

Form **990**

Department of the Treasury  
Internal Revenue Service

# Return of Organization Exempt From Income Tax

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

▶ Do not enter social security numbers on this form as it may be made public.  
▶ Information about Form 990 and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**  
Open to Public Inspection

**A** For the **2016** calendar year, or tax year beginning **JUL 1, 2016** and ending **JUN 30, 2017**

<b>B</b> Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Final return/terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	<b>C</b> Name of organization THE COMMUNITY FOUNDATION OF LOUISVILLE DEPOSITORY, INC. Doing business as		<b>D</b> Employer identification number 31-1140889
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	<b>E</b> Telephone number 502-585-4649
	City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40202		<b>G</b> Gross receipts \$ 25,012,909.
	<b>F</b> Name and address of principal officer: SUSAN A. BARRY SAME AS C ABOVE		<b>H(a)</b> Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No <b>H(b)</b> Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. (see instructions) <b>H(c)</b> Group exemption number ▶
<b>I</b> Tax-exempt status: <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) ( ) (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527			
<b>J</b> Website: ▶ WWW.CFLOUISVILLE.COM			
<b>K</b> Form of organization: <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			<b>L</b> Year of formation: 1985
			<b>M</b> State of legal domicile: KY

## Part I Summary

<b>Activities &amp; Governance</b>	<b>1</b> Briefly describe the organization's mission or most significant activities: TO FACILITATE DONORS' CHARITABLE GIVING.		
	<b>2</b> Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	<b>3</b> Number of voting members of the governing body (Part VI, line 1a)	<b>3</b>	13
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	13
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	0
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	13
	<b>7 a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	0.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	0.	
<b>Revenue</b>	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	11,377,784.	13,031,484.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	399,193.	396,738.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	11,776,977.	13,428,222.
<b>Expenses</b>	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	10,015,677.	11,659,267.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	0.	0.
	<b>15</b> Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	<b>16a</b> Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶	0.	
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	415,747.	396,964.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	10,431,424.	12,056,231.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	1,345,553.	1,371,991.	
<b>Net Assets or Fund Balances</b>	<b>20</b> Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	<b>21</b> Total liabilities (Part X, line 26)	16,577,009.	20,166,749.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	153,509.	2,073,837.
		16,423,500.	18,092,912.

## Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

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

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

Part III Statement of Program Service Accomplishments

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

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

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

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

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

4a (Code: ) (Expenses \$ 12,029,651. including grants of \$ 11,659,267. ) (Revenue \$ ) DISTRIBUTE GRANTS AND CONTRIBUTIONS TO 501(C)(3) ORGANIZATIONS QUALIFYING UNDER SECTION 509(A).

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

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

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

4e Total program service expenses 12,029,651.

Part IV Checklist of Required Schedules

Table with 3 columns: Question Number, Yes, No. Rows 1-19 detailing various organizational requirements and their completion status.

**Part IV Checklist of Required Schedules** (continued)

	Yes	No
<b>20a</b> Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i> .....		X
<b>b</b> If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return? .....		
<b>21</b> Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i> .....	X	
<b>22</b> Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i> .....		X
<b>23</b> Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i> .....	X	
<b>24a</b> Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i> .....		X
<b>b</b> Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception? .....		
<b>c</b> Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds? .....		
<b>d</b> Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year? .....		
<b>25a</b> <b>Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations.</b> Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>b</b> Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i> .....		X
<b>26</b> Did the organization report any amount on Part X, line 5, 6, or 22 for receivables from or payables to any current or former officers, directors, trustees, key employees, highest compensated employees, or disqualified persons? <i>If "Yes," complete Schedule L, Part II</i> .....		X
<b>27</b> Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i> .....		X
<b>28</b> 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):		
<b>a</b> A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>b</b> A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>c</b> An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV</i> .....		X
<b>29</b> Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i> .....	X	
<b>30</b> Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M</i> .....		X
<b>31</b> Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i> .....		X
<b>32</b> Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II</i> .....		X
<b>33</b> Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i> .....		X
<b>34</b> Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1</i> .....	X	
<b>35a</b> Did the organization have a controlled entity within the meaning of section 512(b)(13)? .....		X
<b>b</b> If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		
<b>36</b> <b>Section 501(c)(3) organizations.</b> Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2</i> .....		X
<b>37</b> Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i> .....		X
<b>38</b> Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? .....	X	

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

Part V Statements Regarding Other IRS Filings and Tax Compliance

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

Input box for Schedule O

Table with columns for question number, description, and Yes/No checkboxes. Includes sections for backup withholding, employee reporting, foreign accounts, prohibited transactions, and charitable contributions.

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

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

**Section A. Governing Body and Management**

		Yes	No
<b>1a</b>	Enter the number of voting members of the governing body at the end of the tax year ..... If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
<b>1b</b>	Enter the number of voting members included in line 1a, above, who are independent .....		
<b>2</b>	Did any officer, director, trustee, or key employee have a family relationship or a business relationship with any other officer, director, trustee, or key employee? .....		X
<b>3</b>	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors, or trustees, or key employees to a management company or other person? .....		X
<b>4</b>	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed? .....		X
<b>5</b>	Did the organization become aware during the year of a significant diversion of the organization's assets? .....		X
<b>6</b>	Did the organization have members or stockholders? .....		X
<b>7a</b>	Did the organization have members, stockholders, or other persons who had the power to elect or appoint one or more members of the governing body? .....		X
<b>7b</b>	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body? .....		X
<b>8</b>	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
<b>8a</b>	a The governing body? .....	X	
<b>8b</b>	b Each committee with authority to act on behalf of the governing body? .....	X	
<b>9</b>	Is there any officer, director, trustee, or key employee listed in Part VII, Section A, who cannot be reached at the organization's mailing address? If "Yes," provide the names and addresses in Schedule O .....		X

**Section B. Policies** (This Section B requests information about policies not required by the Internal Revenue Code.)

		Yes	No
<b>10a</b>	Did the organization have local chapters, branches, or affiliates? .....		X
<b>10b</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? .....		
<b>11a</b>	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form? .....	X	
<b>11b</b>	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
<b>12a</b>	Did the organization have a written conflict of interest policy? If "No," go to line 13 .....	X	
<b>12b</b>	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts? .....	X	
<b>12c</b>	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done .....	X	
<b>13</b>	Did the organization have a written whistleblower policy? .....	X	
<b>14</b>	Did the organization have a written document retention and destruction policy? .....	X	
<b>15</b>	Did the process for determining compensation of the following persons include a review and approval by independent persons, comparability data, and contemporaneous substantiation of the deliberation and decision?		
<b>15a</b>	a The organization's CEO, Executive Director, or top management official .....		X
<b>15b</b>	b Other officers or key employees of the organization .....		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
<b>16a</b>	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year? .....		X
<b>16b</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**

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

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

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

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

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

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

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

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

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ERIC W. TAYLOR CHAIRPERSON OF THE BO	2.00 4.00	X		X				0.	0.	0.
(2) STEPHANIE H. SMITH VICE CHAIRPERSON OF THE BOARD	2.00 4.00	X		X				0.	0.	0.
(3) MARIA G. HAMPTON SECRETARY OF THE BOARD	2.00 4.00	X		X				0.	0.	0.
(4) GARY ULMER TREASURER OF THE BOARD	2.00 4.00	X		X				0.	0.	0.
(5) DOROTHY S. RIDINGS MEMBER - AT - LARGE	2.00 4.00	X						0.	0.	0.
(6) M. CLAIRE ALAGIA COMPENSATION COMM. CHAIR	2.00 4.00	X						0.	0.	0.
(7) HARRIET L. LAIR D & S COMM. CHAIR	2.00 4.00	X						0.	0.	0.
(8) CHARLES J. KANE, JR. INVESTMENT COMM. CHAIR	2.00 4.00	X						0.	0.	0.
(9) SUZANNE BERGMEISTER MARKETING & COMM CHAIR	2.00 4.00	X						0.	0.	0.
(10) DEBORAH B. WILLIAMS MISSION & IMPACT COMM. CHAIR	2.00 4.00	X						0.	0.	0.
(11) MARK A. CAMPISANO IMPACT INVESTING COMM. CHA	2.00 4.00	X						0.	0.	0.
(12) JAMES H. TAYLOR BOARD DEVELOPMENT COMM. CH	2.00 4.00	X						0.	0.	0.
(13) MARSHALL BRADLEY, JR. CHAIR EMERITUS	2.00 4.00	X						0.	0.	0.
(14) SUSAN A BARRY PRESIDENT & CEO	5.00 35.00			X				0.	262,484.	24,653.
(15) MATTHEW L. BACON VP & CFO	5.00 35.00			X				0.	135,847.	16,502.
(16) MICHAEL J. SCHULTZ VP, DEVELOPMENT & STEWARDS	5.00 35.00			X				0.	101,911.	22,911.
(17) CARA BARIBEAU VP, MARKETING & COMMUNICATIONS	5.00 35.00			X				0.	93,310.	21,102.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) TRISHA FINNEGAN VP, MISSION & IMPACT	5.00 35.00			X				0.	101,637.	12,273.
<b>1b Sub-total</b> .....								0.	695,189.	97,441.
<b>c Total from continuation sheets to Part VII, Section A</b> .....								0.	0.	0.
<b>d Total (add lines 1b and 1c)</b> .....								0.	695,189.	97,441.

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

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

**Section B. Independent Contractors**

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

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

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



**Part VIII Statement of Revenue**

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
<b>Contributions, Gifts, Grants and Other Similar Amounts</b>	<b>1 a</b> Federated campaigns .....	<b>1a</b>					
	<b>b</b> Membership dues .....	<b>1b</b>					
	<b>c</b> Fundraising events .....	<b>1c</b>					
	<b>d</b> Related organizations .....	<b>1d</b>	350.				
	<b>e</b> Government grants (contributions) .....	<b>1e</b>					
	<b>f</b> All other contributions, gifts, grants, and similar amounts not included above .....	<b>1f</b>	13,031,134.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		8,295,947.				
	<b>h Total.</b> Add lines 1a-1f .....		13,031,484.				
<b>Program Service Revenue</b>	<b>2 a</b> _____	<b>Business Code</b>					
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> _____						
	<b>e</b> _____						
	<b>f</b> All other program service revenue .....						
	<b>g Total.</b> Add lines 2a-2f .....						
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		400,256.			400,256.	
	<b>4</b> Income from investment of tax-exempt bond proceeds .....						
	<b>5</b> Royalties .....						
	<b>6 a</b> Gross rents .....	(i) Real	(ii) Personal				
		<b>b</b> Less: rental expenses .....					
		<b>c</b> Rental income or (loss) .....					
		<b>d</b> Net rental income or (loss) .....					
	<b>7 a</b> Gross amount from sales of assets other than inventory .....	(i) Securities	(ii) Other				
		11,581,169.					
		<b>b</b> Less: cost or other basis and sales expenses .....		11,584,687.			
		<b>c</b> Gain or (loss) .....		-3,518.			
	<b>d</b> Net gain or (loss) .....			-3,518.		-3,518.	
	<b>8 a</b> Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18 .....	<b>a</b>					
		<b>b</b> Less: direct expenses .....	<b>b</b>				
		<b>c</b> Net income or (loss) from fundraising events .....					
<b>9 a</b> Gross income from gaming activities. See Part IV, line 19 .....	<b>a</b>						
	<b>b</b> Less: direct expenses .....	<b>b</b>					
	<b>c</b> Net income or (loss) from gaming activities .....						
<b>10 a</b> Gross sales of inventory, less returns and allowances .....	<b>a</b>						
	<b>b</b> Less: cost of goods sold .....	<b>b</b>					
	<b>c</b> Net income or (loss) from sales of inventory .....						
<b>Miscellaneous Revenue</b>		<b>Business Code</b>					
<b>11 a</b> _____							
	<b>b</b> _____						
	<b>c</b> _____						
	<b>d</b> All other revenue .....						
	<b>e Total.</b> Add lines 11a-11d .....						
<b>12 Total revenue.</b> See instructions. ....			13,428,222.	0.	0.	396,738.	

**Part IX Statement of Functional Expenses**

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

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

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
<b>1</b> Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21	11,659,267.	11,659,267.		
<b>2</b> Grants and other assistance to domestic individuals. See Part IV, line 22				
<b>3</b> Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
<b>4</b> Benefits paid to or for members				
<b>5</b> Compensation of current officers, directors, trustees, and key employees				
<b>6</b> Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
<b>7</b> Other salaries and wages				
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
<b>9</b> Other employee benefits				
<b>10</b> Payroll taxes				
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management				
<b>b</b> Legal				
<b>c</b> Accounting				
<b>d</b> Lobbying				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees	26,580.		26,580.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)				
<b>12</b> Advertising and promotion				
<b>13</b> Office expenses				
<b>14</b> Information technology				
<b>15</b> Royalties				
<b>16</b> Occupancy				
<b>17</b> Travel				
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings				
<b>20</b> Interest				
<b>21</b> Payments to affiliates				
<b>22</b> Depreciation, depletion, and amortization				
<b>23</b> Insurance				
<b>24</b> Other expenses. Itemize expenses not covered above. (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
<b>a</b> EARNINGS DISTRIBUTED T	370,384.	370,384.		
<b>b</b>				
<b>c</b>				
<b>d</b>				
<b>e</b> All other expenses				
<b>25 Total functional expenses.</b> Add lines 1 through 24e	12,056,231.	12,029,651.	26,580.	0.
<b>26 Joint costs.</b> Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

Check here  if following SOP 98-2 (ASC 958-720)

**Part X Balance Sheet**

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

		(A) Beginning of year		(B) End of year
<b>Assets</b>	<b>1</b> Cash - non-interest-bearing .....	202,060.	<b>1</b>	484,788.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	25,378.	<b>3</b>	1,112.
	<b>4</b> Accounts receivable, net .....	3,176.	<b>4</b>	462.
	<b>5</b> Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L .....		<b>5</b>	
	<b>6</b> 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 .....		<b>6</b>	
	<b>7</b> Notes and loans receivable, net .....		<b>7</b>	
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....		<b>9</b>	
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b>		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b>		<b>10c</b>
	<b>11</b> Investments - publicly traded securities .....	15,681,022.	<b>11</b>	19,065,032.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....	665,373.	<b>12</b>	615,355.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>13</b>	
	<b>14</b> Intangible assets .....		<b>14</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....		<b>15</b>	
<b>16 Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	16,577,009.	<b>16</b>	20,166,749.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	72,287.	<b>17</b>	2,230.
	<b>18</b> Grants payable .....		<b>18</b>	
	<b>19</b> Deferred revenue .....		<b>19</b>	
	<b>20</b> Tax-exempt bond liabilities .....		<b>20</b>	
	<b>21</b> Escrow or custodial account liability. Complete Part IV of Schedule D .....		<b>21</b>	
	<b>22</b> Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L .....		<b>22</b>	
	<b>23</b> Secured mortgages and notes payable to unrelated third parties .....		<b>23</b>	
	<b>24</b> Unsecured notes and loans payable to unrelated third parties .....		<b>24</b>	
	<b>25</b> 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 .....	81,222.	<b>25</b>	2,071,607.
	<b>26 Total liabilities.</b> Add lines 17 through 25 .....	153,509.	<b>26</b>	2,073,837.
<b>Net Assets or Fund Balances</b>	<b>Organizations that follow SFAS 117 (ASC 958), check here</b> <input checked="" type="checkbox"/> <b>and complete lines 27 through 29, and lines 33 and 34.</b>			
	<b>27</b> Unrestricted net assets .....	54,374.	<b>27</b>	136,557.
	<b>28</b> Temporarily restricted net assets .....	16,369,126.	<b>28</b>	17,956,355.
	<b>29</b> Permanently restricted net assets .....		<b>29</b>	
	<b>Organizations that do not follow SFAS 117 (ASC 958), check here</b> <input type="checkbox"/> <b>and complete lines 30 through 34.</b>			
	<b>30</b> Capital stock or trust principal, or current funds .....		<b>30</b>	
	<b>31</b> Paid-in or capital surplus, or land, building, or equipment fund .....		<b>31</b>	
	<b>32</b> Retained earnings, endowment, accumulated income, or other funds .....		<b>32</b>	
<b>33</b> Total net assets or fund balances .....	16,423,500.	<b>33</b>	18,092,912.	
<b>34</b> Total liabilities and net assets/fund balances .....	16,577,009.	<b>34</b>	20,166,749.	

