649 Part I Unrelated Trade or Business Income (A) Income (B) Expenses (C) Net 1a Gross receipts or sales c Balance **b** Less returns and allowances 1c Cost of goods sold (Schedule A, line 7) 2 Gross profit. Subtract line 2 from line 1c 3 4a Capital gain net income (attach Schedule D) 4a 62 62 **b** Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797) 4b c Capital loss deduction for trusts 4c 5 Income (loss) from a partnership or an S corporation (attach statement) -13,221 -13 221 STMT 1 Rent income (Schedule C) 6 6 Unrelated debt-financed income (Schedule E) Interest, annuities, royalties, and rents from a controlled organization (Schedule F) 8 Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G) 9 Exploited exempt activity income (Schedule I) 10 10 11 Advertising income (Schedule J) 11 12 Other income (See instructions; attach schedule) Total. Combine lines 3 through 12 -13 159 -13,159 **Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.) (Except for contributions, deductions must be directly connected with the unrelated business income.) Compensation of officers, directors, and trustees (Schedule K) 15 Salaries and wages 15 Repairs and maintenance 16 17 17 Interest (attach schedule) (see instructions) 18 18 19 19 Taxes and licenses Charitable contributions (See instructions for limitation rules) 20 Depreciation (attach Form 4562) 21 21 22 Less depreciation claimed on Schedule A and elsewhere on return 22a 22b 23 23 Contributions to deferred compensation plans 24 24

Form **990-T** (2018)

-13,159.

-13.159.

25

26

28

30

31 32

Employee benefit programs

Excess readership costs (Schedule J)

Total deductions. Add lines 14 through 28

Excess exempt expenses (Schedule I)

Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13

Deduction for net operating loss arising in tax years beginning on or after January 1, 2018 (see instructions)

Other deductions (attach schedule)

25

26

27

28

29 30

31

		THE CONSTRUCTION TO THE OWN OF										
Form 990-T	(2018)	THE COMMUNITY FOUNDATION OF	LOUISVILLE,				24 000	5015			Page	
Part I		INC. Total Unrelated Business Taxal	hla Incomo				31-099	7017			rage	_
					,	\		-				_
33		of unrelated business taxable income comput							33	-1	3,15	9
34		nts paid for disallowed fringes							34			_
35		tion for net operating loss arising in tax years				STI	IT 2		35			0
36	Total	of unrelated business taxable income before s	pecific deduction. Subtr	act line 35 from th	ie sum of							
	lines 3	33 and 34							36	-1	3,15	9
37	Specif	ic deduction (Generally \$1,000, but see line 3	7 instructions for excep	tions)				L	37		1,00	0
38	Unrel	ated business taxable income. Subtract line	37 from line 36. If line 3	7 is greater than li	ne 36,							
	enter	the smaller of zero or line 36							38	-1	3 . 15	9
Part I	VT	ax Computation									•	
39	Organ	izations Taxable as Corporations. Multiply li	ine 38 by 21% (0.21)						39			0
40		Taxable at Trust Rates. See instructions for										-
			m 1041)						40			
41								. –	41			-
		tax. See instructions						_				-
42		ative minimum tax (trusts only)							42			_
43		Noncompliant Facility Income. See instruc							43			_
44		Add lines 41, 42, and 43 to line 39 or 40, wh	icnever applies						44			0
Part \		ax and Payments			1 1							_
45 a	Foreig	n tax credit (corporations attach Form 1118;	trusts attach Form 1116	i)	45a			_				
C	Gener	al business credit. Attach Form 3800			45c							
		for prior year minimum tax (attach Form 880										
е	Total	credits. Add lines 45a through 45d							45e			
46	Subtra	act line 45e from line 44							46			0
47	Other	taxes. Check if from: Form 4255	Form 8611 Form	8697 Form	8866	Other	(attach schedu	ıle)	47			
48		tax. Add lines 46 and 47 (see instructions)							48			n
49		net 965 tax liability paid from Form 965-A or I							49			0
		ents: A 2017 overpayment credited to 2018							70		<u> </u>	_
								-				
		estimated tax payments						_				
		eposited with Form 8868					2,3	00.				
	-	n organizations: Tax paid or withheld at source						_				
		p withholding (see instructions)						_				
		for small employer health insurance premiun			50f			_				
g	Other	credits, adjustments, and payments: Fo										
		Form 4136 Ot	her	Total	► 50g							
51	Total	payments. Add lines 50a through 50g		<u></u>					51		2,30	0
52	Estima	ated tax penalty (see instructions). Check if Fo	orm 2220 is attached 🕨	· 🗀				L	52			
53	Tax d	ue. If line 51 is less than the total of lines 48,	49, and 52, enter amour	nt owed					53			
54	Overp	ayment. If line 51 is larger than the total of lir	nes 48, 49, and 52, ente	r amount overpaid				▶	54		2.30	0
55	Enter	the amount of line 54 you want: Credited to 2	019 estimated tax	•			funded	▶□	55		2.30	
Part \		Statements Regarding Certain		ther Informa	ation (see			-			_,	
56		time during the 2018 calendar year, did the o								Yes	s No	`
•		financial account (bank, securities, or other)	•	•			-			1.00	,	Ĺ
		N Form 114, Report of Foreign Bank and Fina			-							
		, ,	iiolai Accounts. II 163,	citici tiic name or	uic iorcigii	Country						
	here	-	Catally at a first	that a second of a							X	
57		g the tax year, did the organization receive a d		it the grantor of, o	r transteror	7 to, a to	reign trust?				X	_
		," see instructions for other forms the organiz										
58		the amount of tax-exempt interest received or	•						 			_
0:		der penalties of perjury, I declare that I have examined rect, and complete. Declaration of preparer (other that						knowle	dge and be	elief, it is true,		
Sign		. ,	, , ,			,	-	Mav	the IRS dis	cuss this retur	rn with	-
Here		•		INTERIM	PRESIDEN	NT & C	CEO	-		own below (se		
		Signature of officer	Date	Title			-	instru	uctions)?	X Yes	No	0
		Print/Type preparer's name	Preparer's signature		Date		Check	if	PTIN			
Paid							self- employ					
	**	REBECCA L. PHILLIPS, CPA			04/13/20		Jp10;	,	PUUU.	24055		
Prepa	rer		ı		-, 15, 20		T			_ 1000		-

