

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, INC. Doing business as		<b>D</b> Employer identification number 31-0997017
	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 \$ 189,361,061.
	<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>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>H(c)</b> Group exemption number ▶

**J** Website: ▶ WWW.CFLOUISVILLE.ORG

**K** Form of organization:  Corporation  Trust  Association  Other ▶ **L** Year of formation: 1984 **M** State of legal domicile: KY

## Part I Summary

Activities & Governance	<b>1</b> Briefly describe the organization's mission or most significant activities: TO STRENGTHEN OUR REGION THROUGH INSPIRED PHILANTHROPY AND OUTSTANDING STEWARDSHIP.		
	<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>	25
	<b>4</b> Number of independent voting members of the governing body (Part VI, line 1b)	<b>4</b>	25
	<b>5</b> Total number of individuals employed in calendar year 2016 (Part V, line 2a)	<b>5</b>	37
	<b>6</b> Total number of volunteers (estimate if necessary)	<b>6</b>	40
	<b>7a</b> Total unrelated business revenue from Part VIII, column (C), line 12	<b>7a</b>	-18,076.
<b>b</b> Net unrelated business taxable income from Form 990-T, line 34	<b>7b</b>	-18,076.	
Revenue	<b>8</b> Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	<b>9</b> Program service revenue (Part VIII, line 2g)	30,558,111.	48,477,641.
	<b>10</b> Investment income (Part VIII, column (A), lines 3, 4, and 7d)	2,829,666.	885,734.
	<b>11</b> Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	13,651,030.	15,651,697.
	<b>12</b> Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	0.
Expenses	<b>13</b> Grants and similar amounts paid (Part IX, column (A), lines 1-3)	47,038,807.	65,015,072.
	<b>14</b> Benefits paid to or for members (Part IX, column (A), line 4)	29,247,778.	50,998,824.
	<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)	1,877,458.	2,016,906.
	<b>b</b> Total fundraising expenses (Part IX, column (D), line 25) ▶ 682,247.	0.	0.
	<b>17</b> Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	3,620,005.	1,938,991.
	<b>18</b> Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	34,745,241.	54,954,721.
<b>19</b> Revenue less expenses. Subtract line 18 from line 12	12,293,566.	10,060,351.	
Net Assets or Fund Balances	<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)	334,223,495.	367,979,673.
	<b>22</b> Net assets or fund balances. Subtract line 21 from line 20	19,957,358.	20,547,015.

## 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.

Sign Here	Signature of officer		Date
	MATTHEW L. BACON, VICE PRESIDENT & CFO		
Paid Preparer Use Only	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
	462 S. FOURTH ST., SUITE 2600		Phone no. (502) 749-1900
LOUISVILLE, KY 40202-3445			

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  No  
If "Yes," describe these new services on Schedule O.

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

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

**4a** (Code: \_\_\_\_\_) (Expenses \$ 51,729,644. including grants of \$ 50,998,824.) (Revenue \$ 885,734.)  
DISTRIBUTE CONTRIBUTIONS AND GRANTS TO 501(C)(3) ORGANIZATIONS  
CLASSIFIED AS 509(A).

**4b** (Code: \_\_\_\_\_) (Expenses \$ 83,568. including grants of \$ \_\_\_\_\_) (Revenue \$ \_\_\_\_\_)  
GIFT ANNUITIES

**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 **▶** 51,813,212.

**Part IV Checklist of Required Schedules**

	Yes	No
<b>1</b> Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i> .....	X	
<b>2</b> Is the organization required to complete <i>Schedule B, Schedule of Contributors?</i> .....	X	
<b>3</b> Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i> .....		X
<b>4 Section 501(c)(3) organizations.</b> Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i> .....		X
<b>5</b> Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i> .....		X
<b>6</b> Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i> .....	X	
<b>7</b> Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i> .....		X
<b>8</b> Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i> .....		X
<b>9</b> Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i> .....		X
<b>10</b> Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i> .....	X	
<b>11</b> If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
<b>a</b> Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i> .....	X	
<b>b</b> Did the organization report an amount for investments - other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i> .....		X
<b>c</b> Did the organization report an amount for investments - program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i> .....		X
<b>d</b> Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i> .....		X
<b>e</b> Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>f</b> Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i> .....	X	
<b>12a</b> Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i> .....		X
<b>b</b> Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i> .....	X	
<b>13</b> Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i> .....		X
<b>14a</b> Did the organization maintain an office, employees, or agents outside of the United States? .....		X
<b>b</b> Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i> .....		X
<b>15</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i> .....		X
<b>16</b> Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i> .....		X
<b>17</b> Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i> .....		X
<b>18</b> Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i> .....		X
<b>19</b> Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i> .....		X

**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

		Yes	No
<b>1a</b>	Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
<b>1b</b>	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
<b>1c</b>	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	
<b>2a</b>	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return		
<b>2b</b>	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? <b>Note.</b> If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)	X	
<b>3a</b>	Did the organization have unrelated business gross income of \$1,000 or more during the year?		X
<b>3b</b>	If "Yes," has it filed a Form 990-T for this year? If "No," to line 3b, provide an explanation in Schedule O		
<b>4a</b>	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)?		X
<b>4b</b>	If "Yes," enter the name of the foreign country: See instructions for filing requirements for FinCEN Form 114, Report of Foreign Bank and Financial Accounts (FBAR).		
<b>5a</b>	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year?		X
<b>5b</b>	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?		X
<b>5c</b>	If "Yes," to line 5a or 5b, did the organization file Form 8886-T?		
<b>6a</b>	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions?		X
<b>6b</b>	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible?		
<b>7</b>	<b>Organizations that may receive deductible contributions under section 170(c).</b>		
<b>7a</b>	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor?		X
<b>7b</b>	If "Yes," did the organization notify the donor of the value of the goods or services provided?		
<b>7c</b>	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282?		X
<b>7d</b>	If "Yes," indicate the number of Forms 8282 filed during the year		
<b>7e</b>	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?		X
<b>7f</b>	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract?		X
<b>7g</b>	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required?		
<b>7h</b>	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C?		
<b>8</b>	<b>Sponsoring organizations maintaining donor advised funds.</b> Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year?		X
<b>9</b>	<b>Sponsoring organizations maintaining donor advised funds.</b>		
<b>9a</b>	Did the sponsoring organization make any taxable distributions under section 4966?		X
<b>9b</b>	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person?		X
<b>10</b>	<b>Section 501(c)(7) organizations.</b> Enter:		
<b>10a</b>	Initiation fees and capital contributions included on Part VIII, line 12		
<b>10b</b>	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities		
<b>11</b>	<b>Section 501(c)(12) organizations.</b> Enter:		
<b>11a</b>	Gross income from members or shareholders		
<b>11b</b>	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)		
<b>12a</b>	<b>Section 4947(a)(1) non-exempt charitable trusts.</b> Is the organization filing Form 990 in lieu of Form 1041?		
<b>12b</b>	If "Yes," enter the amount of tax-exempt interest received or accrued during the year		
<b>13</b>	<b>Section 501(c)(29) qualified nonprofit health insurance issuers.</b>		
<b>13a</b>	Is the organization licensed to issue qualified health plans in more than one state? <b>Note.</b> See the instructions for additional information the organization must report on Schedule O.		
<b>13b</b>	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans		
<b>13c</b>	Enter the amount of reserves on hand		
<b>14a</b>	Did the organization receive any payments for indoor tanning services during the tax year?		X
<b>14b</b>	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation in Schedule O		