**Part XI Reconciliation of Net Assets**

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

<b>1</b>	Total revenue (must equal Part VIII, column (A), line 12)	<b>1</b>	13,428,222.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	12,056,231.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	1,371,991.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	16,423,500.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	297,421.
<b>6</b>	Donated services and use of facilities	<b>6</b>	
<b>7</b>	Investment expenses	<b>7</b>	
<b>8</b>	Prior period adjustments	<b>8</b>	
<b>9</b>	Other changes in net assets or fund balances (explain in Schedule O)	<b>9</b>	0.
<b>10</b>	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	<b>10</b>	18,092,912.

**Part XII Financial Statements and Reporting**

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

		Yes	No
<b>1</b>	Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
<b>2a</b>	Were the organization's financial statements compiled or reviewed by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		X
<b>b</b>	Were the organization's financial statements audited by an independent accountant? _____ If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	X	
<b>c</b>	If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____ If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.	X	
<b>3a</b>	As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____		X
<b>b</b>	If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits _____		

**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.

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

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

**Name of the organization** THE COMMUNITY FOUNDATION OF LOUISVILLE  
DEPOSITORY, INC. **Employer identification number** 31-1140889

**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)**.
- 4  A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: \_\_\_\_\_
- 5  An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6  A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7  An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8  A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9  An agricultural research organization described in **section 170(b)(1)(A)(ix)** operated in conjunction with a land-grant college or university or a non-land-grant college of agriculture (see instructions). Enter the name, city, and state of the college or university: \_\_\_\_\_
- 10  An organization that normally receives: (1) more than 33 1/3% of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 11  An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 12  An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in **section 509(a)(1)** or **section 509(a)(2)**. See **section 509(a)(3)**. Check the box in lines 12a through 12d that describes the type of supporting organization and complete lines 12e, 12f, and 12g.
  - a  **Type I.** A supporting organization operated, supervised, or controlled by its supported organization(s), typically by giving the supported organization(s) the power to regularly appoint or elect a majority of the directors or trustees of the supporting organization. **You must complete Part IV, Sections A and B.**
  - b  **Type II.** A supporting organization supervised or controlled in connection with its supported organization(s), by having control or management of the supporting organization vested in the same persons that control or manage the supported organization(s). **You must complete Part IV, Sections A and C.**
  - c  **Type III functionally integrated.** A supporting organization operated in connection with, and functionally integrated with, its supported organization(s) (see instructions). **You must complete Part IV, Sections A, D, and E.**
  - d  **Type III non-functionally integrated.** A supporting organization operated in connection with its supported organization(s) that is not functionally integrated. The organization generally must satisfy a distribution requirement and an attentiveness requirement (see instructions). **You must complete Part IV, Sections A and D, and Part V.**
  - e  Check this box if the organization received a written determination from the IRS that it is a Type I, Type II, Type III functionally integrated, or Type III non-functionally integrated supporting organization.
  - f Enter the number of supported organizations .....
  - g Provide the following information about the supported organization(s).

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
<b>Total</b>						

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....	9,511,037.	11,428,917.	11,893,047.	11,377,784.	13,031,484.	57,242,269.
<b>2</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>3</b> The value of services or facilities furnished by a governmental unit to the organization without charge ...						
<b>4 Total.</b> Add lines 1 through 3 .....	9,511,037.	11,428,917.	11,893,047.	11,377,784.	13,031,484.	57,242,269.
<b>5</b> 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) .....						10,180,598.
<b>6 Public support.</b> Subtract line 5 from line 4.						47,061,671.

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ▶	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>7</b> Amounts from line 4 .....	9,511,037.	11,428,917.	11,893,047.	11,377,784.	13,031,484.	57,242,269.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	277,837.	241,673.	230,398.	374,999.	400,256.	1,525,163.
<b>9</b> Net income from unrelated business activities, whether or not the business is regularly carried on ...						
<b>10</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>11 Total support.</b> Add lines 7 through 10						58,767,432.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	
<b>13 First five years.</b> If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and <b>stop here</b> .....						<input type="checkbox"/>

**Section C. Computation of Public Support Percentage**

<b>14</b> Public support percentage for 2016 (line 6, column (f) divided by line 11, column (f)) .....	<b>14</b>	80.08 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	74.67 %
<b>16a 33 1/3% support test - 2016.</b> If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input checked="" type="checkbox"/>
<b>b 33 1/3% support test - 2015.</b> If the organization did not check a box on line 13 or 16a, and line 15 is 33 1/3% or more, check this box and <b>stop here.</b> The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>17a 10% -facts-and-circumstances test - 2016.</b> If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>b 10% -facts-and-circumstances test - 2015.</b> If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and <b>stop here.</b> Explain in Part VI how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization .....		<input type="checkbox"/>
<b>18 Private foundation.</b> If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions .....		<input type="checkbox"/>

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

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

**Section A. Public Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>1</b> Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .....						
<b>2</b> Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose .....						
<b>3</b> Gross receipts from activities that are not an unrelated trade or business under section 513 .....						
<b>4</b> Tax revenues levied for the organization's benefit and either paid to or expended on its behalf .....						
<b>5</b> The value of services or facilities furnished by a governmental unit to the organization without charge .....						
<b>6 Total.</b> Add lines 1 through 5 .....						
<b>7a</b> Amounts included on lines 1, 2, and 3 received from disqualified persons .....						
<b>b</b> Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year .....						
<b>c</b> Add lines 7a and 7b .....						
<b>8 Public support.</b> (Subtract line 7c from line 6.)						

**Section B. Total Support**

Calendar year (or fiscal year beginning in) ►	(a) 2012	(b) 2013	(c) 2014	(d) 2015	(e) 2016	(f) Total
<b>9</b> Amounts from line 6 .....						
<b>10a</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources .....						
<b>b</b> Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975 .....						
<b>c</b> Add lines 10a and 10b .....						
<b>11</b> Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on .....						
<b>12</b> Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) .....						
<b>13 Total support.</b> (Add lines 9, 10c, 11, and 12.)						

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

**Section C. Computation of Public Support Percentage**

<b>15</b> Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) .....	<b>15</b>	%
<b>16</b> Public support percentage from 2015 Schedule A, Part III, line 15 .....	<b>16</b>	%

**Section D. Computation of Investment Income Percentage**

<b>17</b> Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) .....	<b>17</b>	%
<b>18</b> Investment income percentage from 2015 Schedule A, Part III, line 17 .....	<b>18</b>	%

**19a 33 1/3% support tests - 2016.** If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

**b 33 1/3% support tests - 2015.** If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and **stop here**. The organization qualifies as a publicly supported organization

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

**Part IV Supporting Organizations**

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

**Section A. All Supporting Organizations**

	Yes	No
<b>1</b> Are all of the organization's supported organizations listed by name in the organization's governing documents? <i>If "No," describe in Part VI how the supported organizations are designated. If designated by class or purpose, describe the designation. If historic and continuing relationship, explain.</i>		
<b>2</b> Did the organization have any supported organization that does not have an IRS determination of status under section 509(a)(1) or (2)? <i>If "Yes," explain in Part VI how the organization determined that the supported organization was described in section 509(a)(1) or (2).</i>		
<b>3a</b> Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
<b>b</b> Did the organization confirm that each supported organization qualified under section 501(c)(4), (5), or (6) and satisfied the public support tests under section 509(a)(2)? <i>If "Yes," describe in Part VI when and how the organization made the determination.</i>		
<b>c</b> Did the organization ensure that all support to such organizations was used exclusively for section 170(c)(2)(B) purposes? <i>If "Yes," explain in Part VI what controls the organization put in place to ensure such use.</i>		
<b>4a</b> Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
<b>b</b> Did the organization have ultimate control and discretion in deciding whether to make grants to the foreign supported organization? <i>If "Yes," describe in Part VI how the organization had such control and discretion despite being controlled or supervised by or in connection with its supported organizations.</i>		
<b>c</b> Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <i>If "Yes," explain in Part VI what controls the organization used to ensure that all support to the foreign supported organization was used exclusively for section 170(c)(2)(B) purposes.</i>		
<b>5a</b> Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
<b>b Type I or Type II only.</b> Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
<b>c Substitutions only.</b> Was the substitution the result of an event beyond the organization's control?		
<b>6</b> Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
<b>7</b> Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>8</b> Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
<b>9a</b> Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
<b>b</b> Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>c</b> Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
<b>10a</b> Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer 10b below.</i>		
<b>b</b> Did the organization have any excess business holdings in the tax year? <i>(Use Schedule C, Form 4720, to determine whether the organization had excess business holdings.)</i>		



**Part IV Supporting Organizations** *(continued)*

	Yes	No
<b>11</b> Has the organization accepted a gift or contribution from any of the following persons?		
<b>a</b> A person who directly or indirectly controls, either alone or together with persons described in (b) and (c) below, the governing body of a supported organization?		
<b>b</b> A family member of a person described in (a) above?		
<b>c</b> A 35% controlled entity of a person described in (a) or (b) above? <i>If "Yes" to a, b, or c, provide detail in Part VI.</i>		

**Section B. Type I Supporting Organizations**

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

**Section C. Type II Supporting Organizations**

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

**Section D. All Type III Supporting Organizations**

	Yes	No
<b>1</b> Did the organization provide to each of its supported organizations, by the last day of the fifth month of the organization's tax year, (i) a written notice describing the type and amount of support provided during the prior tax year, (ii) a copy of the Form 990 that was most recently filed as of the date of notification, and (iii) copies of the organization's governing documents in effect on the date of notification, to the extent not previously provided?		
<b>2</b> Were any of the organization's officers, directors, or trustees either (i) appointed or elected by the supported organization(s) or (ii) serving on the governing body of a supported organization? <i>If "No," explain in Part VI how the organization maintained a close and continuous working relationship with the supported organization(s).</i>		
<b>3</b> By reason of the relationship described in (2), did the organization's supported organizations have a significant voice in the organization's investment policies and in directing the use of the organization's income or assets at all times during the tax year? <i>If "Yes," describe in Part VI the role the organization's supported organizations played in this regard.</i>		

**Section E. Type III Functionally Integrated Supporting Organizations**

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

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

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

<b>Section A - Adjusted Net Income</b>		(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	<b>Adjusted Net Income</b> (subtract lines 5, 6, and 7 from line 4)	8	

<b>Section B - Minimum Asset Amount</b>		(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	<b>Total</b> (add lines 1a, 1b, and 1c)	1d	
e	<b>Discount</b> claimed for blockage or other factors (explain in detail in <b>Part VI</b> ):		
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	<b>Minimum Asset Amount</b> (add line 7 to line 6)	8	

<b>Section C - Distributable Amount</b>			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	<b>Distributable Amount.</b> Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7	<input type="checkbox"/> Check here if the current year is the organization's first as a non-functionally integrated Type III supporting organization (see instructions).		

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

Section D - Distributions	Current Year
<b>1</b> Amounts paid to supported organizations to accomplish exempt purposes	
<b>2</b> Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
<b>3</b> Administrative expenses paid to accomplish exempt purposes of supported organizations	
<b>4</b> Amounts paid to acquire exempt-use assets	
<b>5</b> Qualified set-aside amounts (prior IRS approval required)	
<b>6</b> Other distributions (describe in <b>Part VI</b> ). See instructions	
<b>7 Total annual distributions.</b> Add lines 1 through 6	
<b>8</b> Distributions to attentive supported organizations to which the organization is responsive (provide details in <b>Part VI</b> ). See instructions	
<b>9</b> Distributable amount for 2016 from Section C, line 6	
<b>10</b> Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2016	(iii) Distributable Amount for 2016
<b>1</b> Distributable amount for 2016 from Section C, line 6			
<b>2</b> Underdistributions, if any, for years prior to 2016 (reasonable cause required- explain in Part VI). See instructions			
<b>3</b> Excess distributions carryover, if any, to 2016:			
<b>a</b>			
<b>b</b>			
<b>c</b> From 2013			
<b>d</b> From 2014			
<b>e</b> From 2015			
<b>f Total</b> of lines 3a through e			
<b>g</b> Applied to underdistributions of prior years			
<b>h</b> Applied to 2016 distributable amount			
<b>i</b> Carryover from 2011 not applied (see instructions)			
<b>j</b> Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
<b>4</b> Distributions for 2016 from Section D, line 7: \$			
<b>a</b> Applied to underdistributions of prior years			
<b>b</b> Applied to 2016 distributable amount			
<b>c</b> Remainder. Subtract lines 4a and 4b from 4			
<b>5</b> Remaining underdistributions for years prior to 2016, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions			
<b>6</b> Remaining underdistributions for 2016. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions			
<b>7 Excess distributions carryover to 2017.</b> Add lines 3j and 4c			
<b>8</b> Breakdown of line 7:			
<b>a</b>			
<b>b</b> Excess from 2013			
<b>c</b> Excess from 2014			
<b>d</b> Excess from 2015			
<b>e</b> Excess from 2016			

**Part VI**

**Supplemental Information.** Provide the explanations required by Part II, line 10; Part II, line 17a or 17b; Part III, line 12; Part IV, Section A, lines 1, 2, 3b, 3c, 4b, 4c, 5a, 6, 9a, 9b, 9c, 11a, 11b, and 11c; Part IV, Section B, lines 1 and 2; Part IV, Section C, line 1; Part IV, Section D, lines 2 and 3; Part IV, Section E, lines 1c, 2a, 2b, 3a, and 3b; Part V, line 1; Part V, Section B, line 1e; Part V, Section D, lines 5, 6, and 8; and Part V, Section E, lines 2, 5, and 6. Also complete this part for any additional information. (See instructions.)