Phone no. (502)749-1900 Form **990-T** (2018)

27-1235638

Use Only

823711 01-09-19

Firm's name MCM CPAS & ADVISORS LLP

Firm's address ► LOUISVILLE, KY 40202-3445

462 S. FOURTH ST., SUITE 2600

Firm's EIN

Form 990-T (2018) INC. 31-0997017 Page 3

Schedule A - Cost of Goods	Sold. Enter	method of inven	tory valuation N/A					
1 Inventory at beginning of year			6 Inventory at end of year	r		6		
2 Purchases			7 Cost of goods sold. Su					
3 Cost of labor					art I,			
4 a Additional section 263A costs			line 2		7			
(attach schedule)	4a	8 Do the rules of section 263A (with respect to					Yes	No
b Other costs (attach schedule)		property produced or a	cquired	for resale) apply to				
5 Total. Add lines 1 through 4b			the organization?					
Schedule C - Rent Income ((see instructions)	From Real	Property and	d Personal Property I	Lease	ed With Real Pro	per	ty)	
Description of property								
(1)								
(2)								
(3)								
(4)								
	2. Rent receive	ed or accrued			0/2) Deductions discoul			
(a) From personal property (if the per rent for personal property is more 10% but not more than 50%)	than	of rent for p	nd personal property (if the percenta ersonal property exceeds 50% or if t is based on profit or income)	ige	3(a) Deductions directl columns 2(a) a		(attach schedule)	n
(1)								
(2)								
(3)								
(4)								
Total	0.	Total		0.				
(c) Total income. Add totals of columns 2 here and on page 1, Part I, line 6, column		ter >		0.	(b) Total deductions. Enter here and on page 1, Part I, line 6, column (B)	. ▶		0
Schedule E - Unrelated Deb	t-Financed	Income (see	instructions)					
			2. Gross income from		Deductions directly cor to debt-finan	nnected iced pro	with or allocable operty	
1. Description of debt-fin	anced property		or allocable to debt- financed property	(a)	Straight line depreciation (attach schedule)		(b) Other deduction (attach schedule)	is
(1)								
(2)								
(3)								
(4)								
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	of or a debt-fina	adjusted basis illocable to nced property n schedule)	6. Column 4 divided by column 5		7. Gross income reportable (column 2 x column 6)		8. Allocable deduct (column 6 x total of co 3(a) and 3(b))	
(1)			%					
(2)			%					
(3)			%					
(4)			%					
					ater here and on page 1, art I, line 7, column (A).		Enter here and on pag Part I, line 7, column	
Totals			>			0.		0
Total dividends-received deductions inc	cluded in column	18				•		0

Form **990-T** (2018)