**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 BOARD	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 BOARD SECRETARY	2.00 4.00	X		X				0.	0.	0.
(4) GARY ULMER BOARD TREASURER	2.00 4.00	X		X				0.	0.	0.
(5) M.CLAIRE ALAGIA DIRECTOR	2.00 4.00	X						0.	0.	0.
(6) STEPHANIE BATEMAN DIRECTOR	1.00	X						0.	0.	0.
(7) JULIE LAVALLE JONES DIRECTOR	1.00	X						0.	0.	0.
(8) VINCE JACKSON DIRECTOR	1.00	X						0.	0.	0.
(9) SUZANNE BERGMEISTER DIRECTOR	2.00 4.00	X						0.	0.	0.
(10) AUDREY D. KLINE DIRECTOR	1.00	X						0.	0.	0.
(11) MARK A. CAMPISANO DIRECTOR	2.00 4.00	X						0.	0.	0.
(12) NIRUPAMA KULKARNI DIRECTOR	1.00	X						0.	0.	0.
(13) HARRIET L. LAIR DIRECTOR	2.00 4.00	X						0.	0.	0.
(14) DAVID TACHAU DIRECTOR	1.00	X						0.	0.	0.
(15) DOROTHY S. RIDINGS DIRECTOR	2.00 4.00	X						0.	0.	0.
(16) WILLIAM R. MAPOTHER DIRECTOR	1.00	X						0.	0.	0.
(17) DEBORAH WILLIAMS DIRECTOR	2.00 4.00	X						0.	0.	0.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(18) GWEN KELLY DIRECTOR (TERM BEGAN 9/2016)	1.00	X						0.	0.	0.
(19) SUSAN ZEPEDA DIRECTOR (TERM BEGAN 9/2016)	2.00	X						0.	0.	0.
(20) WILLIAM "BILL" COOK DIRECTOR (TERM BEGAN 9/2016)	2.00	X						0.	0.	0.
(21) WILLIAM G. STRENCH DIRECTOR	1.00	X						0.	0.	0.
(22) CHARLE J. KANE, JR. DIRECTOR	1.00	X						0.	0.	0.
(23) DEBORAH MOESSNER DIRECTOR (TERM END 9/2016)	1.00	X						0.	0.	0.
(24) JAMES H. TAYLOR DIRECTOR	1.00	X						0.	0.	0.
(25) JOAN COLEMAN DIRECTOR (TERM END 9/2016)	1.00	X						0.	0.	0.
(26) MICHAEL MASICK DIRECTOR	1.00	X						0.	0.	0.
<b>1b Sub-total</b>								0.	0.	0.
<b>c Total from continuation sheets to Part VII, Section A</b>								934,211.	0.	107,713.
<b>d Total (add lines 1b and 1c)</b>								934,211.	0.	107,713.

**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 **7**

	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
FOURTH STREET PERFORMANCE PARTNERS, 211 GARRARD STREET, COVINGTON, KY 41011-1715	INVESTMENT MANAGEMENT FEES	111,425.

**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 **1**

SEE PART VII, SECTION A CONTINUATION SHEETS



**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 (check all that apply)						(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			
(27) WILLIAM O. PRICE DIRECTOR (TERM END 9/2016)	1.00  X	X						0.	0.	0.
(28) MARSHALL BRADLEY, JR. CHAIR EMIRITUS	2.00  4.00 X	X						0.	0.	0.
(29) SUSAN A BARRY PRESIDENT & CEO	30.00  10.00			X				262,484.	0.	24,653.
(30) MATTHEW L. BACON VP & CFO	30.00  10.00			X				135,847.	0.	16,502.
(31) MICHAEL J. SCHULTZ VP, DEVELOPMENT & STEWARDS	30.00  10.00			X				101,911.	0.	22,911.
(32) CARA BARIBEAU VP, COMMUNICATIONS & MARKE	30.00  10.00			X				93,310.	0.	21,102.
(33) TRISHA FINNEGAN VP, MISSION & IMPACT	30.00  10.00			X				101,637.	0.	12,273.
(34) SAMUEL CORBETT DIRECTOR, JCPE FOUNDATION	40.00  X				X			128,717.	0.	4,766.
(35) VERONICA COMBS DIRECTOR, IHAWS	40.00  X				X			110,305.	0.	5,506.
Total to Part VII, Section A, line 1c								934,211.		107,713.

**Part VIII Statement of Revenue**

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

			(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512 - 514	
<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>	1,979,073.				
	<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>	46,498,568.				
	<b>g</b> Noncash contributions included in lines 1a-1f: \$ .....		23,980,615.				
	<b>h Total.</b> Add lines 1a-1f .....		48,477,641.				
<b>Program Service Revenue</b>	<b>2 a</b> ADMIN FUND FEES .....	<b>Business Code</b> 900009	885,734.	885,734.			
	<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 .....		885,734.				
<b>Other Revenue</b>	<b>3</b> Investment income (including dividends, interest, and other similar amounts) .....		8,242,072.		-18,076.	8,260,148.	
	<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				
		131,755,614.					
		<b>b</b> Less: cost or other basis and sales expenses .....					
		124,345,989.					
	<b>c</b> Gain or (loss) .....						
	7,409,625.						
	<b>d</b> Net gain or (loss) .....			7,409,625.		7,409,625.	
	<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. ....			65,015,072.	885,734.	-18,076.	15,669,773.	

**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 ...	50,998,824.	50,998,824.		
<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 .....	792,630.	294,066.	408,997.	89,567.
<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 .....	953,206.	203,635.	531,416.	218,155.
<b>8</b> Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions) .....	47,290.	10,098.	26,365.	10,827.
<b>9</b> Other employee benefits .....	99,968.	22,268.	55,492.	22,208.
<b>10</b> Payroll taxes .....	123,812.	34,668.	66,858.	22,286.
<b>11</b> Fees for services (non-employees):				
<b>a</b> Management .....				
<b>b</b> Legal .....	29,645.	5,929.	21,048.	2,668.
<b>c</b> Accounting .....	34,533.		29,698.	4,835.
<b>d</b> Lobbying .....				
<b>e</b> Professional fundraising services. See Part IV, line 17				
<b>f</b> Investment management fees .....	859,712.		859,712.	
<b>g</b> Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	26,293.	7,099.	15,513.	3,681.
<b>12</b> Advertising and promotion .....	121,163.			121,163.
<b>13</b> Office expenses .....	89,700.	24,219.	52,923.	12,558.
<b>14</b> Information technology .....	50,465.	13,626.	29,774.	7,065.
<b>15</b> Royalties .....				
<b>16</b> Occupancy .....	173,123.	46,743.	102,143.	24,237.
<b>17</b> Travel .....	18,630.	5,030.	10,992.	2,608.
<b>18</b> Payments of travel or entertainment expenses for any federal, state, or local public officials				
<b>19</b> Conferences, conventions, and meetings .....	11,399.	3,078.	6,725.	1,596.
<b>20</b> Interest .....				
<b>21</b> Payments to affiliates .....				
<b>22</b> Depreciation, depletion, and amortization .....	76,670.	20,701.	45,235.	10,734.
<b>23</b> Insurance .....	40,790.	11,013.	24,066.	5,711.
<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> MISCELLANEOUS	172,370.	46,540.	101,698.	24,132.
<b>b</b> CREDIT CARD FEES	67,785.			67,785.
<b>c</b> DEFERRED TRUST DIST.	51,471.	51,471.		
<b>d</b> MEMBERSHIPS	37,558.		32,300.	5,258.
<b>e</b> All other expenses	77,684.	14,204.	38,307.	25,173.
<b>25</b> Total functional expenses. Add lines 1 through 24e	54,954,721.	51,813,212.	2,459,262.	682,247.
<b>26</b> Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				
Check here <input type="checkbox"/> 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 .....	1,384,887.	<b>1</b>	1,148,298.
	<b>2</b> Savings and temporary cash investments .....		<b>2</b>	
	<b>3</b> Pledges and grants receivable, net .....	4,242,775.	<b>3</b>	5,899,636.
	<b>4</b> Accounts receivable, net .....	974,565.	<b>4</b>	362,050.
	<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 .....	631,454.	<b>7</b>	851,165.
	<b>8</b> Inventories for sale or use .....		<b>8</b>	
	<b>9</b> Prepaid expenses and deferred charges .....	47,507.	<b>9</b>	55,476.
	<b>10a</b> Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D .....	<b>10a</b> 874,272.		
	<b>b</b> Less: accumulated depreciation .....	<b>10b</b> 742,254.		
	<b>11</b> Investments - publicly traded securities .....	326,009,990.	<b>11c</b>	132,018.
	<b>12</b> Investments - other securities. See Part IV, line 11 .....		<b>11</b>	358,443,218.
	<b>13</b> Investments - program-related. See Part IV, line 11 .....		<b>12</b>	
	<b>14</b> Intangible assets .....		<b>13</b>	
	<b>15</b> Other assets. See Part IV, line 11 .....	740,941.	<b>14</b>	
<b>16</b> <b>Total assets.</b> Add lines 1 through 15 (must equal line 34) .....	334,223,495.	<b>15</b>	1,087,812.	
		<b>16</b>	367,979,673.	
<b>Liabilities</b>	<b>17</b> Accounts payable and accrued expenses .....	801,338.	<b>17</b>	62,060.
	<b>18</b> Grants payable .....	1,526,445.	<b>18</b>	192,910.
	<b>19</b> Deferred revenue .....		<b>19</b>	22,514.
	<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 .....	17,629,575.	<b>25</b>	20,269,531.
	<b>26</b> <b>Total liabilities.</b> Add lines 17 through 25 .....	19,957,358.	<b>26</b>	20,547,015.
<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 .....	308,687,878.	<b>27</b>	190,854,636.
	<b>28</b> Temporarily restricted net assets .....	3,078,604.	<b>28</b>	156,118,967.
	<b>29</b> Permanently restricted net assets .....	2,499,655.	<b>29</b>	459,055.
	<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 .....	314,266,137.	<b>33</b>	347,432,658.
<b>34</b> Total liabilities and net assets/fund balances .....	334,223,495.	<b>34</b>	367,979,673.	