Multiple horizontal lines for supplemental information.

**Schedule B**

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

Department of the Treasury  
Internal Revenue Service

**Schedule of Contributors**

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

OMB No. 1545-0047

**2016**

Name of the organization

THE COMMUNITY FOUNDATION OF LOUISVILLE  
DEPOSITORY, INC.

Employer identification number

31-1140889

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)( 3 ) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

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

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

**General Rule**

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

**Special Rules**

For an organization described in section 501(c)(3) filing Form 990 or 990-EZ that met the 33 1/3% support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi), that checked Schedule A (Form 990 or 990-EZ), Part II, line 13, 16a, or 16b, and that received from any one contributor, during the year, total contributions of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For an organization described in section 501(c)(7), (8), or (10) filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 *exclusively* for religious, charitable, scientific, literary, or educational purposes, or for the prevention of cruelty to children or animals. Complete Parts I, II, and III.

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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990, 990-EZ, or 990-PF. Schedule B (Form 990, 990-EZ, or 990-PF) (2016)

<b>Name of organization</b> THE COMMUNITY FOUNDATION OF LOUISVILLE DEPOSITORY, INC.	<b>Employer identification number</b> 31-1140889
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1		\$ 1,005,468.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
2		\$ 1,500,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3		\$ 305,229.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4		\$ 292,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5		\$ 1,341,322.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

<b>Name of organization</b> THE COMMUNITY FOUNDATION OF LOUISVILLE DEPOSITORY, INC.	<b>Employer identification number</b> 31-1140889
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**Part II Noncash Property** (See instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (See instructions)	(d) Date received
1	STOCK _____ _____ _____	\$ 737,477.	06/12/17
3	STOCK _____ _____ _____	\$ 305,229.	06/08/17
5	\$1,042,797 _____ _____ _____	\$ 1,341,322.	05/24/17
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

<b>Name of organization</b> THE COMMUNITY FOUNDATION OF LOUISVILLE DEPOSITORY, INC.	<b>Employer identification number</b>  31-1140889
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**Part III** Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ \_\_\_\_\_  
Use duplicate copies of Part III if additional space is needed.

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



**SCHEDULE D**  
**(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Supplemental Financial Statements**

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

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

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

**Name of the organization** THE COMMUNITY FOUNDATION OF LOUISVILLE  
DEPOSITORY, INC. **Employer identification number**  
31-1140889

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

(ii) Assets included in Form 990, Part X .....

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

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

b Assets included in Form 990, Part X .....

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

Schedule D (Form 990) 2016

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

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

**Part VI Land, Buildings, and Equipment.**

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

Description of property	(a) Cost or other basis (investment)	(b) Cost or other basis (other)	(c) Accumulated depreciation	(d) Book value
1a Land				
b Buildings				
c Leasehold improvements				
d Equipment				
e Other				

**Total.** Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)  0.

**Part VII Investments - Other Securities.**

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

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

**Part VIII Investments - Program Related.**

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

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

**Part IX Other Assets.**

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

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

**Part X Other Liabilities.**

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYABLE TO RELATED ORGANIZATION	2,071,607.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	2,071,607.

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

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

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

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

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

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

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

**Part XIII Supplemental Information.**

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

PART X, LINE 2:

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

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

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

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

WHEN APPLICABLE, THE FOUNDATION RECOGNIZES UNCERTAIN INCOME TAX POSITIONS

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

LIABILITY FOR UNCERTAIN TAX POSITIONS HAS BEEN REFLECTED IN THE

ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.



**SCHEDULE I  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990.

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

OMB No. 1545-0047

**2016**

Open to Public  
Inspection

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

Employer identification number  
31-1140889

**Part I General Information on Grants and Assistance**

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance?  Yes  No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
20 SCHEMES PO BOX 1491 BARDSTOWN, KY 40004	46-1482499	501(C)(3)	5,000.	0.			RELIGION-RELATED
21ST CENTURY PARKS, INC 471 W. MAIN ST. #202 LOUISVILLE, KY 40202	20-1780317	501(C)(3)	94,097.	0.			RECREATION & SPORTS
A CHOICE FOR LIFE, INC. 101 W. MARKET ST LOUISVILLE, KY 40202	61-1142823	501(C)(3)	23,000.	0.			MENTAL HEALTH & CRISIS INTERVENTION
A KENTUCKY RENAISSANCE PHARMACY MUSEUM AND FOUNDATION - PO BOX 91052 - LEXINGTON, KY 40591	35-2225736	501(C)(3)	25,000.	0.			ARTS, CULTURE & HUMANITIES
ACADEMY OF OUR LADY OF MERCY 5801 FEGENBUSH LANE LOUISVILLE, KY 40228	61-1116388	501(C)(3)	5,100.	0.			EDUCATION
ACADEMY OF PREACHERS 150 EAST HIGH STREET LEXINGTON, KY 40507	46-2063948	501(C)(3)	5,000.	0.			RELIGION-RELATED

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 345.
- 3 Enter total number of other organizations listed in the line 1 table ▶ 0.

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

Schedule I (Form 990) (2016)

**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
ACTORS THEATRE OF LOUISVILLE INC. 316 WEST MAIN STREET LOUISVILLE, KY 40202	61-0645030	501(C)(3)	37,880.	0.			ARTS, CULTURE & HUMANITIES
ALAMO CITY CHURCH OF CHRIST 3201 S. GEVERS SAN ANTONIO, TX 78210	74-2502855	501(C)(3)	6,000.	0.			RELIGION-RELATED
ALUMNI FUND ASSOCIATION OF YALE UNIVERSITY - PO BOX 2038 - NEW HAVEN, CT 06521-2038	06-6078326	501(C)(3)	5,000.	0.			EDUCATION
AMATEUR FIELD TRIAL CLUBS OF AMERICA - 1300 TRIPP ROAD - SOMERVILLE, TN 38068	64-0345180	501(C)(3)	5,000.	0.			RECREATION & SPORTS
AMERICAN AUTOIMMUNE RELATED DISEASES ASSOCIATION - 22100 GRATIOT AVE. - EASTPOINTE, MI 48021	38-3027574	501(C)(3)	72,375.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES
AMERICAN CIVIL LIBERTIES UNION OF KENTUCKY FOUNDATION, INC. - 315 GUTHRIE ST #300 - LOUISVILLE, KY 40202	61-6058569	501(C)(3)	7,650.	0.			CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY
AMERICAN RED CROSS - CHARLESTON, WV - 113 LAKEVIEW DR. - CHARLESTON, WV 25313	53-0196605	501(C)(3)	100,000.	0.			PUBLIC SAFETY, DISASTER PREPAREDNESS & RELIEF
AMERICAN RED CROSS - LOUISVILLE AREA CHAPTER - 510 EAST CHESTNUT STREET - LOUISVILLE, KY 40201	53-0196605	501(C)(3)	30,550.	0.			PUBLIC SAFETY, DISASTER PREPAREDNESS & RELIEF
ANCHAL, INC. PO BOX 7392 LOUISVILLE, KY 40257	27-2959378	501(C)(3)	11,200.	0.			HUMAN SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
APPALACHIAN COMMUNITY FUND 507 S GAY STREET SUITE 1120 KNOXVILLE, KY 37902	62-1316019	501(C)(3)	5,000.	0.			PHILANTHROPY, VOLUNTARISM
ARCHDIOCESE OF CINCINNATI 100 E. EIGHTH ST. CINCINNATI, OH 45202	31-0538501	501(C)(3)	6,000.	0.			RELIGION-RELATED
ARCHDIOCESE OF LOUISVILLE PO BOX 1073 LOUISVILLE, KY 40201	61-0447247	501(C)(3)	61,300.	0.			RELIGION-RELATED
AREA MINISTRIES FOR EMERGENCY NEEDS - PO BOX 571 - LA GRANGE, TX 78945	74-2626889	501(C)(3)	16,000.	0.			HUMAN SERVICES
ARROWMONT SCHOOL OF ARTS AND CRAFTS - PO BOX 567 - GATLINBURG, TN 37738	58-2007394	501(C)(3)	20,100.	0.			EDUCATION
ASCENSION OF OUR LORD 4600 LYNNBROOK DRIVE LOUISVILLE, KY 40220	61-0447247	501(C)(3)	15,000.	0.			RELIGION-RELATED
ASSUMPTION HIGH SCHOOL 2170 TYLER LANE LOUISVILLE, KY 40205	61-0447247	501(C)(3)	22,250.	0.			EDUCATION
AUGSBURG COLLEGE 2211 RIVERSIDE AVENUE MINNEAPOLIS, MN 55454	41-0694721	501(C)(3)	5,000.	0.			EDUCATION
AVAIL NYC 115 W. 45TH STREET, 4TH FLOOR NEW YORK, NY 10036	13-3771206	501(C)(3)	5,000.	0.			HUMAN SERVICES



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(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BAPTIST SEMINARY OF KENTUCKY 400 EAST COLLEGE ST GEORGETOWN, KY 40324	61-1312812	501(C)(3)	14,700.	0.			EDUCATION
BEARGRASS CHRISTIAN CHURCH 4100 SHELBYVILLE ROAD LOUISVILLE, KY 40207	61-1219287	501(C)(3)	8,000.	0.			RELIGION-RELATED
BELFRY HIGH SCHOOL P.O. BOX 160 BELFRY, KY 41514	61-1110695	GOVERNMENT	5,000.	0.			EDUCATION
BELLARMINE UNIVERSITY 2001 NEWBURG ROAD LOUISVILLE, KY 40205	61-0482955	501(C)(3)	66,350.	0.			EDUCATION
BETHLEHEM HIGH SCHOOL 309 WEST STEPHEN FOSTER AVE. BARDSTOWN, KY 40004	61-0592028	501(C)(3)	39,500.	0.			EDUCATION
BIBLE STUDY FELLOWSHIP INTERNATIONAL - 19001 HUEBNER ROAD - SAN ANTONIO, TX 78258	94-1514010	501(C)(3)	5,000.	0.			RELIGION-RELATED
BLUE GRASS TRUST FOR HISTORIC PRESERVATION - 210 NORTH BROADWAY - LEXINGTON, KY 40507	61-0518029	501(C)(3)	10,000.	0.			ARTS, CULTURE & HUMANITIES
BLUEGRASS CONSERVANCY, INC. 380 S. MILL ST. #205 LEXINGTON, KY 40508	61-1293032	501(C)(3)	22,500.	0.			ENVIRONMENT
BLUEGRASS OPERA PO BOX 910527 LEXINGTON, KY 40591	26-3016871	501(C)(3)	6,000.	0.			ARTS, CULTURE & HUMANITIES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOTANICA INC. PO BOX 5056 LOUISVILLE, KY 40255	61-1297238	501(C)(3)	19,660.	0.			ENVIRONMENT
BOY SCOUTS OF AMERICA - LINCOLN HERITAGE COUNCIL - 12001 SYCAMORE STATION PL. - LOUISVILLE, KY 40299	22-1576300	501(C)(3)	34,900.	0.			YOUTH DEVELOPMENT
BROADWAY BAPTIST CHURCH 4000 BROWNSBORO ROAD LOUISVILLE, KY 40207	61-6001947	501(C)(3)	33,400.	0.			RELIGION-RELATED
BROOKE USA 4089 IRON WORKS PARKWAY LEXINGTON, KY 40511	33-1173163	501(C)(3)	5,000.	0.			ANIMAL-RELATED
CABBAGE PATCH SETTLEMENT HOUSE, INC. - 1413 SOUTH SIXTH STREET - LOUISVILLE, KY 40208	61-0458359	501(C)(3)	26,975.	0.			HUMAN SERVICES
CALVARY EPISCOPAL CHURCH 821 SOURTH FOURTH STREET LOUISVILLE, KY 40203	13-5562208	501(C)(3)	8,370.	0.			RELIGION-RELATED
CALVIN COLLEGE 3201 BURTON STREET SE GRAND RAPIDS, MI 49546	38-3071514	501(C)(3)	5,800.	0.			EDUCATION
CALVIN PRESBYTERIAN CHURCH 2501 RUDY LANE LOUISVILLE, KY 40207	61-6014442	501(C)(3)	50,000.	0.			RELIGION-RELATED
CAMP PASQUANEY 19 PASQUANEY LANE HEBRON, NH 03241	02-0227848	501(C)(3)	215,700.	0.			RECREATION & SPORTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMPUS CRUSADE FOR CHRIST - FLORIDA - PO BOX 628222 - ORLANDO, FL 32862	95-6006173	501(C)(3)	26,500.	0.			RELIGION-RELATED
CAMPUS CRUSADE FOR CHRIST INTERNATIONAL - PO BOX 628222 - ORLANDO, FL 32862	33-0863088	501(C)(3)	5,000.	0.			RELIGION-RELATED
CAMPUS OUTREACH 541 E EUCLID AVE. LEXINGTON, KY 40502	46-2662312	501(C)(3)	8,400.	0.			RELIGION-RELATED
CANISIUS COLLEGE 2001 MAIN STREET BAGEN HALL 201 BUFFALO, NY 14208	16-0743942	501(C)(3)	5,338.	0.			EDUCATION
CAPITOL HILL BAPTIST CHURCH 525 A STREET NE WASHINGTON, DC 20002	53-0232505	501(C)(3)	5,000.	0.			RELIGION-RELATED
CARE AND SHARE INC 2605 PREAMBLE PT COLORADO SPRINGS, CO 80915	84-0731930	501(C)(3)	6,000.	0.			FOOD, AGRICULTURE & NUTRITION
CATHEDRAL OF CHRIST THE KING 299 COLONY BLVD LEXINGTON, KY 40502	61-1132894	501(C)(3)	10,000.	0.			RELIGION-RELATED
CATHEDRAL OF THE ASSUMPTION 443 SOUTH FIFTH STREET LOUISVILLE, KY 40202	61-0447247	501(C)(3)	10,800.	0.			RELIGION-RELATED
CATHOLIC ARCHDIOCESE OF OKLAHOMA CITY - 7501 NW EXPRESSWAY - OKLAHOMA CITY, OK 73132	73-0632924	501(C)(3)	7,500.	0.			RELIGION-RELATED