Schedule F - Interest, I		o, noyal	uco, a	1	Controlled O			_auUl	is (see ins	uction	ગ
Name of controlled organization		2. Empidentific	cation	3. Net unr	related income instructions)	4. Tot	al of specified nents made	includ	t of column 4 ed in the cont ation's gross i	rolling	6. Deductions directly connected with income in column 5
(1)											
(2)											
(3)											
(4)											
Nonexempt Controlled Organia				T			40			44 -	
7. Taxable Income		nrelated incom ee instructions		9. Total	of specified payı made	nents	10. Part of colu in the controll gross	mn 9 tha ing orgar s income	nization's		ductions directly connected income in column 10
(1)											
(2)											
(3)											
(4)											
Totals						>	Add colur Enter here and line 8,		e 1, Part I,	Enter h	d columns 6 and 11. ere and on page 1, Part I, line 8, column (B).
Schedule G - Investme (see instr		ne of a	Sectio	n 501(c)(7), (9), or	(17) Or	ganizatior	1			
	ription of incor	me			2. Amount of	income	 Deduction directly connected (attach schedule) 	ected	4. Set-a (attach s		5. Total deductions and set-asides (col. 3 plus col. 4)
(1)											
(2)											
(3) (4)											
Totals Schedule I - Exploited	Exempt	Activity	Incom	► ne, Othe	Enter here and Part I, line 9, co	lumn (A).	ng Income	ə			Enter here and on page 1 Part I, line 9, column (B).
(see instru	-	ross business e from	3. Ex directly with proof un	spenses connected roduction related ss income	4. Net incomfrom unrelated business (cominus columgain, compute through	ne (loss) I trade or Ilumn 2 n 3). If a	5. Gross inco from activity is not unrela business inco	ome that ted	6. Exp attributa colur	able to	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)					ļ						
(4)	Enter here page 1, line 10, o	Part I,	page	ere and on 1, Part I, I, col. (B).							Enter here and on page 1, Part II, line 26.
Totals		0.		0.							0
Schedule J - Advertisi											
Part I Income From I	Periodic	als Rep	orted o	n a Con	solidated	Basis					
1. Name of periodical		2. Gross advertising income	adv	3. Direct vertising costs	4. Advert or (loss) (co col. 3). If a ga cols. 5 th	ol. 2 minus	5. Circula income		6. Reade cost		7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)											
(2)											
(3)											
(4)											
Totals (carry to Part II, line (5))	▶		0.		0.						0
											Form 990-T (2018)

823731 01-09-19

Form 990-T (2018) INC.

Part II Income From Periodicals Reported on a Separate Basis (For each periodical listed in Part II, fill in columns 2 through 7 on a line-by-line basis.)

•	•	•				
1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
Totals from Part I	0.	0.				0.
	Enter here and on page 1, Part I, line 11, col. (A).	Enter here and on page 1, Part I, line 11, col. (B).				Enter here and on page 1, Part II, line 27.
Totals, Part II (lines 1-5)	0.	0.				0.
Sahadula K Campanastia	n of Officers	Directore one	Tructoon (and in	structions)		•

Schedule K - Compensation of Officers, Directors, and Trustees (see instructions)

1. Name	2. Title	3. Percent of time devoted to business	Compensation attributable to unrelated business
(1)		%	
(2)		%	
(3)		%	
(4)		%	
Total . Enter here and on page 1, Part II, line 14		•	0

Form 990-T (2018)

FORM 990-T	INCOL	ME (LOSS) FROM	PARTNERSHIPS	STATEMENT 1
DESCRIPTIO	N			NET INCOME OR (LOSS)
PRICE INVE	UND II LP - ORDINA STMENT LIMITED PART USINESS INCOME		•	-13,097. -167.
OAKTREE CA	PITAL GROUP, LLC -	OTHER PORTFOL	IO INCOME (LOSS)	43.
TOTAL INCL	UDED ON FORM 990-T	, PAGE 1, LINE	: 5	-13,221.
		, PAGE 1, LINE		-13,221. STATEMENT 2
TOTAL INCLUFORM 990-T				
FORM 990-T	NET	OPERATING LOSS PREVIOUSLY APPLIED	S DEDUCTION LOSS	STATEMENT 2 AVAILABLE
FORM 990-T	LOSS SUSTAINED	OPERATING LOSS PREVIOUSLY APPLIED	LOSS REMAINING	STATEMENT 2 AVAILABLE THIS YEAR

SCHEDULE D (Form 1120)

Department of the Treasury Internal Revenue Service

Capital Gains and Losses

► Attach to Form 1120, 1120-C, 1120-F, 1120-FSC, 1120-H, 1120-IC-DISC, 1120-L, 1120-ND, 1120-PC, 1120-POL, 1120-RIC, 1120-SF, or certain Forms 990-T.

► Go to www.irs.gov/Form1120 for instructions and the latest information.