**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>	65,015,072.
<b>2</b>	Total expenses (must equal Part IX, column (A), line 25)	<b>2</b>	54,954,721.
<b>3</b>	Revenue less expenses. Subtract line 2 from line 1	<b>3</b>	10,060,351.
<b>4</b>	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	<b>4</b>	314,266,137.
<b>5</b>	Net unrealized gains (losses) on investments	<b>5</b>	23,106,170.
<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>	347,432,658.

**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)

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.

OMB No. 1545-0047

2016

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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

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

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 12, check only one box.)

- 1 A church, convention of churches, or association of churches described in section 170(b)(1)(A)(i).
2 A school described in section 170(b)(1)(A)(ii).
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).
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).
6 A federal, state, or local government or governmental unit described in section 170(b)(1)(A)(v).
7 X 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).
8 A community trust described in section 170(b)(1)(A)(vi).
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.
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...
11 An organization organized and operated exclusively to test for public safety.
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).
a Type I. A supporting organization operated, supervised, or controlled by its supported organization(s)...
b Type II. A supporting organization supervised or controlled in connection with its supported organization(s)...
c Type III functionally integrated. A supporting organization operated in connection with, and functionally integrated with, its supported organization(s)...
d Type III non-functionally integrated. A supporting organization operated in connection with its supported organization(s) that is not functionally integrated...
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).

Table with 6 columns: (i) Name of supported organization, (ii) EIN, (iii) Type of organization, (iv) Is the organization listed in your governing document?, (v) Amount of monetary support, (vi) Amount of other support.

Total

**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.") .....	26,828,742.	30,173,452.	29,550,521.	30,160,147.	48,477,641.	165,190,503.
<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 .....	26,828,742.	30,173,452.	29,550,521.	30,160,147.	48,477,641.	165,190,503.
<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) .....						58,796,454.
<b>6 Public support.</b> Subtract line 5 from line 4.						106,394,049.

**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 .....	26,828,742.	30,173,452.	29,550,521.	30,160,147.	48,477,641.	165,190,503.
<b>8</b> Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources ...	6,580,742.	7,002,660.	7,279,728.	8,289,143.	8,242,072.	37,394,345.
<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						202,584,848.
<b>12</b> Gross receipts from related activities, etc. (see instructions) .....					12	2,318,549.
<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>	52.52 %
<b>15</b> Public support percentage from 2015 Schedule A, Part II, line 14 .....	<b>15</b>	49.16 %
<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

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support. (Subtract line 7c from line 6.)

Section B. Total Support

Table with 7 columns: (a) 2012, (b) 2013, (c) 2014, (d) 2015, (e) 2016, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.); 13 Total support. (Add lines 9, 10c, 11, and 12.)

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

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2016 (line 8, column (f) divided by line 13, column (f)) 15 %; Row 16: Public support percentage from 2015 Schedule A, Part III, line 15 16 %

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2016 (line 10c, column (f) divided by line 13, column (f)) 17 %; Row 18: Investment income percentage from 2015 Schedule A, Part III, line 17 18 %

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</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</b> <b>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>		(A) Prior Year	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.)

Horizontal lines for supplemental information input.

**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,  
INC.

Employer identification number

31-0997017

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, INC.	<b>Employer identification number</b> 31-0997017
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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	_____ _____ _____	\$ 5,936,022.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 4,003,500.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 2,011,628.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 10,008,231.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 2,400,622.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 1,945,653.	Person <input checked="" 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, INC.	<b>Employer identification number</b> 31-0997017
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**Part I Contributors** (See instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	_____ _____ _____	\$ _____ 1,600,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ _____ 1,503,295.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ _____ 1,400,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
10	_____ _____ _____	\$ _____ 1,200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
11	_____ _____ _____	\$ _____ 1,247,013.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
12	_____ _____ _____	\$ _____ 1,000,000.	Person <input checked="" 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, INC.	<b>Employer identification number</b> 31-0997017
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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
13	_____ _____ _____	\$ 999,342.	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.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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.)
	_____ _____ _____	\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input 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.)
	_____ _____ _____	\$ _____	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, INC.	<b>Employer identification number</b> 31-0997017
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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
2	STOCK _____ _____ _____	\$ 4,000,000.	05/01/17
3	STOCK _____ _____ _____	\$ 1,617,410.	04/12/17
4	STOCK _____ _____ _____	\$ 9,844,398.	12/27/16
5	STOCK _____ _____ _____	\$ 2,400,622.	12/18/16
8	STOCK _____ _____ _____	\$ 1,503,295.	12/30/16
9	PROMISSORY NOTE _____ _____ _____	\$ 1,400,000.	12/30/16

Name of organization THE COMMUNITY FOUNDATION OF LOUISVILLE, INC.	Employer identification number  31-0997017
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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
10	BRYANT 2016 CHARITABLE INVESTMENT LLC _____ _____ _____	\$ 1,200,000.	12/30/16
13	STOCK _____ _____ _____	\$ 999,342.	06/30/17
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

<b>Name of organization</b> THE COMMUNITY FOUNDATION OF LOUISVILLE, INC.	<b>Employer identification number</b>  31-0997017
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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, INC.  
**Employer identification number** 31-0997017

**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 .....	286	
2 Aggregate value of contributions to (during year) .....	39,131,148.	
3 Aggregate value of grants from (during year) .....	43,147,409.	
4 Aggregate value at end of year .....	218,107,251.	
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 checked="" 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 checked="" 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 .....

**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
<b>c</b> Beginning balance	<b>1c</b>
<b>d</b> Additions during the year	<b>1d</b>
<b>e</b> Distributions during the year	<b>1e</b>
<b>f</b> Ending balance	<b>1f</b>

**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
<b>1a</b> Beginning of year balance	328,134,551.	330,080,062.	316,927,214.	267,472,624.	237,668,357.
<b>b</b> Contributions	49,754,267.	30,078,387.	29,543,585.	28,734,557.	25,913,893.
<b>c</b> Net investment earnings, gains, and losses	40,196,219.	851,741.	15,239,535.	46,300,805.	31,648,372.
<b>d</b> Grants or scholarships	49,520,058.	30,051,146.	30,685,289.	22,885,083.	25,290,001.
<b>e</b> Other expenditures for facilities and programs					
<b>f</b> Administrative expenses	5,390,564.	2,824,493.	944,983.	2,695,689.	2,467,997.
<b>g</b> End of year balance	363,174,415.	328,134,551.	330,080,062.	316,927,214.	267,472,624.

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

- a** Board designated or quasi-endowment  56.89 %
- b** Permanent endowment  .13 %
- c** Temporarily restricted endowment  42.99 %

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:

- (i)** unrelated organizations
- (ii)** related organizations

	Yes	No
<b>3a(i)</b>		x
<b>3a(ii)</b>		x
<b>3b</b>		

**b** If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R?

**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
<b>1a</b> Land				
<b>b</b> Buildings				
<b>c</b> Leasehold improvements		248,563.	248,563.	0.
<b>d</b> Equipment		424,330.	311,190.	113,140.
<b>e</b> Other		201,379.	182,501.	18,878.
<b>Total.</b> Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10c.)				132,018.

**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) DEFERRED COMPENSATION LIABILITY	80,850.
(3) GIFT ANNUITY LIABILITY	721,656.
(4) AGENCY FUNDS	19,467,025.
(5)	
(6)	
(7)	
(8)	
(9)	
<b>Total.</b> (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	20,269,531.