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

(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
CATHOLIC COMMUNITY FOUNDATION FOR ARCHDIOCESE OF CINCINNATI - 100 EAST EIGHTH STREET, 2ND FLOOR - CINCINNATI, OH 45202	46-5162928	501(C)(3)	5,000.	0.			RELIGION-RELATED
CATHOLIC EDUCATION FOUNDATION 401 W. MAIN ST. #806 LOUISVILLE, KY 40202	61-1294640	501(C)(3)	126,750.	0.			EDUCATION
CATHOLIC RELIEF SERVICES PO BOX 17090 BALTIMORE, MD 21297	13-5563422	501(C)(3)	6,100.	0.			PUBLIC SAFETY, DISASTER PREPAREDNESS & RELIEF
CAVE HILL HERITAGE FOUNDATION INC 701 BAXTER AVE. LOUISVILLE, KY 40204	56-2498254	501(C)(3)	5,150.	0.			MUTUAL & MEMBERSHIP BENEFIT
CENTENARY UNITED METHODIST CHURCH 1441 PERRYVILLE ROAD DANVILLE, KY 40422	61-0518020	501(C)(3)	38,420.	0.			RELIGION-RELATED
CENTER FOR INTERFAITH RELATIONS, INC. - 415 W. MUHAMMAD ALI BLVD. #101 - LOUISVILLE, KY 40202	61-1149619	501(C)(3)	10,600.	0.			ARTS, CULTURE & HUMANITIES
CENTER FOR WOMEN AND FAMILIES 927 S. 2ND ST. LOUISVILLE, KY 40201	61-0444846	501(C)(3)	21,670.	0.			HUMAN SERVICES
CENTRAL PRESBYTERIAN CHURCH 318 WEST KENTUCKY ST. LOUISVILLE, KY 40203	61-0459493	501(C)(3)	8,531.	0.			RELIGION-RELATED
CENTRE COLLEGE OF KENTUCKY 600 W. WALNUT ST DANVILLE, KY 40422	61-0444671	501(C)(3)	10,500.	0.			EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHANCE SCHOOL, INC. 4200 LIME KILN LANE LOUISVILLE, KY 40222	61-0549871	501(C)(3)	30,000.	0.			EDUCATION
CHAPEL HILL UNITED CHURCH OF CHRIST - 2307 EMBASSY LANE - LOUISVILLE, KY 40216	61-0602255	501(C)(3)	16,500.	0.			RELIGION-RELATED
CHEYENNE MOUNTAIN ZOOLOGICAL SOCIETY - 4250 CHEYENNE MOUNTAIN ZOO ROAD - COLORADO SPRINGS, CO 80906	84-0407039	501(C)(3)	9,000.	0.			ANIMAL-RELATED
CHILDREN'S HOSPITAL FOUNDATION - LOUISVILLE - 234 E. GRAY ST. #450 - LOUISVILLE, KY 40202	61-6027530	501(C)(3)	8,100.	0.			HEALTH CARE
CHRIST CHURCH PORT TOBACCO PARISH PO BOX 760112 LA PLATA, MD 20646	52-1068237	501(C)(3)	7,000.	0.			RELIGION-RELATED
CHRIST CHURCH UNITED METHODIST 4614 BROWNSBORO ROAD LOUISVILLE, KY 40207	61-0449611	501(C)(3)	78,150.	0.			RELIGION-RELATED
CHRIST UNITED METHODIST CHURCH 3300 AUSTIN PARKWAY SUGAR LAND, TX 77479	76-0080858	501(C)(3)	10,500.	0.			RELIGION-RELATED
CHRISTIAN ACADEMY OF LOUISVILLE 700 SOUTH ENGLISH STATION ROAD LOUISVILLE, KY 40245	61-0907309	501(C)(3)	9,500.	0.			EDUCATION
CHRYSALIS HOUSE, INC. 1589 HILL RISE DR. LEXINGTON, KY 40504	61-1012290	501(C)(3)	10,100.	0.			MENTAL HEALTH & CRISIS INTERVENTION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHURCH OF EPIPHANY 914 OLD HARRODS CREEK ROAD ANCHORAGE, KY 40223	61-0721578	501(C)(3)	5,970.	0.			RELIGION-RELATED
CHURCH OF THE HOLY SPIRIT 3345 LEXINGTON ROAD LOUISVILLE, KY 40206	61-0700575	501(C)(3)	13,580.	0.			RELIGION-RELATED
CHURCH WORLD SERVICE 28606 PHILLIPS ST. ELKHART, IN 46514	13-4080201	501(C)(3)	17,500.	0.			RELIGION-RELATED
CINCINNATI INSTITUTE OF FINE ARTS PO BOX 630561 CINCINNATI, OH 45263	31-0537138	501(C)(3)	5,500.	0.			ARTS, CULTURE & HUMANITIES
CITY OF LA GRANGE 155 E. COLORADO ST. LA GRANGE, TX 78945	74-6001543	GOVERNMENT	5,000.	0.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
CITY ON A HILL PRODUCTIONS 1914 STANLEY GAULT PARKWAY LOUISVILLE, KY 40223	48-1301649	501(C)(3)	5,000.	0.			RELIGION-RELATED
CLIFF HAGAN BOYS & GIRLS CLUB INC. 3415 BUCKLAND SQUARE OWENSBORO, KY 42301	61-0663746	501(C)(3)	5,100.	0.			YOUTH DEVELOPMENT
COLONIAL WILLIAMSBURG FOUNDATION PO BOX 1776 WILLIAMSBURG, VA 23187	54-0505888	501(C)(3)	5,100.	0.			ARTS, CULTURE & HUMANITIES
COMMONWEALTH FUND FOR KET, INC. 560 COOPER DRIVE LEXINGTON, KY 40502	61-1285473	501(C)(3)	12,245.	0.			EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY CATHOLIC CENTER, INC. PO BOX 11065 LOUISVILLE, KY 40251	01-0785892	501(C)(3)	7,950.	0.			EDUCATION
COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY - WATERFRONT PLAZA, SUITE 1110 - LOUISVILLE, KY 40202	61-1100993	501(C)(3)	86,165.	0.			PHILANTHROPY, VOLUNTEERISM
COMMUNITY FOUNDATION OF LOUISVILLE INC. - 325 W. MAIN ST., STE. 1110 - LOUISVILLE, KY 40202	31-0997017	501(C)(3)	678,061.	0.			PHILANTHROPY, VOLUNTEERISM
CONCORDIA LUTHERAN HIGH SCHOOL 1601 ST. JOE RIVER DRIVE FORT WAYNE, IN 46897	35-0883501	501(C)(3)	10,000.	0.			EDUCATION
CRESTWOOD UNITED METHODIST CHURCH 7214 KAVANAUGH ROAD CRESTWOOD, KY 40014	61-0525162	501(C)(3)	14,500.	0.			RELIGION-RELATED
CRITICALLY LOVED INC. 1250 PINEHURST DRIVE SHELBYVILLE, KY 40065	81-5273913	501(C)(3)	10,000.	0.			HUMAN SERVICES
DARE TO CARE, INC. 5803 FERN VALLEY ROAD LOUISVILLE, KY 40232	23-7345952	501(C)(3)	19,100.	0.			FOOD, AGRICULTURE & NUTRITION
DIOCESE OF CENTRAL FLORIDA INC. 1017 E. ROBINSON STREET ORLANDO, FL 32801	59-6168979	501(C)(3)	25,000.	0.			RELIGION-RELATED
DOCTORS WITHOUT BORDERS USA INC. 333 SEVENTH AVENUE NEW YORK, NY 10001	13-3433452	501(C)(3)	17,000.	0.			PUBLIC SAFETY, DISASTER PREPAREDNESS

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

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DUPONT MANUAL HIGH SCHOOL ALUMNI ASSOCIATION - 120 W. LEE STREET - LOUISVILLE, KY 40208	61-1229522	501(C)(3)	10,000.	0.			EDUCATION
EDCHOICE KENTUCKY 1042 BURLINGTON LANE FRANKFORT, KY 40601	47-3944426	501(C)(3)	7,100.	0.			EDUCATION
EMINENCE CHRISTIAN CHURCH 5333 SOUTH MAIN STREET EMINENCE, KY 40019	61-0989627	501(C)(3)	24,363.	0.			RELIGION-RELATED
EPISCOPAL SCHOOL OF NASHVILLE PO BOX 68391 NASHVILLE, TN 37206	47-1887747	501(C)(3)	6,600.	0.			EDUCATION
FAMILY OF GOD CHRISTIAN FELLOWSHIP 134 SOUTH MAIN STREET HARRODSBURG, KY 40330	61-1846913	501(C)(3)	13,000.	0.			RELIGION-RELATED
FAMILY SCHOLAR HOUSE, INC. 403 REG SMITH CIRCLE LOUISVILLE, KY 40208	61-1285124	501(C)(3)	5,550.	0.			HUMAN SERVICES
FAYETTE RESALE, INC. 529 W. TRAVIS STREET LA GRANGE, TX 78945	74-2897534	501(C)(3)	10,000.	0.			HOUSING & SHELTER
FELLOWSHIP OF CHRISTIAN ATHLETES 2201 REGENCY ROAD #602 LEXINGTON, KY 40503	44-0610626	501(C)(3)	7,000.	0.			YOUTH DEVELOPMENT
FIDELITY INVESTMENTS CHARITABLE GIFT FUND - PO BOX 770001 - CINCINNATI, OH 45277	11-0303001	501(C)(3)	38,567.	0.			PHILANTHROPY, VOLUNTARISM



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FILSON HISTORICAL SOCIETY 1310 SOUTH THIRD STREET LOUISVILLE, KY 40208	61-0444690	501(C)(3)	152,790.	0.			ARTS, CULTURE & HUMANITIES
FIRST BAPTIST CHURCH 149 LAWRENCE ST BRANDENBURG, KY 40108	61-0624346	501(C)(3)	9,300.	0.			RELIGION-RELATED
FIRST CHRISTIAN CHURCH - LIBERTY PO BOX 8 LIBERTY, KY 42539	61-0859565	501(C)(3)	7,818.	0.			RELIGION-RELATED
FIRST CUTLERVILLE CHRISTIAN REFORMED CHURCH - 1425 68TH STREET, SW - BYRON CENTER, MI 49315	38-2056483	501(C)(3)	10,500.	0.			RELIGION-RELATED
FIRST PRESBYTERIAN CHURCH 629 MAIN STREET SHELBYVILLE, KY 40065	61-0534800	501(C)(3)	8,050.	0.			RELIGION-RELATED
FIRST PRESBYTERIAN CHURCH - ELIZABETHTOWN - 1016 PEAR ORCHARD DR. - ELIZABETHTOWN, KY 42701	61-0183855	501(C)(3)	50,400.	0.			RELIGION-RELATED
FIRST UNITARIAN CHURCH OF LOUISVILLE - 809 S. FOURTH STREET - LOUISVILLE, KY 40203	61-0444693	501(C)(3)	15,000.	0.			RELIGION-RELATED
FIRST UNITED METHODIST CHURCH 212 3RD STREET N. ST. PETERSBURG, FL 33701	59-0637842	501(C)(3)	12,500.	0.			RELIGION-RELATED
FIRST UNITED METHODIST CHURCH - LAKELAND - 72 LAKE MORTON DRIVE - LAKELAND, FL 33801		501(C)(3)	7,500.	0.			RELIGION-RELATED

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FIRST UNITED METHODIST CHURCH - MIDLAND - 315 W LARKIN - MIDLAND, MI 48640	38-1368752	501(C)(3)	49,000.	0.			RELIGION-RELATED
FLAGSHIP DETROIT FOUNDATION 185 BRIARPATCH ROAD COVINGTON, GA 30014	20-0937050	501(C)(3)	5,000.	0.			RECREATION & SPORTS
FONKOZE USA 1718 CONNECTICUT AVE NW, STE 201 WASHINGTON, DC 20009	52-2022113	501(C)(3)	5,100.	0.			INTERNATIONAL, FOREIGN AFFAIRS
FOOD FOR THE POOR, INC. 6401 LYONS ROAD COCONUT CREEK, FL 33073	59-2174510	501(C)(3)	5,700.	0.			INTERNATIONAL, FOREIGN AFFAIRS
FOUNDATION FOR LANDSCAPE STUDIES 7 WEST 81ST STREET NEW YORK, NY 10024	75-3186305	501(C)(3)	5,000.	0.			ENVIRONMENT
FOURTH PRESBYTERIAN CHURCH 126 E. CHESTNUT ST. CHICAGO, IL 60611	37-2167080	501(C)(3)	15,000.	0.			RELIGION-RELATED
FRANCISCAN MISSION SERVICE PO BOX 29034 WASHINGTON, DC 20017	41-2231503	501(C)(3)	6,000.	0.			RELIGION-RELATED
FRENCHMAN BAY CONSERVANCY PO BOX 150 HANCOCK, ME 04640	22-2849309	501(C)(3)	11,000.	0.			ENVIRONMENT
FRIENDS OF AL ROWWAD 233 NEEDHAM STREET, SUITE 300 NEWTON, MA 02464	26-3503743	501(C)(3)	10,000.	0.			INTERNATIONAL, FOREIGN AFFAIRS

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FRIENDS OF FLORENCE 4545 W. STREET NW WASHINGTON, DC 20007	91-1878427	501(C)(3)	5,000.	0.			ARTS, CULTURE & HUMANITIES
FUND FOR THE ARTS, INC. 623 WEST MAIN STREET LOUISVILLE, KY 40202	61-0479626	501(C)(3)	158,645.	0.			ARTS, CULTURE & HUMANITIES
GATEWAY FELLOWSHIP, INC. P.O. BOX 31 MILLERSBURG, OH 44654	34-1452343	501(C)(3)	5,000.	0.			RELIGION-RELATED
GILDA'S CLUB 633 BAXTER AVE LOUISVILLE, KY 40204	20-1635170	501(C)(3)	52,400.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES
GOLDEN RETRIEVER RESCUE & ADOPTION OF NEEDY DOGS INC. - PO BOX 6132 - LOUISVILLE, KY 40206	61-1314499	501(C)(3)	10,750.	0.			ANIMAL-RELATED
GOVERNOR'S SCHOLARS PROGRAM FOUNDATION - 1024 CAPITAL CENTER DRIVE, SUITE 210 - FRANKFORT, KY 40601	61-1393028	501(C)(3)	5,200.	0.			EDUCATION
GRACE BAPTIST CHURCH OF DANVILLE 2734 OLD STANFORD RD DANVILLE, KY 40422	61-0850199	501(C)(3)	15,900.	0.			RELIGION-RELATED
GRAND CANYON TRUST 2601 N. FT. VALLEY RD. FLAGSTAFF, AZ 86001	86-0512633	501(C)(3)	15,000.	0.			ENVIRONMENT
GREAT LAKES CENTER FOR THE ARTS 800 BAY HARBOR DRIVE BAY HARBOR, MI 49770	46-4121514	501(C)(3)	6,000.	0.			ARTS, CULTURE & HUMANITIES