OMB No. 1545-0123

Name

THE COMMUNITY FOUNDATION OF LOUISVILLE,

Employer identification number

Part I Short-Term Capital Ga	ins and Losses (See	instructions)		<u>31-0</u>	997017
See instructions for how to figure the amounts	,	inoti dotiono.j			
to enter on the lines below. This form may be easier to complete if you	(d) Proceeds (sales price)	(e) Cost (or other basis)	(g) Adjustments to gai or loss from Form(s) 894 Part I, line 2, column (g	n 9,)	(h) Gain or (loss). Subtract column (e) from column (d) and combine the result with column (g)
round off cents to whole dollars.	` ' '	,	, ,		
1a Totals for all short-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 1b					
1b Totals for all transactions reported on					
Form(s) 8949 with Box A checked					
2 Totals for all transactions reported on					
Form(s) 8949 with Box B checked					
3 Totals for all transactions reported on					
Form(s) 8949 with Box C checked					
4 Short-term capital gain from installment sales	s from Form 6252, line 26 or 3	7		4	
5 Short-term capital gain or (loss) from like-kin				5	
6 Unused capital loss carryover (attach comput				6	(
7 Net short-term capital gain or (loss). Combin				7	
Part II Long-Term Capital Ga	ins and Losses (See i	nstructions.)			
See instructions for how to figure the amounts to enter on the lines below.	(d) Proceeds	(e) Cost	(g) Adjustments to gai or loss from Form(s) 894	9,	(h) Gain or (loss). Subtract column (e) from column (d) and
This form may be easier to complete if you round off cents to whole dollars.	(sales price)	(or other basis)	Part II, line 2, column (g)	combine the result with column (g)
8a Totals for all long-term transactions reported on Form 1099-B for which basis was reported to the IRS and for which you have no adjustments (see instructions). However, if you choose to report all these transactions on Form 8949, leave this line blank and go to line 8b					
8b Totals for all transactions reported on					
Form(s) 8949 with Box D checked					
9 Totals for all transactions reported on					
Form(s) 8949 with Box E checked					
10 Totals for all transactions reported on					
Form(s) 8949 with Box F checked					62.
				11	
12 Long-term capital gain from installment sales	s from Form 6252, line 26 or 3	7		12	
13 Long-term capital gain or (loss) from like-kin	d exchanges from Form 8824			13	
14 Capital gain distributions				14	
15 Net long-term capital gain or (loss). Combin		n h		15	62.
Part III Summary of Parts I an					
16 Enter excess of net short-term capital gain (li				16	
17 Net capital gain. Enter excess of net long-tern	,	. ,	,	17	62.
18 Add lines 16 and 17. Enter here and on Form		oper line on other returns		18	62.
Note: If losses exceed gains, see Capital loss	ses in the instructions.				

JWA For Paperwork Reduction Act Notice, see the Instructions for Form 1120. Schedule D (Form 1120) 2018

Name(s) shown on return. Name and SSN or taxpayer identification no. not required if shown on page 1

THE COMMUNITY FOUNDATION OF LOUISVILLE,

INC.

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement (s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your

Before you check Box D, E, or F below, see whether you received any Form(s) 1099-B or substitute statement(s) from your broker. A substitute statement will have the same information as Form 1099-B. Either will show whether your basis (usually your cost) was reported to the IRS by your broker and may even tell you which box to check.

Part II Long-Term. Transactions involving capital assets you held more than 1 year are generally long-term (see instructions). For short-term transactions,

see page 1.

Note: You may aggregate all long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS and for which no adjustments or codes are required. Enter the totals directly on Schedule D, line 8a; you aren't required to report these transactions on Form 8949 (see instructions).

You must check Box D, E, or F below. Check only one box. If more than one box applies for your long-term transactions, complete a separate Form 8949, page 2, for each applicable box. If you have more long-term transactions than will fit on this page for one or more of the boxes, complete as many forms with the same box checked as you need.

(D) Long-term transactions reported on Form(s) 1099-B showing basis was reported to the IRS (see **Note** above)

(E) Long-term transactions reported on Form(s) 1099-B showing basis wasn't reported to the IRS

LX	(F) Long-term transactions not	i reported to you	1 011 F01111 1099-6	>				
1	(a) Description of property (Example: 100 sh. XYZ Co.)	(b) Date acquired (Mo., day, yr.)	(c) Date sold or disposed of (Mo., day, yr.)	(d) Proceeds (sales price)	(e) Cost or other basis. See the Note below and see Column (e) in the instructions	loss. If you	nt, if any, to gain or ou enter an amount (g), enter a code in). See instructions. (g) Amount of adjustment	(h) Gain or (loss). Subtract column (e) from column (d) & combine the result with column (g)
OAI	KTREE CAPITAL GROUP, LLC							62.
	,							
2	Totals. Add the amounts in colur	mns (d), (e), (g), a	and (h) (subtract					
	negative amounts). Enter each to							
	Schedule D, line 8b (if Box D abo	ove is checked),	line 9 (if Box E					
	above is checked), or line 10 (if B	Box F above is ch	necked)					62.

Note: If you checked Box D above but the basis reported to the IRS was incorrect, enter in column (e) the basis as reported to the IRS, and enter an adjustment in column (g) to correct the basis. See *Column* (g) in the separate instructions for how to figure the amount of the adjustment.

Form **8949** (2018)