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 V, LINE 4:

THE ORGANIZATION'S ENDOWMENT FUNDS ARE USED TO FURTHER ITS EXEMPT PURPOSE  
OF DISTRIBUTING CONTRIBUTIONS AND GRANTS FOR CHARITABLE PURPOSES.

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 ACCOUNTING



**Part XIII** Supplemental Information *(continued)*

STANDARDS CODIFICATION. NO LIABILITY FOR UNCERTAIN TAX POSITIONS HAS BEEN

REFLECTED IN THE ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

Multiple horizontal lines for supplemental information.

**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,  
INC.**

**Employer identification number**  
31-0997017

**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.

<b>1 (a)</b> Name and address of organization or government	<b>(b)</b> EIN	<b>(c)</b> IRC section (if applicable)	<b>(d)</b> Amount of cash grant	<b>(e)</b> Amount of non-cash assistance	<b>(f)</b> Method of valuation (book, FMV, appraisal, other)	<b>(g)</b> Description of noncash assistance	<b>(h)</b> Purpose of grant or assistance
100 BLACK MEN OF LOUISVILLE INC. 4124 WAHL STREET BOULEVARD LOUISVILLE, KY 40218	61-1191888	501(C)(3)	8,590.	0.			SOCIAL SCIENCE
21ST CENTURY PARKS, INC. 471 W. MAIN ST. # 202 LOUISVILLE, KY 40202	20-1780317	501(C)(3)	546,022.	0.			RECREATION & SPORTS
A CHOICE FOR LIFE INC. 101 W. MARKET ST. LOUISVILLE, KY 40202	61-1142823	501(C)(3)	8,343.	0.			MENTAL HEALTH & CRISIS INTERVENTION
A FUND, INC. P. O. BOX 221286 LOUISVILLE, KY 40252	61-1237178	501(C)(3)	17,112.	0.			HUMAN SERVICES
ACADEMY OF MUSIC PRODUCTION EDUCATION AND DEVELOPMENT - 4425 GREENWOOD AVENUE - LOUISVILLE, KY 40211	47-1113120	501(C)(3)	6,368.	0.			ARTS, CULTURE & HUMANITIES
ACADEMY OF OUR LADY OF MERCY 5801 FEGENBUSH LANE LOUISVILLE, KY 40228	61-1116388	501(C)(3)	11,981.	0.			EDUCATION

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ..... ▶ **512.**
- 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
ACCESS VENTURES INC PO BOX 4572 LOUISVILLE, KY 40204	46-3061287	501(C)(3)	5,000.	0.			ENVIRONMENT
ACTORS THEATRE OF LOUISVILLE INC. 316 WEST MAIN STREET LOUISVILLE, KY 40202	61-0645030	501(C)(3)	126,328.	0.			ARTS, CULTURE & HUMANITIES
ALL GOD'S CHILDREN 122 DANVILLE LOOP 1 ROAD NICHOLASVILLE, KY 40356	61-1312008	501(C)(3)	7,500.	0.			HUMAN SERVICES
ALLEY CAT ADVOCATES 3044 BARDSTOWN RD #204 LOUISVILLE, KY 40205	61-1343210	501(C)(3)	15,726.	0.			ANIMAL-RELATED
ALLIANCE FOR GIRLS 735 LAMPTON STREET LOUISVILLE, KY 40203	13-4226789	501(C)(3)	8,071.	0.			YOUTH DEVELOPMENT
ALUMNI FUND ASSOCIATION OF YALE UNIVERSITY - PO BOX 2038 - NEW HAVEN, CT 06521-2038	06-6078326	501(C)(3)	30,000.	0.			EDUCATION
ALZHEIMERS DISEASE AND RELATED DISORDERS ASSOCIATION - 8180 GREENSBORO DRIVE, SUITE 400 - MCLEAN, VA 22102	52-1196162	501(C)(3)	25,000.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES
ALZHEIMERS DISEASE AND RELATED DISORDERS ASSOCIATION, INC. - 6100 DUTCHMANS LN #401 - LOUISVILLE, KY 40205-3284	13-3039601	501(C)(3)	5,659.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES
AMAZON CONSERVATION ASSOCIATION 1012 14TH STREET, NW, SUITE 625 WASHINGTON, DC 20005	52-2211305	501(C)(3)	105,000.	0.			ENVIRONMENT

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AMERICAN CIVIL LIBERTIES UNION OF KENTUCKY FOUNDATION, INC. - 315 GUTHRIE ST #300 - LOUISVILLE, KY 40202	61-6058569	501(C)(3)	148,784.	0.			CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY
AMERICAN FARMLAND TRUST 1150 CONNECTICUT AVE. NW, STE. 600 WASHINGTON, DC 20036	52-1190211	501(C)(3)	10,000.	0.			FOOD, AGRICULTURE & NUTRITION
AMERICAN HEART ASSOCIATION 240 WHITTINGTON PARKWAY LOUISVILLE, KY 40222	13-5613797	501(C)(3)	78,585.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES
AMERICAN RED CROSS - LOUISVILLE AREA CHAPTER - 510 EAST CHESTNUT STREET, P.O. BOX 1675 - LOUISVILLE, KY 40201	53-0196605	501(C)(3)	33,873.	0.			PUBLIC SAFETY, DISASTER PREPAREDNESS & RELIEF
AMERICAN UNIVERSITY 4400 MASSACHUSETTS AVENUE WASHINGTON, DC 20016	53-0196549	501(C)(3)	50,000.	0.			EDUCATION
AMERICANA COMMUNITY CENTER 4801 SOUTHSIDE DR LOUISVILLE, KY 40214-2111	61-1251306	501(C)(3)	9,886.	0.			HUMAN SERVICES
AMERICA'S TOOTHFAIRY 4108 PARK ROAD, STE 300 CHARLOTTE, NC 28209	20-3921574	501(C)(3)	27,686.	0.			HEALTH CARE
ANCHAL, INC. PO BOX 7392 LOUISVILLE, KY 40257	27-2959378	501(C)(3)	5,850.	0.			HUMAN SERVICES
ANGLETON CHRISTIAN SCHOOL 3133 N. VALDERAS ANGLETON, TX 77515	20-3202465	501(C)(3)	5,000.	0.			EDUCATION

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ANIMAL CARE SOCIETY INC. 12207 WESTPORT ROAD LOUISVILLE, KY 40245	61-1053516	501(C)(3)	18,969.	0.			ANIMAL-RELATED
ANIMAL WELFARE LEAGUE OF KOSCIUSKO COUNTY INC - P.O. BOX 1906 - WARSAW, IN 46581	35-1782336	501(C)(3)	5,600.	0.			ANIMAL-RELATED
ARCHDIOCESE OF LOUISVILLE PO BOX 1073 LOUISVILLE, KY 40201	61-0447247	GOVERNMENT	45,800.	0.			RELIGION-RELATED
ART FM INC PO BOX 5103 LOUISVILLE, KY 40205	45-4225349	501(C)(3)	6,391.	0.			ARTS, CULTURE & HUMANITIES
ARTHRITIS FOUNDATION - KENTUCKY BRANCH - 2908 BROWNSBORO RD. #S-117 - LOUISVILLE, KY 40206	58-1341679	501(C)(3)	10,150.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES
ASSUMPTION HIGH SCHOOL 2170 TYLER LANE LOUISVILLE, KY 40205	61-0447247	501(C)(3)	62,243.	0.			EDUCATION
AUBIN PICTURES 138 GRAND STREET, 5EF NEW YORK, NY 10013	13-3912334	501(C)(3)	50,000.	0.			ARTS, CULTURE & HUMANITIES
BALL STATE UNIVERSITY LUCINA HALL, ROOM 245 MUNCIE, IN 47306	35-0000221	GOVERNMENT	10,000.	0.			EDUCATION
BAPTIST HOSPITAL FOUNDATION OF GREATER LOUISVILLE, INC. - 4000 KRESGE WAY - LOUISVILLE, KY 40207-4605	20-0292291	501(C)(3)	3,416.	0.			HEALTH CARE