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GREATER LOUISVILLE SPORTS COMMISSION - 401 W. MAIN ST., SUITE 2200 - LOUISVILLE, KY 40202	61-1365860	501(C)(3)	5,500.	0.			RECREATION & SPORTS
GREATER MUHLENBERG PARKS & RECREATION SYSTEM - PO BOX 169 - GREENVILLE, KY 42345	45-4955355	501(C)(3)	6,000.	0.			RECREATION & SPORT
HABITAT FOR HUMANITY OF METRO LOUISVILLE, INC. - 1620 BANK STREET - LOUISVILLE, KY 40203	58-1735528	501(C)(3)	13,150.	0.			HOUSING & SHELTER
HAND IN HAND MINISTRIES 2225 STEIER LANE LOUISVILLE, KY 40218	61-1352889	501(C)(3)	11,950.	0.			HUMAN SERVICES
HARBOR HOUSE OF LOUISVILLE 2231 LOWER HUNTERS TRACE LOUISVILLE, KY 40216	61-1216323	501(C)(3)	21,450.	0.			ARTS, CULTURE & HUMANITIES
HARVEST USA 715 TWINING ROAD, SUITE 200 DRESHER, PA 19025	23-2684968	501(C)(3)	10,000.	0.			MENTAL HEALTH & CRISIS INTERVENTION
HARVEY BROWNE PRESBYTERIAN CHURCH 311 BROWNS LANE LOUISVILLE, KY 40207	61-0529829	501(C)(3)	20,000.	0.			RELIGION-RELATED
HAWESVILLE BAPTIST CHURCH 290 MAIN ST. HAWESVILLE, KY 42348	61-0684801	501(C)(3)	7,000.	0.			RELIGION-RELATED
HEALING PLACE INC 1020 WEST MARKET STREET LOUISVILLE, KY 40202	61-1164775	501(C)(3)	48,950.	0.			MENTAL HEALTH & CRISIS INTERVENTION

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HEARTLAND OF KENTUCKY UNITED WAY 118 NORTH THIRD ST. DANVILLE, KY 40422	23-7166092	501(C)(3)	5,500.	0.			PHILANTHROPY, VOLUNTARISM
HEARTLAND CHURCH, INC. 9665 HAGUE ROAD INDIANAPOLIS, IN 46258	35-2108005	501(C)(3)	23,000.	0.			RELIGION-RELATED
HEUSER HEARING & LANGUAGE ACADEMY, INC. - 117 EAST KENTUCKY STREET - LOUISVILLE, KY 40203	61-0492369	501(C)(3)	11,425.	0.			EDUCATION
HIGHLAND PRESBYTERIAN CHURCH 1011 CHEROKEE ROAD LOUISVILLE, KY 40204	61-0538145	501(C)(3)	66,800.	0.			RELIGION-RELATED
HIGHLANDER RESEARCH & EDUCATION 1959 HIGHLANDER WAY NEW MARKET, TN 37820	62-0646373	501(C)(3)	7,000.	0.			ENVIRONMENT
HIGHVIEW BAPTIST CHURCH 7711 FEGENBUSH LANE LOUISVILLE, KY 40228	61-0601713	501(C)(3)	21,930.	0.			RELIGION-RELATED
HISTORIC LOCUST GROVE, INC. 561 BLANKENBAKER LANE LOUISVILLE, KY 40207	61-1390403	501(C)(3)	9,800.	0.			ARTS, CULTURE & HUMANITIES
HOLY CROSS HIGH SCHOOL 5144 DIXIE HIGHWAY LOUISVILLE, KY 40216	61-1053991	501(C)(3)	62,400.	0.			EDUCATION
HOLY TRINITY CHURCH 501 CHERRYWOOD ROAD LOUISVILLE, KY 40207	61-0507073	501(C)(3)	34,900.	0.			RELIGION-RELATED

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HOLY TRINITY EPISCOPAL CHURCH 5333 CLYDE PARK AVE. SW WYOMING, MI 49509	38-2481779	501(C)(3)	14,387.	0.			RELIGION-RELATED
HOME OF THE INNOCENTS 1100 E MARKET ST LOUISVILLE, KY 40206	61-0445834	501(C)(3)	15,550.	0.			HUMAN SERVICES
HOSPARUS INC 3532 EPHRAIM MCDOWELL DRIVE LOUISVILLE, KY 40205	61-0921718	501(C)(3)	16,250.	0.			HUMAN SERVICES
HOSPICE BRAZOS VALLEY, INC. 502 W. 26TH STREET BRYAN, TX 77803	74-2229794	501(C)(3)	5,000.	0.			HUMAN SERVICES
IMMANEL LUTHERAN CHURCH 2 MICHIGAN ST. NE GRAND RAPIDS, MI 49503	38-1368759	501(C)(3)	10,000.	0.			RELIGION-RELATED
INHERITANCE OF HOPE INC. PO BOX 90 PISGAH FOREST, NC 28768	75-3243566	501(C)(3)	5,500.	0.			HUMAN SERVICES
INICIATIVA GUATEMALA 4113 RECTORTOWN ROAD MARSHALL, VA 20115	46-2742791	501(C)(3)	5,000.	0.			HUMAN SERVICES
INTELLIGENT CHANGE INITIATIVES INC PO BOX 1049 LEXINGTON, KY 40588	61-1304888	501(C)(3)	6,000.	0.			SCIENCE & TECHNOLOGY
INTERNATIONAL RESCUE COMMITTEE INC. - 122 E. 42ND ST - NEW YORK, NY 10168	13-5660870	501(C)(3)	5,800.	0.			INTERNATIONAL, FOREIGN AFFAIRS

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ISAAC W. BERNHEIM FOUNDATION, INC. P.O. BOX 130 CLERMONT, KY 40110	61-0444651	501(C)(3)	9,890.	0.			ENVIRONMENT
JDRF INTERNATIONAL 11902 BRINLEY AVE, SUITE 100 LOUISVILLE, KY 40243	23-1907729	501(C)(3)	5,750.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES
JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION - 3332 NEWBURG ROAD - LOUISVILLE, KY 40232	61-1021128	GOVERNMENT	28,400.	0.			EDUCATION
JEWISH COMMUNITY OF LOUISVILLE INC. - 3600 DUTCHMANS LANE - LOUISVILLE, KY 40205	61-0444765	501(C)(3)	40,907.	0.			PHILANTHROPY, VOLUNTARISM
JEWISH FAMILY & VOCATIONAL SERVICES OF LOUISVILLE, INC. - 2821 KLEMPNER WAY - LOUISVILLE, KY 40205	61-0444704	501(C)(3)	6,816.	0.			HUMAN SERVICES
JUNIOR ACHIEVEMENT OF KENTUCKIANA 1401 W. MUHAMMAD ALI BLVD. LOUISVILLE, KY 40203	61-0476694	501(C)(3)	7,400.	0.			EDUCATION
JUSTFAITH MINISTRIES INC PO BOX 221348 LOUISVILLE, KY 40252	20-1377228	501(C)(3)	10,000.	0.			RELIGION-RELATED
KENTUCKY CENTER FOR THE ARTS ENDOWMENT FUND INC. - 501 W. MAIN ST. - LOUISVILLE, KY 40202	31-0999046	501(C)(3)	1,514,950.	0.			ARTS, CULTURE & HUMANITIES
KENTUCKY COLLEGE OF ART & DESIGN 845 S 3RD ST. LOUISVILLE, KY 40203	27-2232797	501(C)(3)	15,100.	0.			EDUCATION

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KENTUCKY COUNTRY DAY SCHOOL 4100 SPRINGDALE ROAD LOUISVILLE, KY 40241	61-0731998	501(C)(3)	6,600.	0.			EDUCATION
KENTUCKY DANCE COUNCIL, INC. 315 EAST MAIN STREET LOUISVILLE, KY 40202	61-6033779	501(C)(3)	19,825.	0.			ARTS, CULTURE & HUMANITIES
KENTUCKY DERBY MUSEUM 704 CENTRAL AVE. LOUISVILLE, KY 40208	31-1023459	501(C)(3)	6,500.	0.			ARTS, CULTURE & HUMANITIES
KENTUCKY EDUCATIONAL TELEVISION FOUNDATION, INC. - 600 COOPER DRIVE - LEXINGTON, KY 40502	61-0722558	501(C)(3)	8,470.	0.			ARTS, CULTURE & HUMANITIES
KENTUCKY ENTREPRENEUR HALL OF FAME 348 E. MAIN STREET LEXINGTON, KY 40507	45-4294345	501(C)(3)	10,000.	0.			ARTS, CULTURE & HUMANITIES
KENTUCKY HUMANE SOCIETY 1000 LYNDON LANE #B LOUISVILLE, KY 40222	61-0463938	501(C)(3)	15,350.	0.			ANIMAL-RELATED
KENTUCKY MUSEUM OF ART AND CRAFT 715 WEST MAIN STREET LOUISVILLE, KY 40202	61-0985312	501(C)(3)	16,500.	0.			ARTS, CULTURE & HUMANITIES
KENTUCKY NATURAL LANDS TRUST, INC. 433 CHESTNUT ST. BEREA, KY 40403	61-1276913	501(C)(3)	20,100.	0.			ENVIRONMENT
KENTUCKY OPERA ASSOCIATION 323 W. BROADWAY, SUITE 601 LOUISVILLE, KY 40202	61-6013111	501(C)(3)	41,150.	0.			ARTS, CULTURE & HUMANITIES



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KENTUCKY PUBLIC RADIO INC 619 SOUTH 4TH STREET LOUISVILLE, KY 40202	61-1259787	501(C)(3)	41,080.	0.			ARTS, CULTURE & HUMANITIES
KENTUCKY REFUGEE MINISTRIES INC. 1710 ALEXANDRIA DRIVE, SUITE 2 LEXINGTON, KY 40504	61-1229842	501(C)(3)	10,000.	0.			HUMAN SERVICES
KENTUCKY SHAKESPEARE FESTIVAL 323 W BROADWAY, #401 LOUISVILLE, KY 40202	61-6036654	501(C)(3)	12,200.	0.			ARTS, CULTURE & HUMANITIES
KENTUCKY TRUST FOR HISTORIC PRESERVATION INC - PO BOX 1112 - FRANKFORT, KY 40602	61-1328391	501(C)(3)	15,200.	0.			ARTS, CULTURE & HUMANITIES
KIPP METRO ATLANTA SCHOOLA 504 FAIR STREET SW, SUITE 300 ATLANTA, GA 30313	11-3723114	501(C)(3)	15,000.	0.			EDUCATION
KOKOMO FIRST CHURCH OF THE NAZARENE - 2734 S. WASHINGTON STREET - KOKOMO, IN 46902	35-1329534	501(C)(3)	11,000.	0.			RELIGION-RELATED
LA CASITA CENTER PO BOX 1844 LOUISVILLE, KY 40201	74-3178408	501(C)(3)	12,500.	0.			HUMAN SERVICES
LANCASTER BAPTIST CHURCH 201 RICHMOND ST. LANCASTER, KY 40444		501(C)(3)	25,000.	0.			RELIGION-RELATED
LEADERSHIP LOUISVILLE FOUNDATION 732 W. MAIN ST. LOUISVILLE, KY 40202	31-0958491	501(C)(3)	83,267.	0.			PUBLIC & SOCIETAL BENEFIT

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LEXINGTON PHILHARMONIC SOCIETY 161 N. MILL ST. LEXINGTON, KY 40507	61-6033529	501(C)(3)	10,000.	0.			ARTS, CULTURE & HUMANITIES
LEXINGTON SCHOOL, INC. 1050 LANE ALLEN ROAD LEXINGTON, KY 40504	61-0563291	501(C)(3)	5,000.	0.			EDUCATION
LIBERTY HALL, INC. 202 WILKINSON STREET FRANKFORT, KY 40601	61-0469278	501(C)(3)	12,750.	0.			ARTS, CULTURE & HUMANITIES
LIFE IN ABUNDANCE INTERNATIONAL PO BOX 660367 DALLAS, TX 75266	02-0587875	501(C)(3)	21,667.	0.			INTERNATIONAL, FOREIGN AFFAIRS
LIFE'S JOURNEY UNITED CHURCH OF CHRIST - 2121 EDGEWOOD AVE. - BURLINGTON, NC 27215	27-4368496	501(C)(3)	6,000.	0.			RELIGION-RELATED
LOUISVILLE CENTRAL COMMUNITY CENTER, INC. - 1300 W. MUHAMMAD ALI BLVD. - LOUISVILLE, KY 40203	61-0590743	501(C)(3)	7,000.	0.			HUMAN SERVICES
LOUISVILLE COLLEGIATE SCHOOL 2427 GLENMARY AVENUE LOUISVILLE, KY 40204	61-0449630	501(C)(3)	44,260.	0.			EDUCATION
LOUISVILLE FREE PUBLIC LIBRARY FOUNDATION - 301 YORK STREET - LOUISVILLE, KY 40203	61-0969361	501(C)(3)	16,061.	0.			EDUCATION
LOUISVILLE GROWS, INC. 1641 PORTLAND AVENUE LOUISVILLE, KY 40203	27-0959401	501(C)(3)	222,156.	0.			FOOD, AGRICULTURE & NUTRITION

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LOUISVILLE OLMSTED PARKS CONSERVANCY, INC. - 1299 TREVILIAN WAY - LOUISVILLE, KY 40213	61-1196368	501(C)(3)	64,745.	0.			RECREATION & SPORTS
LOUISVILLE ORCHESTRA, INC. 620 W. MAIN SUITE 600 LOUISVILLE, KY 40202	61-6000384	501(C)(3)	241,750.	0.			ARTS, CULTURE & HUMANITIES
LOUISVILLE PRESBYTERIAN THEOLOGICAL SEMINARY - 1044 ALTA VISTA ROAD - LOUISVILLE, KY 40205	61-0444768	501(C)(3)	250,900.	0.			EDUCATION
LOUISVILLE URBAN LEAGUE 1535 WEST BROADWAY LOUISVILLE, KY 40203	61-0444771	501(C)(3)	12,850.	0.			HUMAN SERVICES
LYNNHURST UNITED CHURCH OF CHRIST 4401 TAYLOR BOULEVARD LOUISVILLE, KY 40215	61-6014324	501(C)(3)	5,200.	0.			RELIGION-RELATED
MAIN STREET PRAYER CENTER INC. 35 N MAIN STREET MADISONVILLE, KY 42431	27-0273246	501(C)(3)	7,500.	0.			RELIGION-RELATED
MAINE COAST HERITAGE TRUST 1 BOWDOIN MILL ISLAND, SUITE 201 TOPSHAM, ME 04086	23-7099105	501(C)(3)	5,000.	0.			ENVIRONMENT
MARYHURST, INC. 1015 DORSEY LANE LOUISVILLE, KY 40223	31-1542209	501(C)(3)	16,800.	0.			MENTAL HEALTH & CRISIS INTERVENTION
MAYO CLINIC 200 FIRST ST. SW ROCHESTER, MN 55905	41-6011702	501(C)(3)	130,000.	0.			HEALTH CARE