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BARREN HEIGHTS CHRISTIAN RETREAT CENTER INC. - 3109 BROWNSBORO VISTA DRIVE - LOUISVILLE, KY 40242	32-0121355	501(C)(3)	7,000.	0.			RECREATION & SPORTS
BATES COMMUNITY DEVELOPMENT CENTER 1228 S. JACKSON STREET LOUISVILLE, KY 40203	61-1303937	501(C)(3)	5,593.	0.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
BEADED TREASURES INC. 13908 RIVER GLEN LANE PROSPECT, KY 40059	45-5629004	501(C)(3)	5,233.	0.			EMPLOYMENT
BEARGRASS CHRISTIAN CHURCH 4100 SHELBYVILLE ROAD LOUISVILLE, KY 40207	61-1219287	501(C)(3)	8,706.	0.			RELIGION-RELATED
BELLARMINE UNIVERSITY 2001 NEWBURG ROAD LOUISVILLE, KY 40205	61-0482955	501(C)(3)	95,844.	0.			EDUCATION
BEREA COLLEGE DEVELOPMENT, CPO 2216 BERA, KY 40404	61-0444650	501(C)(3)	10,000.	0.			EDUCATION
BERKSHIRE SCHOOL 245 N UNDERMOUNTAIN RD. SHEFFIELD, MA 01257	04-2121313	501(C)(3)	25,500.	0.			EDUCATION
BEST BUDDIES KENTUCKY 1911A BARDSTOWN ROAD LOUISVILLE, KY 40205	52-1614576	501(C)(3)	6,548.	0.			EDUCATION
BIG BROTHERS BIG SISTERS OF KENTUCKIANA - 1519 GARDINER LANE, SUITE B - LOUISVILLE, KY 40218	61-6057856	501(C)(3)	24,983.	0.			YOUTH DEVELOPMENT

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BINGHAM CHILD GUIDANCE CLINIC, INC. - 200 E. CHESTNUT ST. - LOUISVILLE, KY 40202	61-0445838	501(C)(3)	1,666.	0.			YOUTH DEVELOPMENT
BLESSINGS IN A BACKPACK INC PO BOX 950291 LOUISVILLE, KY 40295	26-1964620	501(C)(3)	21,028.	0.			HUMAN SERVICES
BLUE RIDGE SCHOOL 273 MAYO DRIVE ST. GEORGE, VA 22935	54-0505868	501(C)(3)	10,000.	0.			EDUCATION
BLUEGRASS CENTER FOR AUTISM 9810 BLUEGRASS PKWY LOUISVILLE, KY 40299	27-2279128	501(C)(3)	6,479.	0.			EDUCATION
BOTANICA INC. PO BOX 5056 LOUISVILLE, KY 40255	61-1297238	501(C)(3)	33,948.	0.			ENVIRONMENT
BOULWARE MISSION, INC. 609 WING AVE. OWENSBORO, KY 42303	61-0486968	501(C)(3)	50,000.	0.			HUMAN SERVICES
BOWDOIN COLLEGE 4100 COLLEGE STATION BRUNSWICK, ME 04011	01-0215213	501(C)(3)	10,000.	0.			EDUCATION
BOY SCOUTS OF AMERICA - LINCOLN HERITAGE COUNCIL - 12001 SYCAMORE STATION PL. - LOUISVILLE, KY 40299	22-1576300	501(C)(3)	88,930.	0.			YOUTH DEVELOPMENT
BOYS & GIRLS CLUBS INC. 3900 CRITTENDEN DRIVE LOUISVILLE, KY 40209	61-0568789	501(C)(3)	135,999.	0.			YOUTH DEVELOPMENT

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BOYS & GIRLS CLUBS OF CENTRAL VIRGINIA - PO BOX 707 - CHARLOTTESVILLE, VA 22902	54-1602004	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
BRIDGEHAVEN, INC. 950 S. FIRST ST. LOUISVILLE, KY 40203-2288	61-0548949	501(C)(3)	10,798.	0.			MENTAL HEALTH & CRISIS INTERVENTION
BRIGHTFOCUS FOUNDATION 22512 GATEWAY CENTER DRIVE CLARKSBURG, MD 20871	23-7337229	501(C)(3)	6,600.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES
BRIGHTSIDE FOUNDATION 527 W. JEFFERSON ST. 2ND FLOOR LOUISVILLE, KY 40202	45-0948896	501(C)(3)	6,165.	0.			ENVIRONMENT
BROADWAY BAPTIST CHURCH 4000 BROWNSBORO ROAD LOUISVILLE, KY 40207	61-6001947	501(C)(3)	29,571.	0.			RELIGION-RELATED
BROOKLAWN, INC. 11103 PARK ROAD LOUISVILLE, KY 40223	61-0471572	501(C)(3)	10,643.	0.			MENTAL HEALTH & CRISIS INTERVENTION
BROOKLYN COMMUNITY BAIL FUND 195 MONTAGUE STREET, 14TH FLOOR BROOKLYN, NY 11201	90-1014588	501(C)(3)	5,000.	0.			CRIME & LEGAL-RELATED
CABBAGE PATCH SETTLEMENT HOUSE, INC. - 1413 SOUTH SIXTH STREET - LOUISVILLE, KY 40208	61-0458359	501(C)(3)	50,258.	0.			HUMAN SERVICES
CAMPBELLSVILLE UNIVERSITY 1 UNIVERSITY DRIVE CAMPBELLSVILLE, KY 42718	61-0469267	501(C)(3)	28,000.	0.			EDUCATION



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CAMPUS CRUSADE FOR CHRIST INTERNATIONAL - PO BOX 628222 - ORLANDO, FL 32862-8222	33-0863088	501(C)(3)	5,000.	0.			RELIGION-RELATED
CANAAAN CHRISTIAN CHURCH 2840 HIKES LANE LOUISVILLE, KY 40218	61-1024402	501(C)(3)	100,000.	0.			RELIGION-RELATED
CANAAAN COMMUNITY DEVELOPMENT CORP. 2840 HIKES LN LOUISVILLE, KY 40218-1665	61-1233868	501(C)(3)	10,425.	0.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
CANYON CINEMA FOUNDATION 1777 YOSEMITE AVE. STE 210 SAN FRANCISCO, CA 94124	46-0649341	501(C)(3)	30,000.	0.			ARTS, CULTURE & HUMANITIES
CAROLINE'S KIDS PET RESCUE PO BOX 24068 MAYFIELD HEIGHTS, OH 44124	34-1932765	501(C)(3)	8,104.	0.			ANIMAL-RELATED
CASA, INC. 982 EASTERN PKWY #9 LOUISVILLE, KY 40217	61-1066568	501(C)(3)	52,686.	0.			CRIME & LEGAL-RELATED
CATHOLIC CHARITIES OF LOUISVILLE, INC. - 2911 S. FOURTH ST. - LOUISVILLE, KY 40208	61-1239600	501(C)(3)	12,928.	0.			HUMAN SERVICES
CATHOLIC EDUCATION FOUNDATION 401 W. MAIN ST. #806 LOUISVILLE, KY 40202	61-1294640	501(C)(3)	582,210.	0.			EDUCATION
CAVE HILL HERITAGE FOUNDATION INC 701 BAXTER AVE. LOUISVILLE, KY 40204	56-2498254	501(C)(3)	5,135.	0.			MUTUAL & MEMBERSHIP BENEFIT

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CEDAR LAKE FOUNDATION 9505 WILLIAMSBURG PLAZA #200 LOUISVILLE, KY 40222	61-1093278	501(C)(3)	62,533.	0.			HUMAN SERVICES
CEDAR LAKE LODGE 9505 WILLIAMSBURG PLAZA STE 200 LOUISVILLE, KY 40222	61-0713587	501(C)(3)	6,206.	0.			MENTAL HEALTH & CRISIS INTERVENTION
CENTER FOR INTERFAITH RELATIONS, INC. - 415 W. MUHAMMAD ALI BLVD # 101 - LOUISVILLE, KY 40202-2344	61-1149619	501(C)(3)	62,562.	0.			ARTS, CULTURE & HUMANITIES
CENTER FOR NONPROFIT EXCELLENCE 323 WEST BROADWAY, STE 501 LOUISVILLE, KY 40202	20-0040424	501(C)(3)	6,010.	0.			PHILANTHROPY, VOLUNTARISM
CENTER FOR WOMEN AND FAMILIES 927 S. 2ND ST.. P.O. BOX 2048 LOUISVILLE, KY 40201-2048	61-0444846	501(C)(3)	68,304.	0.			HUMAN SERVICES
CENTRAL KENTUCKY COMMUNITY THEATRE, INC. - PO BOX 145, 124 W. MAIN ST. - SPRINGFIELD, KY 40069	26-4062796	501(C)(3)	4,000.	0.			ARTS, CULTURE & HUMANITIES
CENTRAL PRESBYTERIAN CHURCH 318 WEST KENTUCKY ST. LOUISVILLE, KY 40203	61-0459493	501(C)(3)	26,098.	0.			RELIGION-RELATED
CENTRE COLLEGE OF KENTUCKY 600 WEST WALNUT DANVILLE, KY 40422-9986	61-0444671	501(C)(3)	273,664.	0.			EDUCATION
CENTRO LATINO OF SHELBYVILLE, INC. 121 MAIN STREET SHELBYVILLE, KY 40065	02-0628043	501(C)(3)	5,500.	0.			HUMAN SERVICES