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MEMORIAL CHURCH OF CHRIST 900 ECHO LANE HOUSTON, TX 77024	74-1548114	501(C)(3)	5,440.	0.			RELIGION-RELATED
MENTORKIDS KENTUCKY 2815 VEACH ROAD OWENSBORO, KY 42303	61-1222299	501(C)(3)	5,000.	0.			YOUTH DEVELOPMENT
METRO UNITED WAY P.O. BOX 4488 LOUISVILLE, KY 40204	61-0444680	501(C)(3)	376,350.	0.			PHILANTHROPY, VOLUNTARISM
METRO UNITED WAY, INC. PO BOX 4488 LOUISVILLE, KY 40204	61-0444680	501(C)(3)	12,500.	0.			PHILANTHROPY, VOLUNTARISM
MILTON ACADEMY 170 CENTRE STREET MILTON, MA 02186	04-2103603	501(C)(3)	5,000.	0.			EDUCATION
MOBILE MEDICAL DISASTER RELIEF 2110 GLADSTONE AVE. NASHVILLE, TN 37211	30-0345964	501(C)(3)	10,000.	0.			PUBLIC SAFETY, DISASTER PREPAREDNESS & RELIEF
MORIARTY CHURCH OF CHRIST PO BOX 277 MORIARTY, NM 87035	45-4980194	501(C)(3)	5,500.	0.			RELIGION-RELATED
MUHAMMAD ALI MUSEUM AND EDUCATION CENTER, INC. - 144 N. 6TH STREET - LOUISVILLE, KY 40202	61-1323046	501(C)(3)	11,300.	0.			ARTS, CULTURE & HUMANITIES
NAPERVILLE EVANGELICAL COVENANT CHURCH - 1150 HOBSON RD. - NAPERVILLE, IL 60540	51-0221694	501(C)(3)	22,500.	0.			RELIGION-RELATED

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NATIONAL ALOPECIA AREATA FOUNDATION - 65 MITCHELL BLVD. SUITE 200-B - SAN RAFAEL, CA 94903	94-2780249	501(C)(3)	10,000.	0.			HEALTH CARE
NATIONAL STEM CELL FOUNDATION 462 S. 4TH STREET, STE. 1230 LOUISVILLE, KY 40202	83-0392250	501(C)(3)	12,000.	0.			MEDICAL RESEARCH
NATIVITY ACADEMY AT ST. BONIFACE 529 E. LIBERTY STREET LOUISVILLE, KY 40202	51-0450314	501(C)(3)	12,836.	0.			EDUCATION
NATURAL RESOURCES DEFENSE COUNCIL 40 WEST 20TH STREET NEW YORK, NY 10011	13-2654926	501(C)(3)	25,350.	0.			ENVIRONMENT
NATURE CONSERVANCY - KENTUCKY CHAPTER - 114 WOODLAND AVE - LEXINGTON, KY 40502	53-0242652	501(C)(3)	79,200.	0.			ENVIRONMENT
NORTON HEALTHCARE FOUNDATION, INC. 234 E. GRAY ST. #450 LOUISVILLE, KY 40202	31-0914919	501(C)(3)	11,400.	0.			HEALTH CARE
NORTHWESTERN UNIVERSITY 1201 DAVIS ST. EVANSTON, IL 60208	36-2167817	501(C)(3)	5,000.	0.			EDUCATION
NOTRE DAME PRIORY 1202 PARK HILLS COURT LOUISVILLE, KY 40207	81-4071739	501(C)(3)	5,000.	0.			EDUCATION
NUBABILITY ATHLETICS FOUNDATION 8400 HIDDEN OAKS LANE TAMAROA, IL 62888	45-3724053	501(C)(3)	5,000.	0.			RECREATION & SPORTS

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OLDHAM COUNTY HISTORICAL SOCIETY, INC. - 106 N. 2ND ST. - LAGRANGE, KY 40031	61-1195581	501(C)(3)	5,000.	0.			ARTS, CULTURE & HUMANITIES
OPERALEX PO BOX 8463 LEXINGTON, KY 40533	61-1170162	501(C)(3)	10,000.	0.			ARTS, CULTURE & HUMANITIES
ORTHAPAEDIC RESEARCH EDUCATION FOUNDATION - 9400W. HIGGINS ROAD SUITE 215 - ROSEMONT, IL 60018	36-6009467	501(C)(3)	16,500.	0.			MEDICAL RESEARCH
OUR LADY OF TEPEYAC HIGH SCHOOL 2228 S. WHIPPLE CHICAGO, IL 60623	36-2170826	501(C)(3)	40,500.	0.			EDUCATION
OWENSBORO SYMPHONY ORCHESTRA 211 EAST 2ND STREET OWENSBORO, KY 42303	61-6055984	501(C)(3)	6,500.	0.			ARTS, CULTURE & HUMANITIES
OWSLEY BROWN FRAZIER HISTORICAL ARMS MUSEUM FOUNDATION, INC. - 829 W. MAIN ST. - LOUISVILLE, KY 40202	61-1378343	501(C)(3)	7,100.	0.			ARTS, CULTURE & HUMANITIES
PALDEN JAMSTE LING 1100 KINTAIL DRIVE RALEIGH, NC 27613	46-1533215	501(C)(3)	30,000.	0.			RELIGION-RELATED
PEACE EDUCATION PROGRAM, INC. 318 W. KENTUCKY ST. LOUISVILLE, KY 40203	61-1220204	501(C)(3)	13,500.	0.			HUMAN SERVICES
PHILLIPS EXETER ACADEMY 20 MAIN STREET EXETER, NH 03833	02-0222174	501(C)(3)	31,500.	0.			EDUCATION

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PLANNED PARENTHOOD OF INDIANA AND KENTUCKY - PO BOX 397 - INDIANAPOLIS, IN 46206	35-0874276	501(C)(3)	35,328.	0.			HEALTH CARE
PLEASANT GROVE BAPTIST CHURCH 5285 HYW. 44E SHEPHERDSVILLE, KY 40165	61-0605550	501(C)(3)	20,016.	0.			RELIGION-RELATED
POLITICAL RESEARCH ASSOCIATES 1310 BROADWAY, STE. 201 SOMERVILLE, MA 02144	36-3193323	501(C)(3)	7,000.	0.			SOCIAL SCIENCE
POST CLINIC INC. PO BOX 550 MT. STERLING, KY 40353	31-1515325	501(C)(3)	5,000.	0.			HEALTH CARE
PRENTICE CUP FOUNDATION 500 PARK AVE, 2ND FLOOR NEW YORK, NY 10022	04-3554606	501(C)(3)	15,000.	0.			INTERNATIONAL, FOREIGN AFFAIRS
PRESBYTERIAN CHURCH OF DANVILLE 500 W. MAIN ST. DANVILLE, KY 40422	61-0587173	501(C)(3)	22,000.	0.			RELIGION-RELATED
PRESENTATION ACADEMY 861 S. 4TH ST. LOUISVILLE, KY 40203	61-0447247	501(C)(3)	57,079.	0.			EDUCATION
PRISON FELLOWSHIP MINISTRIES PO BOX 1550 MERRIFIELD, VA 22116	62-0988294	501(C)(3)	5,200.	0.			HUMAN SERVICES
PROJECT SOUTH THE INSTITUTION FOR THE ELIMINATION PROVERY AN - 9 GAMMON AVE SE - ATLANTA, GA 30315	58-1956686	501(C)(3)	5,000.	0.			HUMAN SERVICES

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PROUTS NECK HISTORICAL SOCIETY PO BOX 993 SCARBOROUGH, ME 04070	37-1783639	501(C)(3)	5,200.	0.			ARTS, CULTURE & HUMANITIES
RAFIKI FOUNDATION, INC. PO BOX 1988 EUSTIS, FL 32727	74-2477089	501(C)(3)	5,000.	0.			HUMAN SERVICES
RANDOLPH COLLEGE 2500 RIVERMONT AVENUE LYNCHBURG, VA 24503	54-0505941	501(C)(3)	10,000.	0.			EDUCATION
RC ACTIVITIES 30 MANSELL CT, STE 103 ROSWELL, GA 30076	06-1500537	501(C)(3)	10,000.	0.			UNKNOWN
REASONS TO BELIEVE 818 S. OAK PARK ROAD COVINA, CA 91724	33-0168048	501(C)(3)	5,000.	0.			RELIGION-RELATED
REGIONAL CANCER CENTER CORPORATION 529 S. JACKSON STREET LOUISVILLE, KY 40202	61-0936656	501(C)(3)	8,000.	0.			MEDICAL RESEARCH
RELAPSING POLYCHONDritis AWARENESS AND SUPPORT FOUNDATION - 8843 78TH ST NW - ANNANDALE, MN 55302	46-2458916	501(C)(3)	8,125.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES
RESOURCE GENERATION 18 W. 27TH STREET, 2ND FLOOR NEW YORK, NY 10001	27-1847561	501(C)(3)	5,000.	0.			PHILANTHROPY, VOLUNTARISM
RHEMA CHRISTIAN CENTER 53584 AVIS STUART ROAD LEWISBURG, WV 24901	55-0642673	501(C)(3)	10,100.	0.			RELIGION-RELATED



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RIVER FIELDS, INC. 455 SOUTH 4TH ST, STE 990 LOUISVILLE, KY 40202	61-6032501	501(C)(3)	8,750.	0.			ENVIRONMENT
ROBERT E. LEE MEMORIAL ASSOCIATION, INC. - 483 GREAT HOUSE ROAD - STRATFORD, VA 22558	54-0536105	501(C)(3)	10,000.	0.			ARTS, CULTURE & HUMANITIES
ROOM TO READ 465 CALIFORNIA STREET SUITE 1000 SAN FRANCISCO, CA 94104	91-2003533	501(C)(3)	7,000.	0.			EDUCATION
ROSE-HULMAN INSTITUTE OF TECHNOLOGY - 5500 WABASH AVE - TERRA HAUTE, IN 47803	35-0868149	501(C)(3)	5,000.	0.			EDUCATION
ROTARY FUND OF LOUISVILLE, INC. 401 WEST MAIN ST #810 LOUISVILLE, KY 40202	61-6029858	501(C)(3)	22,100.	0.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
SACRED HEART SCHOOLS INC. 3177 LEXINGTON ROAD LOUISVILLE, KY 40206	61-1181710	501(C)(3)	20,500.	0.			EDUCATION
SAMARITAN'S PURSE PO BOX 3000 BOONE, NC 28607	58-1437002	501(C)(3)	5,200.	0.			RELIGION-RELATED
SANERGY, INC. 28 PARK STREET, #3 BROOKLINE, MA 02446	36-4688468	501(C)(3)	25,000.	0.			INTERNATIONAL, FOREIGN AFFAIRS
SCARLET HOPE 2305 SYCAMORE AVE LOUISVILLE, KY 40206	27-0804557	501(C)(3)	5,200.	0.			RELIGION-RELATED

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SCHOOL CHOICE SCHOLARSHIPS, INC. 2200 DUNDEE ROAD, SUITE B LOUISVILLE, KY 40205	31-1589289	501(C)(3)	13,100.	0.			EDUCATION
SCHWAB CHARITABLE FUND PO BOX 628298 ORLANDO, FL 32862	31-1640316	501(C)(3)	29,751.	0.			PHILANTHROPY, VOLUNTARISM
SECOND PRESBYTERIAN CHURCH 3701 OLD BROWNSBORO ROAD LOUISVILLE, KY 40207	61-0466721	501(C)(3)	149,545.	0.			RELIGION-RELATED
SEE JESUS NET PO BOX 197 TELFORD, PA 18969	23-3000534	501(C)(3)	10,000.	0.			RELIGION-RELATED
SHAKER VILLAGE OF PLEASANT HILL 3501 LEXINGTON ROAD HARRODSBURG, KY 40330	61-0592561	501(C)(3)	5,350.	0.			ARTS, CULTURE & HUMANITIES
SHAKERTOWN REVISITED, INC. PO BOX 1776 AUBURN, KY 42206	23-7173327	501(C)(3)	6,000.	0.			ARTS, CULTURE & HUMANITIES
SHAKESPEARE BEHIND BARS INC PO BOX 83 MACATAWA, MI 49434	27-3400469	501(C)(3)	6,000.	0.			ARTS, CULTURE & HUMANITIES
SHEPHERD'S HOUSE, INC. 154 BONNIE BRAE DRIVE LEXINGTON, KY 40508	61-1105573	501(C)(3)	10,000.	0.			MENTAL HEALTH & CRISIS INTERVENTION
SISTERS FOR LIFE EDUCATION FUND INC - PO BOX 32534 - LOUISVILLE, KY 40232	33-1061393	501(C)(3)	10,000.	0.			CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY

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SISTERS OF CHARITY OF NAZARETH PO BOX 9 NAZARETH, KY 40048	75-3124022	501(C)(3)	8,950.	0.			RELIGION-RELATED
SMITH COLLEGE PO BOX 340029 BOSTON, MA 02241	04-1843040	501(C)(3)	7,625.	0.			EDUCATION
SMITHVILLE FOOD PANTRY PO BOX 433 SMITHVILLE, TX 78957	74-2885979	501(C)(3)	10,000.	0.			FOOD, AGRICULTURE & NUTRITION
SMOKETOWN FAMILY WELLNESS CENTER PO BOX 4692 LOUISVILLE, KY 40204	47-4155748	501(C)(3)	13,229.	0.			HEALTH CARE
SOUTH LOUISVILLE COMMUNITY MINISTRIES, INC. - 415 1/2 W. ASHLAND AVE - LOUISVILLE, KY 40214	31-0891259	501(C)(3)	6,000.	0.			RELIGION-RELATED
SOUTHEAST CHRISTIAN CHURCH OF JEFFERSON COUNTY KENTUCKY INC. - 920 BLANKENBAKER PKWY - LOUISVILLE, KY 40243	61-0850307	501(C)(3)	170,936.	0.			RELIGION-RELATED
SOUTHERN POVERTY LAW CENTER, INC. 400 WASHINGTON AVE MONTGOMERY, AL 36104	63-0598743	501(C)(3)	6,000.	0.			CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY
SOUTHERN UTAH WILDERNESS ALLIANCE 425 EAST 100 SOUTH SALT LAKE CITY, UT 84111	94-2936961	501(C)(3)	13,320.	0.			ENVIRONMENT
SPALDING UNIVERSITY 845 S. THIRD ST. LOUISVILLE, KY 40203	61-0444780	501(C)(3)	31,750.	0.			EDUCATION

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SPEED ART MUSEUM 2035 SOUTH THIRD ST. LOUISVILLE, KY 40208	61-0444823	501(C)(3)	92,290.	0.			ARTS, CULTURE & HUMANITIES
ST. ALBERT THE GREAT CHURCH 1395 GIRARD DR. LOUISVILLE, KY 40222	61-0568020	501(C)(3)	38,000.	0.			RELIGION-RELATED
ST. ANDREW'S EPISCOPAL CHURCH 11 GLIDDEN ST. NEWCASTLE, ME 04553	01-0264364	501(C)(3)	60,000.	0.			RELIGION-RELATED
ST. BARTHOLOMEW CHURCH 8005 MIRAMAR PARKWAY MIRAMAR, FL 33025	59-0991188	501(C)(3)	11,000.	0.			RELIGION-RELATED
ST. BASIL CATHOLIC CHURCH 513 MONROE BLVD. SOUTH HAVEN, MI 49090	38-1961750	501(C)(3)	9,000.	0.			RELIGION-RELATED
ST. BERNADETTE CHURCH 6500 ST. BERNADETTE AVENUE PROSPECT, KY 40059	61-0447247	501(C)(3)	13,500.	0.			RELIGION-RELATED
ST. FRANCES OF ROME 2119 PAYNE ST. LOUISVILLE, KY 40206	61-0445829	501(C)(3)	5,700.	0.			RELIGION-RELATED
ST. FRANCIS IN THE FIELDS EPISCOPAL CHURCH - 6710 WOLF PEN BRANCH ROAD - HARRODS CREEK, KY 40027	61-0444805	501(C)(3)	101,300.	0.			RELIGION-RELATED
ST. FRANCIS SCHOOL INC. 11000 U.S. HWY. 42 GOSHEN, KY 40026	61-0663057	501(C)(3)	64,755.	0.			EDUCATION

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ST. IAKOVOS GREEK ORTHODOX CHURCH 36 W. 700 N. VALPARAISO, IN 46385	35-1509763	501(C)(3)	6,000.	0.			RELIGION-RELATED
ST. JAMES EPISCOPAL CHURCH PO BOX 507 LA GRANGE, TX 78945	74-6195723	501(C)(3)	10,800.	0.			RELIGION-RELATED
ST. JOHN CENTER FOR THE HOMELESS 700 EAST MUHAMMAD ALI BOULEVARD LOUISVILLE, KY 40202	61-1135907	501(C)(3)	10,425.	0.			HOUSING & SHELTER
ST. JOHN THE BAPTIST CATHOLIC CHURCH - PO BOX 510 - EDMOND, OK 73083	73-6095725	501(C)(3)	9,000.	0.			RELIGION-RELATED
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	19,600.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES
ST. LABRE INDIAN SCHOOL PO BOX 797 ASHLAND, MT 59003	81-0244542	501(C)(3)	5,000.	0.			EDUCATION
ST. LAWRENCE CATHOLIC CHURCH 1925 LEWISTON DRIVE LOUISVILLE, KY 40216	61-0447247	501(C)(3)	12,330.	0.			RELIGION-RELATED
ST. LEONARD CHURCH 440 ZORN AVENUE LOUISVILLE, KY 40206	61-0539297	501(C)(3)	6,750.	0.			RELIGION-RELATED
ST. MARGARET MARY CATHOLIC COMMUNITY - 7813 SHELBYVILLE ROAD - LOUISVILLE, KY 40222	61-0447247	501(C)(3)	34,000.	0.			RELIGION-RELATED

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ST. MARY OF THE KNOBS 5719 SAINT MARYS ROAD FLOYDS KNOBS, IN 47119	35-6033616	501(C)(3)	17,600.	0.			RELIGION-RELATED
ST. MARY OF THE WOODS PARISH, INC. 10534 MAIN CROSS STREET WHITESVILLE, KY 42378	61-0645071	501(C)(3)	6,000.	0.			RELIGION-RELATED
ST. MARY'S CATHOLIC CHURCH 125 W. 5TH STREET MOUNT CARMEL, IL 62863	37-0749197	501(C)(3)	6,000.	0.			RELIGION-RELATED
ST. MATTHEWS EPISCOPAL CHURCH 330 N HUBBARDS LANE LOUISVILLE, KY 40207	55-0641581	501(C)(3)	5,375.	0.			RELIGION-RELATED
ST. MATTHEW'S EPISCOPAL CHURCH 330 N HUBBARDS LANE LOUISVILLE, KY 40207	61-0476701	501(C)(3)	9,255.	0.			RELIGION-RELATED
ST. MEINRAD ARCHABBEY 200 HILL DRIVE ST. MEINRAD, IN 47577	35-0868161	501(C)(3)	12,500.	0.			RELIGION-RELATED
ST. PAUL PARISH SCHOOL 6901 DIXIE HWY LOUISVILLE, KY 40258	61-0464179	501(C)(3)	8,000.	0.			RELIGION-RELATED
ST. PAUL UNITED METHODIST CHURCH 200 DOUGLAS BLVD. LOUISVILLE, KY 40205	61-0444817	501(C)(3)	7,250.	0.			RELIGION-RELATED
ST. PAUL'S CATHOLIC CHURCH 425 WEST SHORT STREET LEXINGTON, KY 40507	61-1132894	501(C)(3)	5,000.	0.			RELIGION-RELATED

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ST. PAUL'S SCHOOL 325 PLEASANT STREET CONCORD, NH 03301	02-0222227	501(C)(3)	7,500.	0.			EDUCATION
ST. WILLIAM CHURCH 1226 W. OAK STREET LOUISVILLE, KY 40210	61-0447247	501(C)(3)	12,000.	0.			RELIGION-RELATED
ST. XAVIER HIGH SCHOOL 1609 POPLAR LEVEL ROAD LOUISVILLE, KY 40217	61-0447247	501(C)(3)	28,950.	0.			EDUCATION
START THE HEART FOUNDATION 7611 WOLFPEN RIDGE CT. PROSPECT, KY 40059	46-3998988	501(C)(3)	5,000.	0.			HUMAN SERVICES
TEACH KENTUCKY 907 BARRETT AVE LOUISVILLE, KY 40204	20-4009920	501(C)(3)	11,400.	0.			EDUCATION
TEACH TO TRANSFORM, INC. 7501 NEW LAGRANGE ROAD SUITE 2000 LOUISVILLE, KY 40222	45-4449839	501(C)(3)	5,000.	0.			INTERNATIONAL, FOREIGN AFFAIRS
THE DE PAUL SCHOOL 1925 DUKER AVENUE LOUISVILLE, KY 40205	61-0711082	501(C)(3)	5,100.	0.			EDUCATION
THE MORTON CENTER, INC. 1028 BARRETT AVE. LOUISVILLE, KY 40204	31-1068020	501(C)(3)	5,950.	0.			MENTAL HEALTH & CRISIS INTERVENTION
THE SALVATION ARMY - LOUISVILLE AREA COMMAND - P.O. BOX 1149 - LOUISVILLE, KY 40201	58-0660607	501(C)(3)	12,800.	0.			HUMAN SERVICES

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE TEMPLE-CONGREGATION ADATH ISRAEL BRITH SHOLOM - 5101 U.S. HIGHWAY 42 - LOUISVILLE, KY 40241	61-0918772	501(C)(3)	43,928.	0.			RELIGION-RELATED
THE UNIVERSITY OF LOUISVILLE FOUNDATION, INC. - 215 CENTRAL AVE., #300 - LOUISVILLE, KY 40208	23-7078461	501(C)(3)	51,600.	0.			EDUCATION
THOMAS JEFFERSON UNITARIAN CHURCH 4936 BROWNSBORO RD LOUISVILLE, KY 40222	61-0593460	501(C)(3)	11,609.	0.			RELIGION-RELATED
TIDES CENTER PO BOX 29907 SAN FRANCISCO, CA 94129	94-3213100	501(C)(3)	6,000.	0.			PUBLIC & SOCIETAL BENEFIT
TREESLOUISVILLE PO BOX 5816 LOUISVILLE, KY 40255	47-3739795	501(C)(3)	10,750.	0.			ENVIRONMENT
TRINITY HIGH SCHOOL FOUNDATION, INC. - 4011 SHELBYVILLE RD. - LOUISVILLE, KY 40207	31-1105966	501(C)(3)	17,375.	0.			EDUCATION
TRINITY UNITED METHODIST CHURCH 2796 CHARLESTOWN ROAD NEW ALBANY, IN 47150	35-1020930	501(C)(3)	5,000.	0.			RELIGION-RELATED
TRUSTEES OF THE SMITH COLLEGE P.O. BOX 340029 BOSTON, MA 02241	04-1843040	501(C)(3)	5,000.	0.			EDUCATION
UFM INTERNATIONAL, INC 10000 N. OAK TRAFFICWAY KANSAS CITY, MO 64155	23-1352564	501(C)(3)	5,000.	0.			RELIGION-RELATED



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

(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
UNBRIDLED CHARITABLE FOUNDATION, INC. - PO BOX 7331 - LOUISVILLE, KY 40257	46-2090072	501(C)(3)	5,000.	0.			PHILANTHROPY, VOLUNTARISM
UNITED WAY OF GREATER CINCINNATI 2400 READING ROAD CINCINNATI, OH 45202	31-0537502	501(C)(3)	10,000.	0.			PHILANTHROPY, VOLUNTARISM
UNITED WAY OF GREENBRIER VALLEY PO BOX 572 LEWISBURG, WV 24901	55-0665618	501(C)(3)	100,000.	0.			HUMAN SERVICES
UNITED WAY OF METROPOLITAN ATLANTA 100 EDGEWOOD AVENUE N.E. ATLANTA, GA 30303	58-0566194	501(C)(3)	10,000.	0.			HUMAN SERVICES
UNITED WAY OF MIDLAND COUNTY 220 W. MAIN STREET, SUITE 100 MIDLAND, MI 48640	38-1434224	501(C)(3)	15,000.	0.			PHILANTHROPY, VOLUNTARISM
UNITY OF LOUISVILLE, INC. 757 S. BROOK STREET LOUISVILLE, KY 40203	61-0469289	501(C)(3)	5,500.	0.			RELIGION-RELATED
UNIVERSITY OF KENTUCKY 210 MALABU DRIVE SUITE 200 LEXINGTON, KY 40502	61-6001218	GOVERNMENT	60,500.	0.			EDUCATION
UNIVERSITY OF LOUISVILLE 2323 SOUTH BROOK ST. LOUISVILLE, KY 40203	23-7078461	501(C)(3)	9,025.	0.			EDUCATION
UNIVERSITY OF VIRGINIA PO BOX 400331 CHARLOTTESVILLE, VA 22904	54-6001796	501(C)(3)	505,000.	0.			EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF VIRGINIA DARDEN SCHOOL FOUNDATION - PO BOX 7726 - CHARLOTTESVILLE, VA 22906	54-6046419	501(C)(3)	5,250.	0.			EDUCATION
UNIVERSITY OF VIRGINIA LAW SCHOOL FOUNDATION - 580 MASSIE ROAD - CHARLOTTESVILLE, VA 22903	54-0838566	501(C)(3)	11,250.	0.			EDUCATION
URSULINE SOCIETY AND ACADEMY OF EDUCATION - 3105 LEXINGTON ROAD - LOUISVILLE, KY 40206	61-0449662	501(C)(3)	6,500.	0.			RELIGION-RELATED
VANDERBILT UNIVERSITY 2301 VANDEBILT PLACE NASHVILLE, TN 37240	62-0476822	501(C)(3)	9,500.	0.			EDUCATION
VOLUNTEERS OF AMERICA MID-STATES 570 S FOURTH ST, #100 LOUISVILLE, KY 40202	61-0480950	501(C)(3)	115,800.	0.			HUMAN SERVICES
WABASH GENERAL HOSPITAL FOUNDATION 1418 COLLEGE DRIVE MOUNT CARMEL, IL 62863	37-1071901	501(C)(3)	5,000.	0.			HEALTH CARE
WASHINGTON & LEE UNIVERSITY 204 W. WASHINGTON ST LEXINGTON, VA 24450	54-0505977	501(C)(3)	24,700.	0.			EDUCATION
WASHINGTON UNIVERSITY IN ST. LOUIS ONE BROOKINGS DR. ST. LOUIS, MO 63130	43-0653611	501(C)(3)	17,700.	0.			EDUCATION
WATERFRONT DEVELOPMENT CORPORATION 129 RIVER ROAD LOUISVILLE, KY 40202	32-0049006	GOVERNMENT	8,128.	0.			RECREATION & SPORTS

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAYSIDE CHRISTIAN MISSION PO BOX 7249 LOUISVILLE, KY 40257	61-0667139	501(C)(3)	11,200.	0.			HUMAN SERVICES
WEST END PREPARATORY SCHOOL 3628 VIRGINIA AVENUE LOUISVILLE, KY 40211	04-3798875	501(C)(3)	105,700.	0.			EDUCATION
WEST LOUISVILLE TALENT EDUCATION CENTER INC. - 1316 S. 28TH STREET - LOUISVILLE, KY 40211	61-1342040	501(C)(3)	5,500.	0.			EDUCATION
WHITE ROCK PRESBYTERIAN CHURCH 310 ROVER BOULEVARD LOS ALAMOS, NM 87544	23-7000560	501(C)(3)	13,500.	0.			RELIGION-RELATED
WILMINGTON COLLEGE 1870 QUAKER WAY WILMINGTON, OH 45177	31-0537514	501(C)(3)	8,500.	0.			EDUCATION
WOODBERRY FOREST SCHOOL 402 WOODBERRY STATION WOODBERRY FOREST, VA 22989	54-0519590	501(C)(3)	22,400.	0.			EDUCATION
WORLD GOSPEL MISSION PO BOX 948 MARION, IN 46952	65-0339453	501(C)(3)	12,000.	0.			RELIGION-RELATED
WORLD HARVEST MISSION 101 WEST AVENUE #305 JENKINTOWN, PA 19046	23-2223692	501(C)(3)	15,600.	0.			RELIGION-RELATED
WORLD VISION P.O. BOX 9716 FEDERAL WAY, WA 98063	95-1922279	501(C)(3)	5,500.	0.			INTERNATIONAL, FOREIGN AFFAIRS

**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
WYCLIFFE ASSOCIATES PO BOX 620143 ORLANDO, FL 32862	95-2584324	501(C)(3)	5,000.	0.			RELIGION-RELATED
XAVIER UNIVERSITY 3800 VICTORY PARKWAY CINCINNATI, OH 45207	31-0537516	501(C)(3)	16,750.	0.			EDUCATION
YALE UNIVERSITY P.O. BOX 2038 NEW HAVEN, CT 06521	06-0646973	501(C)(3)	65,250.	0.			EDUCATION
YEW DELL, INC. P.O. BOX 1334 CRESTWOOD, KY 40014	61-1390688	501(C)(3)	10,150.	0.			ENVIRONMENT
YMCA OF GREATER LOUISVILLE 545 S. 2ND STREET LOUISVILLE, KY 40202	61-0444843	501(C)(3)	27,700.	0.			HUMAN SERVICES
YOUTH WITH A MISSION LOUISVILLE, INC. - PO BOX 22185 - LOUISVILLE, KY 40252	27-0604489	501(C)(3)	5,000.	0.			RELIGION-RELATED

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

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

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

PART I, LINE 2:

THE ORGANIZATION USES GUIDESTAR.ORG TO CONFIRM THAT THE RECIPIENT

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

DONATION IS SENT THE FOLLOWING INFORMATION IS PROVIDED TO EACH GRANT

RECIPIENT:

"ENCLOSED IS A GRANT DISTRIBUTION FROM THE COMMUNITY FOUNDATION OF

LOUISVILLE DEPOSITORY TO YOUR ORGANIZATION. YOU DO NOT NEED TO SEND A TAX

RECEIPT TO THE DONOR; HOWEVER, IF YOU WISH TO EXPRESS YOUR GRATITUDE,

**Part IV Supplemental Information**

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

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

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

INDIVIDUAL'S CHARITABLE TAX DEDUCTION.