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CEREBRAL PALSY K.I.D.S. CENTER 982 EASTERN PARKWAY #6 LOUISVILLE, KY 40217	61-0492378	501(C)(3)	11,841.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES
CHABAD OF ATHENS, INC. 1491 S. LUMPKIN ST. ATHENS, GA 30605	87-0760911	501(C)(3)	5,400.	0.			RELIGION-RELATED
CHANCE SCHOOL, INC. 4200 LIME KILN LANE LOUISVILLE, KY 40222-5999	61-0549871	501(C)(3)	25,000.	0.			EDUCATION
CHEROKEE AREA COUNCIL, BOY SCOUTS OF AMERICA - 6301 LEE HIGHWAY - CHATTANOOGA, TN 37421	62-0475671	501(C)(3)	5,000.	0.			YOUTH DEVELOPMENT
CHEYENNE MOUNTAIN ZOOLOGICAL SOCIETY - 4250 CHEYENNE MOUNTAIN ZOO ROAD - COLORADO SPRINGS, CO 80906	84-0407039	501(C)(3)	5,000.	0.			ANIMAL-RELATED
CHILDREN'S HOSPITAL FOUNDATION - LOUISVILLE - 234 E. GRAY ST. #450 - LOUISVILLE, KY 40202	61-6027530	501(C)(3)	82,585.	0.			HEALTH CARE
CHOOSEWELL COMMUNITIES, INC. 323 W. BROADWAY, STE. 504 LOUISVILLE, KY 40202	47-2822055	501(C)(3)	16,704.	0.			HUMAN SERVICES
CHRIST CHURCH UNITED METHODIST 4614 BROWNSBORO ROAD LOUISVILLE, KY 40207	61-0449611	501(C)(3)	20,000.	0.			RELIGION-RELATED
CHRISTIAN ACADEMY OF LOUISVILLE 700 SOUTH ENGLISH STATION ROAD LOUISVILLE, KY 40245	61-0907309	501(C)(3)	12,352.	0.			EDUCATION

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CHRISTIAN CARE COMMUNITIES 12710 TOWNEPARK WAY, STE 1000 LOUISVILLE, KY 40243-1596	61-0445828	501(C)(3)	14,179.	0.			HEALTH CARE
CHRISTIAN MISSION AID 2900 WILSON AVE SW, SUITE 15 GRANDVILLE, MI 49418	47-0710130	501(C)(3)	5,000.	0.			INTERNATIONAL, FOREIGN AFFAIRS
CIRQUELOUIS 4648 GRAND DELL DRIVE CRESTWOOD, KY 40019	47-4397808	501(C)(3)	6,236.	0.			ARTS, CULTURE & HUMANITIES
CLAREMONT GRADUATE UNIVERSITY DRUCKER INSTITUTE, 1021 N. DARTMOUTH AVE. - CLAREMONT, CA 91711	95-1664100	501(C)(3)	10,000.	0.			EDUCATION
CLEVELAND CLINIC FOUNDATION PO BOX 931517 CLEVELAND, OH 44193-1655	91-2153073	501(C)(3)	10,000.	0.			HEALTH CARE
CLIFTON CULTURAL CENTER 2117 PAYNE STREET LOUISVILLE, KY 40206	61-1270383	501(C)(3)	15,000.	0.			ARTS, CULTURE & HUMANITIES
COALITION FOR THE HOMELESS 1300 S 4TH ST STE 250 LOUISVILLE, KY 40208	61-1118307	501(C)(3)	9,216.	0.			HOUSING & SHELTER
COLLABORATIVE ARTS INSTITUTE OF CHICAGO - 7409 N GREENVIEW AVE. 2E - CHICAGO, IL 60626	27-3553864	501(C)(3)	10,000.	0.			ARTS, CULTURE & HUMANITIES
COLLEGE OF WOOSTER 1012 BEALL AVENUE WOOSTER, OH 44691	34-0714654	501(C)(3)	5,000.	0.			EDUCATION

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COLUMBIA COLLEGE FOUNDATION 11600 COLUMBIA COLLEGE DRIVE SONORA, CA 95370	23-7306390	501(C)(3)	10,950.	0.			EDUCATION
COMMONWEALTH FUND FOR KET, INC. 560 COOPER DRIVE LEXINGTON, KY 40502	61-1285473	501(C)(3)	40,491.	0.			EDUCATION
COMMUNITY CATHOLIC CENTER, INC. PO BOX 11065 LOUISVILLE, KY 40251	01-0785892	501(C)(3)	10,500.	0.			EDUCATION
COMMUNITY FOUNDATION OF GREATER CHATTANOOGA, INC - 1270 MARKET ST. - CHATTANOOGA, TN 37402	62-6045999	501(C)(3)	50,000.	0.			PHILANTHROPY, VOLUNTARISM
COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY - WATERFRONT PLAZA, SUITE 1110, 325 WEST MAIN STREET - LOUISVILLE, KY 40202	61-1100993	501(C)(3)	161,810.	0.			PHILANTHROPY, VOLUNTARISM
CORNERSTONE CHRISTIAN ACADEMY 3850 FRANKFORT ROAD SHELBYVILLE, KY 40065	61-1374676	501(C)(3)	9,455.	0.			EDUCATION
COUGAR HOOPS CLUB 1330 HWY 44 EAST SHEPHERDSVILLE, KY 40165	61-1271940	GOVERNMENT	5,000.	0.			EDUCATION
CREASEY MAHAN NATURE PRESERVE INC 12501 HARMONY LANDING ROAD GOSHEN, KY 40026	31-0908496	501(C)(3)	10,272.	0.			ENVIRONMENT
CREATIVE CAPITAL FOUNDATION 15 MAIDEN LANE, 18TH FLOOR NEW YORK, NY 10038	31-1605982	501(C)(3)	43,870.	0.			HUMAN SERVICES

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CREATIVE TIME, INC. 59 EAST 4TH STREET, 6TH FLOOR NEW YORK, NY 10003	13-2835847	501(C)(3)	35,000.	0.			ARTS, CULTURE & HUMANITIES
CROSSROADS PREGNANCY RESOURCE CENTER - PO BOX 609 - CRESTWOOD, KY 40014	27-4097169	501(C)(3)	10,000.	0.			HUMAN SERVICES
CULTIVATING THE YOUTH EXPERIENCE PO BOX 3134 LOUISVILLE, KY 40201	90-0666360	501(C)(3)	14,855.	0.			EDUCATION
DANIEL PITINO SHELTER INC. 501 WALNUT ST. OWENSBORO, KY 42301	61-1245271	501(C)(3)	52,000.	0.			HUMAN SERVICES
DARE TO CARE, INC. 5803 FERN VALLEY ROAD, P.O. BOX 35 LOUISVILLE, KY 40232	23-7345952	501(C)(3)	56,886.	0.			FOOD, AGRICULTURE & NUTRITION
DAY SPRING FOUNDATION 3430 DAY SPRING CT. LOUISVILLE, KY 40213	61-1273310	501(C)(3)	21,520.	0.			HUMAN SERVICES
DELTA WATERFOWL FOUNDATION PO BOX 3128 BISMARCK, ND 58502	53-0259796	501(C)(3)	5,500.	0.			ENVIRONMENT
DENISON UNIVERSITY PO BOX 716 GRANVILLE, OH 43023	31-4379459	501(C)(3)	13,033.	0.			EDUCATION
DHARMATA FOUNDATION 235 WASHINGTON AVE. POINT RICHMOND, CA 94801	41-2174392	501(C)(3)	10,000.	0.			RELIGION-RELATED