BY ACCEPTING THIS CHECK YOUR ORGANIZATION CERTIFIES TO THE COMMUNITY

FOUNDATION OF LOUISVILLE THAT YOUR ORGANIZATION CONTINUES TO BE PUBLICLY

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

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

CLASSIFICATION.

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

RECEIVED BY ANY INDIVIDUALS OR ENTITIES CONNECTED WITH THE COMMUNITY

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

SATISFY THE PAYMENT OF ANY ENFORCEABLE PLEDGE OR LEGALLY BINDING FINANCIAL

OBLIGATION ON BEHALF OF THE DONOR.

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

ABOUT THIS DISTRIBUTION FROM THE COMMUNITY FOUNDATION OF LOUISVILLE."

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

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

SERVICE.

**SCHEDULE J  
(Form 990)**

**Compensation Information**

OMB No. 1545-0047

**2016**

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

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

▶ Attach to Form 990.

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

Open to Public Inspection

Department of the Treasury  
Internal Revenue Service

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

Employer identification number  
31-1140889

**Part I Questions Regarding Compensation**

- 1a** Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.
- |  |   |
|--|---|
| <input type="checkbox"/> First-class or charter travel             | <input type="checkbox"/> Housing allowance or residence for personal use    |
| <input type="checkbox"/> Travel for companions                     | <input type="checkbox"/> Payments for business use of personal residence    |
| <input type="checkbox"/> Tax indemnification and gross-up payments | <input type="checkbox"/> Health or social club dues or initiation fees      |
| <input type="checkbox"/> Discretionary spending account            | <input type="checkbox"/> Personal services (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 .....
- 2** Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, and officers, including the CEO/Executive Director, regarding the items checked on line 1a? .....
- 3** Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.
- |  |  |
|--|--|
| <input type="checkbox"/> Compensation committee              | <input type="checkbox"/> Written employment contract                     |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study                    |
| <input type="checkbox"/> Form 990 of other organizations     | <input type="checkbox"/> Approval by the board or compensation committee |
- 4** During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:
- a** Receive a severance payment or change-of-control payment? .....
- b** Participate in, or receive payment from, a supplemental nonqualified retirement plan? .....
- c** Participate in, or receive payment from, an equity-based compensation arrangement? .....
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.
- Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.**
- 5** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:
- a** The organization? .....
- b** Any related organization? .....
- If "Yes" 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? .....
- b** Any related organization? .....
- If "Yes" on line 6a or 6b, describe in Part III.
- 7** For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III .....
- 8** Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III .....
- 9** If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)? .....

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

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

Schedule J (Form 990) 2016

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

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

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

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation in column (B) reported as deferred on prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
(1) SUSAN A BARRY PRESIDENT & CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	262,484.	0.	0.	12,273.	12,380.	287,137.	0.
(2) MATTHEW L. BACON VP & CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	135,847.	0.	0.	6,974.	9,528.	152,349.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							



**Part III Supplemental Information**

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

Horizontal lines for supplemental information input.

**SCHEDULE M  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**Noncash Contributions**

OMB No. 1545-0047

**2016**

Open To Public  
Inspection

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

Name of the organization **THE COMMUNITY FOUNDATION OF LOUISVILLE  
DEPOSITORY, INC.** Employer identification number **31-1140889**

**Part I Types of Property**

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods				
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	203	8,295,947	FMV AT DATE OF GIFT
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ( )				
26 Other ( )				
27 Other ( )				
28 Other ( )				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 0

	Yes	No
30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?	X	
32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization didn't report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

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

Schedule M (Form 990) (2016)

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

SCHEDULE M, LINE 32B:

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

SECURITIES.

**SCHEDULE O**  
**(Form 990 or 990-EZ)**

**Supplemental Information to Form 990 or 990-EZ**

OMB No. 1545-0047

**2016**

**Open to Public Inspection**

Department of the Treasury  
Internal Revenue Service

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

▶ Attach to Form 990 or 990-EZ.

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

Name of the organization THE COMMUNITY FOUNDATION OF LOUISVILLE DEPOSITORY, INC.	Employer identification number 31-1140889
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FORM 990, PART VI, SECTION B, LINE 11B:

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

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

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

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

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

PRESIDENT.

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

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

MIGHT INTERFERE WITH THE DISCHARGE OF THEIR RESPONSIBILITY OR IN

TRANSACTIONS THAT REASONABLY MIGHT AFFECT THE JUDGMENT EXERCISE ON BEHALF

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

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

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

CONFLICT OF INTEREST DISCLOSURE FORM FROM TIME TO TIME WHICH THE

ORGANIZATION WILL KEEP ON FILE.

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

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

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

CONFLICT OF INTEREST.

THE ORGANIZATION BELIEVES THAT ITS OFFICERS, DIRECTORS AND KEY EMPLOYEES

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

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

HANDLED THROUGH FULL DISCLOSURE OF SUCH INTERESTS, TOGETHER WITH

NONINVOLVEMENT IN ANY VOTE WHERE SUCH A CONFLICT EXISTS.

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

Schedule O (Form 990 or 990-EZ) (2016)

Name of the organization THE COMMUNITY FOUNDATION OF LOUISVILLE DEPOSITORY, INC.	Employer identification number 31-1140889
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EACH OFFICER, DIRECTOR AND KEY EMPLOYEE IS REQUESTED TO PROVIDE ANNUALLY TO THE PRESIDENT OF CFL A LIST OF OFFICES AND DIRECTORSHIPS HE OR SHE HOLDS IN CHARITABLE AND BUSINESS ORGANIZATIONS, AND TO IDENTIFY HIS OR HER PLACE OF EMPLOYMENT OR PRINCIPAL BUSINESS ACTIVITY.

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

PRIOR TO VOTING ON OR OTHERWISE DISCHARGING HIS OR HER DUTIES.

PRIOR TO ENTERING INTO ANY CONTRACT WHICH COMES BEFORE THE BOARD OR ANY COMMITTEE;

AS SOON AS POSSIBLE AFTER THE INDIVIDUAL LEARNS OF A CONFLICT OF INTEREST IN ANY OTHER CONTEXT.

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

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

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

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

Name of the organization THE COMMUNITY FOUNDATION OF LOUISVILLE DEPOSITORY, INC.	Employer identification number 31-1140889
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THE ORGANIZATION MAKES ITS FINANCIAL STATEMENTS, CONFLICT OF INTEREST POLICY, AND GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

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

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

**SCHEDULE R  
(Form 990)**

Department of the Treasury  
Internal Revenue Service

**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.

▶ Information about Schedule R (Form 990) and its instructions is at [www.irs.gov/form990](http://www.irs.gov/form990).

OMB No. 1545-0047

**2016**

Open to Public Inspection

Name of the organization THE COMMUNITY FOUNDATION OF LOUISVILLE DEPOSITORY, INC. Employer identification number 31-1140889

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE COMMUNITY FOUNDATION OF LOUISVILLE, INC. - 31-0997017, 325 W. MAIN STREET, SUITE 1110, LOUISVILLE, KY 40202	FACILITATE INDIVIDUAL DONORS' CHARITABLE GIVING	KENTUCKY	501(C)(3)	7	N/A		X
FELIX E. MARTIN JR. FOUNDATION, INC - 26-2193468, 325 W. MAIN STREET, SUITE 1110, LOUISVILLE, KY 40202	TYPE I SUPPORTING ORGANIZATION - MAINTAIN AND RECEIVE CONTRIBUTIONS	KENTUCKY	501(C)(3)	11 TYPE 1	COMMUNITY FOUNDATION OF LOUISVILLE, INC.		X
THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY, INC. - 61-11009, 325 W. MAIN STREET, SUITE 1110, LOUISVILLE, KY	FACILITATE INDIVIDUAL DONORS' CHARITABLE GIVING	KENTUCKY	501(C)(3)	7	COMMUNITY FOUNDATION OF LOUISVILLE, INC.		X
THE REAL ESTATE ASSET LEGACY FOUNDATION OF KENTUCKY, INC - 26-2417672, 325 W. MAIN STREET, SUITE 1110, LOUISVILLE, KY 40202	TYPE I SUPPORTING ORGANIZATION - MAINTAIN AND RECEIVE CONTRIBUTIONS	KENTUCKY	501(C)(3)	11 TYPE 1	COMMUNITY FOUNDATION OF LOUISVILLE, INC.		X

**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	(g) Section 512(b)(13) controlled organization?	
						Yes	No
LOUISVILLE ORCHESTRA FOUNDATION, INC. - 20-1546969, 323 W. BROADWAY, SUITE 700, LOUISVILLE, KY 40202	TYPE I SUPPORTING ORGANIZATION - MAINTAIN AND RECEIVE CONTRIBUTIONS	KENTUCKY	501(C)(3)	11 TYPE 1	LOUISVILLE ORCHESTRA, INC.		X



**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	(c) Legal domicile (state or foreign country)	(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	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

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

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

	Yes	No
<b>1</b> During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?		
<b>a</b> Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity .....		X
<b>b</b> Gift, grant, or capital contribution to related organization(s) .....	X	
<b>c</b> Gift, grant, or capital contribution from related organization(s) .....	X	
<b>d</b> Loans or loan guarantees to or for related organization(s) .....		X
<b>e</b> Loans or loan guarantees by related organization(s) .....		X
<b>f</b> Dividends from related organization(s) .....		X
<b>g</b> Sale of assets to related organization(s) .....		X
<b>h</b> Purchase of assets from related organization(s) .....		X
<b>i</b> Exchange of assets with related organization(s) .....		X
<b>j</b> Lease of facilities, equipment, or other assets to related organization(s) .....		X
<b>k</b> Lease of facilities, equipment, or other assets from related organization(s) .....		X
<b>l</b> Performance of services or membership or fundraising solicitations for related organization(s) .....		X
<b>m</b> Performance of services or membership or fundraising solicitations by related organization(s) .....		X
<b>n</b> Sharing of facilities, equipment, mailing lists, or other assets with related organization(s) .....	X	
<b>o</b> Sharing of paid employees with related organization(s) .....	X	
<b>p</b> Reimbursement paid to related organization(s) for expenses .....		X
<b>q</b> Reimbursement paid by related organization(s) for expenses .....		X
<b>r</b> Other transfer of cash or property to related organization(s) .....		X
<b>s</b> Other transfer of cash or property from related organization(s) .....		X

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

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

**Part 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)	(d) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(e) Are all partners sec. 501(c)(3) orgs.?		(f) Share of total income	(g) Share of end-of-year assets	(h) Dispropor- tionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	

**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, INC.

EIN: 61-1100993

325 W. MAIN STREET, SUITE 1110

LOUISVILLE, KY 40202

# Application for Automatic Extension of Time To File an Exempt Organization Return

Department of the Treasury  
Internal Revenue Service

▶ **File a separate application for each return.**

▶ **Information about Form 8868 and its instructions is at [www.irs.gov/form8868](http://www.irs.gov/form8868) .**

**Electronic filing (e-file).** You can electronically file Form 8868 to request a 6-month automatic extension of time to file any of the forms listed below with the exception of Form 8870, Information Return for Transfers Associated With Certain Personal Benefit Contracts, for which an extension request must be sent to the IRS in paper format (see instructions). For more details on the electronic filing of this form, visit [www.irs.gov/efile](http://www.irs.gov/efile), click on Charities & Non-Profits, and click on e-file for Charities and Non-Profits.

**Automatic 6-Month Extension of Time.** Only submit original (no copies needed).

All corporations required to file an income tax return other than Form 990-T (including 1120-C filers), partnerships, REMICs, and trusts must use Form 7004 to request an extension of time to file income tax returns.

	Enter filer's identifying number	
<b>Type or print</b>	Name of exempt organization or other filer, see instructions. THE COMMUNITY FOUNDATION OF LOUISVILLE DEPOSITORY, INC.	Employer identification number (EIN) or  31-1140889
File by the due date for filing your return. See instructions.	Number, street, and room or suite no. If a P.O. box, see instructions. 325 W MAIN STREET, NO. 1110	Social security number (SSN)
	City, town or post office, state, and ZIP code. For a foreign address, see instructions. LOUISVILLE, KY 40202	

Enter the Return Code for the return that this application is for (file a separate application for each return) 0 1

Application Is For	Return Code	Application Is For	Return Code
Form 990 or Form 990-EZ	01	Form 990-T (corporation)	07
Form 990-BL	02	Form 1041-A	08
Form 4720 (individual)	03	Form 4720 (other than individual)	09
Form 990-PF	04	Form 5227	10
Form 990-T (sec. 401(a) or 408(a) trust)	05	Form 6069	11
Form 990-T (trust other than above)	06	Form 8870	12

MATTHEW L. BACON

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

**1** I request an automatic 6-month extension of time until MAY 15, 2018, to file the exempt organization return for the organization named above. The extension is for the organization's return for:

- ▶  calendar year \_\_\_\_\_ or
- ▶  tax year beginning JUL 1, 2016, and ending JUN 30, 2017.

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

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

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

LHA **For Privacy Act and Paperwork Reduction Act Notice, see instructions.**

Form **8868** (Rev. 1-2017)

MAIL TO: DEPARTMENT OF THE TREASURY  
INTERNAL REVENUE SERVICE CENTER  
OGDEN, UT 84201-0045