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DOGS HELPING HEROES PO BOX 2126 CLARKSVILLE, IN 47131	46-4027892	501(C)(3)	16,993.	0.			PUBLIC SAFETY, DISASTER PREPAREDNESS & RELIEF
DONORSCHOOSE INC. 134 W. 37TH ST., FLOOR 11 NEW YORK, NY 10018	13-4129457	501(C)(3)	10,824.	0.			EDUCATION
DREAM FACTORY, INC. 410 WEST CHESTNUT STREET, SUITE 53 LOUISVILLE, KY 40202	31-1009812	501(C)(3)	33,270.	0.			HUMAN SERVICES
DREAMS WITH WINGS 1579 BARDSTOWN ROAD LOUISVILLE, KY 40205	61-1371540	501(C)(3)	10,033.	0.			HUMAN SERVICES
DREPUNG GOMANG INSTITUTE 411 N HUBBARDS LN LOUISVILLE, KY 40207	61-1399694	501(C)(3)	5,002.	0.			EDUCATION
DRESS FOR SUCCESS LOUISVILLE 317 A GUTHRIE STREET LOUISVILLE, KY 40202	61-1383568	501(C)(3)	6,325.	0.			EMPLOYMENT
EASTERN AREA COMMUNITY MINISTRIES 9104 WESTPORT ROAD LOUISVILLE, KY 40242	61-0891896	501(C)(3)	19,666.	0.			RELIGION-RELATED
EASTERN KENTUCKY UNIVERSITY OFFICE OF FINANCIAL AID, CPO 34-A RICHMOND, KY 40475	61-1011211	GOVERNMENT	23,750.	0.			EDUCATION
EASTERN KENTUCKY UNIVERSITY FOUNDATION, INC. - CPO 19A, 521 LANCASTER AVE. - RICHMOND, KY 40475-3102	61-1131682	501(C)(3)	17,133.	0.			EDUCATION

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ECOTRUST 721 N 9TH AVENUE, STE 200 PORTLAND, OR 97209	93-1050144	501(C)(3)	10,000.	0.			ENVIRONMENT
EDGE OUTREACH, INC. 625 MYRTLE AVENUE LOUISVILLE, KY 40208	61-1262016	501(C)(3)	45,747.	0.			PUBLIC SAFETY, DISASTER PREPAREDNESS & RELIEF
ELDERSERVE, INC. 215 W. BRECKENRIDGE ST. LOUISVILLE, KY 40203	61-6024140	501(C)(3)	27,278.	0.			HUMAN SERVICES
ELEVATE INC. 13701 FOREST BEND CIRCLE LOUISVILLE, KY 40245	20-5644799	501(C)(3)	5,715.	0.			HUMAN SERVICES
ENDEAVOR GLOBAL, INC. 900 BROADWAY, STE 301 NEW YORK, NY 10003	13-3931449	501(C)(3)	125,000.	0.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
ENDEAVOR LOUISVILLE, INC. 471 W. MAIN STREET, STE 203 LOUISVILLE, KY 40202	47-3170808	501(C)(3)	50,000.	0.			INTERNATIONAL, FOREIGN AFFAIRS
EPISCOPAL CHURCH OF THE ADVENT 901 BAXTER AVE. LOUISVILLE, KY 40204	61-0459581	501(C)(3)	5,000.	0.			RELIGION-RELATED
FAIRNESS EDUCATION FUND 2263 FRANKFORT AVENUE LOUISVILLE, KY 40206	61-1230383	501(C)(3)	13,473.	0.			EDUCATION
FALLS OF THE OHIO FOUNDATION 201 W. RIVERSIDE DR. CLARKSVILLE, IN 47129	31-1214133	501(C)(3)	13,643.	0.			ENVIRONMENT



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FAMILY & CHILDREN FIRST, INC. 525 ZANE ST. LOUISVILLE, KY 40203	61-0549561	501(C)(3)	44,301.	0.			HUMAN SERVICES
FAMILY SCHOLAR HOUSE, INC. 403 REG SMITH CIRCLE LOUISVILLE, KY 40208-2746	61-1285124	501(C)(3)	53,953.	0.			HUMAN SERVICES
FATHER MALONEY'S BOYS' HAVEN, INC. 2301 GOLDSMITH LN. LOUISVILLE, KY 40218	61-0479621	501(C)(3)	61,192.	0.			HUMAN SERVICES
FELLOWSHIP OF CHRISTIAN ATHLETES 406 BLANKENBAKER PKWY STE G LOUISVILLE, KY 40243	44-0610626	501(C)(3)	10,000.	0.			YOUTH DEVELOPMENT
FILSON HISTORICAL SOCIETY AKA FILSON CLUB, 1310 SOUTH THIRD LOUISVILLE, KY 40208	61-0444690	501(C)(3)	221,214.	0.			ARTS, CULTURE & HUMANITIES
FINLANDIA UNIVERSITY 601 QUINCY ST HANCOCK, MI 49930	38-1359570	501(C)(3)	6,065.	0.			EDUCATION
FIRST PRESBYTERIAN CHURCH - RICHLAND - 8047 CHURCH ST. - RICHLAND, MI 49083	38-2307724	501(C)(3)	6,000.	0.			RELIGION-RELATED
FOSTER CARE COUNCIL OF LEXKY 4159 STARRUSH PLACE LEXINGTON, KY 40509	45-4403520	501(C)(3)	10,700.	0.			HUMAN SERVICES
FOUNDATION FOR EXCELLENCE OWENSBORO INDEPENDENT SCHOOLS - 450 GRIFFITH AVE - OWENSBORO, KY 42301	61-1349137	501(C)(3)	100,000.	0.			EDUCATION

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FRIENDS OF INDEPENDENT SCHOOLS AND BETTER EDUCATION - 811 N. KARL JOHAN AVE. - TACOMA, WA 98406	91-1216755	501(C)(3)	5,000.	0.			EDUCATION
FRIENDS OF MCGILL UNIVERSITY, INC. PO BOX 28137 NEW YORK, NY 10087-8137	23-7054819	501(C)(3)	77,000.	0.			EDUCATION
FRIENDS OF STORY AVENUE PARK INC 1515 STORY AVE LOUISVILLE, KY 40206	81-3615372	501(C)(3)	10,000.	0.			ENVIRONMENT
FRIENDS OF SULGRAVE MANOR 10245 EPPING LANE DALLAS, TX 75229	51-0244162	501(C)(3)	10,000.	0.			ARTS, CULTURE & HUMANITIES
FRIENDS OF THE ARLINGTON COUNTY PUBLIC LIBRARY - 1015 QUINCY STREET - ARLINGTON, VA 22201	54-1384245	501(C)(3)	10,000.	0.			EDUCATION
FUND FOR THE ARTS, INC. 623 WEST MAIN STREET LOUISVILLE, KY 40202	61-0479626	501(C)(3)	649,737.	0.			ARTS, CULTURE & HUMANITIES
GATEWAY CHILDREN'S SERVICES 37 N MAYSVILLE ST MT. STERLING, KY 40353	61-1033836	501(C)(3)	10,000.	0.			HUMAN SERVICES
GEORGETOWN COLLEGE 400 EAST COLLEGE STREET GEORGETOWN, KY 40324	61-0444695	501(C)(3)	50,629.	0.			EDUCATION
GEORGETOWN UNIVERSITY 600 NEW JERSEY AVE, NW WASHINGTON, DC 20001	53-0196603	501(C)(3)	201,000.	0.			EDUCATION

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GILDA'S CLUB 633 BAXTER AVE LOUISVILLE, KY 40204	20-1635170	501(C)(3)	45,760.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES
GIRL SCOUTS OF KENTUCKIANA 2115 LEXINGTON RD LOUISVILLE, KY 40206	61-0444698	501(C)(3)	6,093.	0.			YOUTH DEVELOPMENT
GLOBAL HUMAN PROJECT 107 CRESCENT AVE LOUISVILLE, KY 40206	47-3897280	501(C)(3)	23,478.	0.			ARTS, CULTURE & HUMANITIES
GODCHAUX-RESERVE HOUSE HISTORICAL SOCIETY - PO BOX 2129 - RESERVE, LA 70084	72-1338246	501(C)(3)	6,000.	0.			ARTS, CULTURE & HUMANITIES
GOLDEN RETRIEVER RESCUE & ADOPTION OF NEEDY DOGS INC. - P.O. BOX 6132 - LOUISVILLE, KY 40206	61-1314499	501(C)(3)	6,390.	0.			ANIMAL-RELATED
GOODFELLOWS CLUB OF OWENSBORO KENTUCKY, INC. - 401 FREDERICA STREET, #B-203 - OWENSBORO, KY 42301	61-1155143	501(C)(3)	7,499.	0.			HUMAN SERVICES
GOODWILL INDUSTRIES OF KENTUCKY 1325 S 4TH ST LOUISVILLE, KY 40208-2313	61-0475284	501(C)(3)	9,296.	0.			EMPLOYMENT
GRAND BLANC COMMUNITY SCHOOLS 11920 S. SAGINAW ST. GRAND BLANC, MI 48439	38-6001238	GOVERNMENT	8,000.	0.			EDUCATION
GREATER HARBOR SPRINGS AREA PLANNING RESOURCE GROUP - PO BOX 112 - HARBOR SPRINGS, MI 49740	38-3602221	501(C)(3)	10,000.	0.			PUBLIC & SOCIETAL BENEFIT

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GREATER LOUISVILLE SPORTS COMMISSION - 401 W. MAIN ST., SUITE 2200 - LOUISVILLE, KY 40202	61-1365860	501(C)(3)	5,000.	0.			RECREATION & SPORTS
GREATER LOUISVILLE YOUTH FOR CHRIST - PO BOX 21187 - LOUISVILLE, KY 40221	61-1067013	501(C)(3)	10,993.	0.			YOUTH DEVELOPMENT
GREATER MUHLENBERG PARKS & RECREATION SYSTEM - PO BOX 169 - GREENVILLE, KY 42345	45-4955355	501(C)(3)	12,000.	0.			RECREATION & SPORTS
GREEN HILL THERAPY INC. 1410 LONG RUN ROAD LOUISVILLE, KY 40245	61-1378588	501(C)(3)	7,588.	0.			HEALTH CARE
GUTHRIE OPPORTUNITY CENTER FOUNDATION, INC. - 900 NUTTER DRIVE - BARDSTOWN, KY 40004	45-2999517	501(C)(3)	7,548.	0.			HUMAN SERVICES
HABITAT FOR HUMANITY OF METRO LOUISVILLE, INC. - 1620 BANK STREET - LOUISVILLE, KY 40203	58-1735528	501(C)(3)	23,933.	0.			HOUSING & SHELTER
HABITAT FOR HUMANITY OWENSBORO-DAVISS COUNTY - 1702 MOSLEY ST. - OWENSBORO, KY 42303	61-1140804	501(C)(3)	50,000.	0.			HOUSING & SHELTER
HAND IN HAND MINISTRIES 518 N. 26TH STREET LOUISVILLE, KY 40212	61-1352889	501(C)(3)	90,343.	0.			HUMAN SERVICES
HARBOR HOUSE OF LOUISVILLE 2231 LOWER HUNTERS TRACE LOUISVILLE, KY 40216	61-1216323	501(C)(3)	25,439.	0.			ARTS, CULTURE & HUMANITIES

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HEALING PLACE INC 1020 WEST MARKET STREET LOUISVILLE, KY 40202	61-1164775	501(C)(3)	250,564.	0.			MENTAL HEALTH & CRISIS INTERVENTION
HELP OFFICE OF OWENSBORO 1316 W. 4TH STREET OWENSBORO, KY 42301	61-0724292	501(C)(3)	10,000.	0.			HUMAN SERVICES
HELPING HONDURAS KIDS 1525 WESTERN AVENUE, MAILDROP 8 ALBANY, NY 12203	20-4295394	501(C)(3)	5,000.	0.			HUMAN SERVICES
HEUSER HEARING & LANGUAGE ACADEMY, INC. - 117 EAST KENTUCKY STREET - LOUISVILLE, KY 40203	61-0492369	501(C)(3)	14,757.	0.			EDUCATION
HIGHLAND PRESBYTERIAN CHURCH 1011 CHEROKEE ROAD LOUISVILLE, KY 40204	61-0538145	501(C)(3)	307,000.	0.			RELIGION-RELATED
HIGHLANDS COMMUNITY MINISTRIES 1228 E BRECKINRIDGE STREET LOUISVILLE, KY 40204	61-0708776	501(C)(3)	8,753.	0.			RELIGION-RELATED
HILDEGARD HOUSE 114 ADAMS STREET LOUISVILLE, KY 40206	46-5555742	501(C)(3)	13,375.	0.			HOUSING & SHELTER
HISTORIC HOMES FOUNDATION, INC. 3110 LEXINGTON ROAD LOUISVILLE, KY 40206	61-0549274	501(C)(3)	8,022.	0.			ARTS, CULTURE & HUMANITIES
HISTORIC LOCUST GROVE, INC. 561 BLANKENBAKER LANE LOUISVILLE, KY 40207-1168	61-1390403	501(C)(3)	31,995.	0.			ARTS, CULTURE & HUMANITIES

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HOLY ANGELS ACADEMY 12201 OLD HENRY RD LOUISVILLE, KY 40223	61-0845326	501(C)(3)	5,000.	0.			EDUCATION
HOLY CROSS HIGH SCHOOL 5144 DIXIE HIGHWAY LOUISVILLE, KY 40216	61-1053991	501(C)(3)	35,761.	0.			EDUCATION
HOLY TRINITY CHURCH 501 CHERRYWOOD ROAD LOUISVILLE, KY 40207	61-0507073	501(C)(3)	58,000.	0.			RELIGION-RELATED
HOME OF THE INNOCENTS 1100 E MARKET ST LOUISVILLE, KY 40206	61-0445834	501(C)(3)	65,771.	0.			HUMAN SERVICES
HONOR FLIGHT, INC. P.O. BOX 991364 LOUISVILLE, KY 40269	26-2237257	501(C)(3)	10,225.	0.			PUBLIC & SOCIETAL BENEFIT
HOPE HEALTH CLINIC, INC. 1025 SANIBEL WAY, STE E LA GRANGE, KY 40031	46-5509958	501(C)(3)	8,531.	0.			HEALTH CARE
HOPE SCARVES, INC. 141 N. SHERRIN AVENUE, SUITE #227 LOUISVILLE, KY 40207	45-3578278	501(C)(3)	18,122.	0.			HEALTH CARE
HOPKINS COUNTY EDUCATION FOUNDATION, INC. - PO BOX 593 - MADISONVILLE, KY 42431	61-1151955	501(C)(3)	19,254.	0.			EDUCATION
HOPKINSVILLE-CHRISTIAN COUNTY PUBLIC LIBRARY - 1101 BETHEL ST. - HOPKINSVILLE, KY 42240	61-0669235	501(C)(3)	28,765.	0.			EDUCATION

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HOSEAS HOUSE INC. PO BOX 991492 LOUISVILLE, KY 40269	20-3161219	501(C)(3)	48,237.	0.			HUMAN SERVICES
HOSPARUS INC 3532 EPHRAIM MCDOWELL DRIVE LOUISVILLE, KY 40205	61-0921718	501(C)(3)	84,892.	0.			HUMAN SERVICES
HOUSE OF RUTH, INC. 607 E. SAINT CATHERINE ST. LOUISVILLE, KY 40203	61-1231355	501(C)(3)	11,391.	0.			HEALTH CARE
HUMANE SOCIETY OF OLDHAM COUNTY PO BOX 727 LAGRANGE, KY 40031	61-1166840	501(C)(3)	9,848.	0.			ANIMAL-RELATED
IFF 333 SOUTH WABASH AVE, STE. 2800 CHICAGO, IL 60604	36-3656836	501(C)(3)	6,159.	0.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
IMMACULATA CLASSICAL ACADEMY 6010 PRESTON HIGHWAY LOUISVILLE, KY 40219	27-3305618	501(C)(3)	7,040.	0.			EDUCATION
INDIAN RIVER LAND TRUST, INC. 80 ROYAL PALM POINTE, #301 VERO BEACH, FL 32960	65-0059649	501(C)(3)	6,000.	0.			ENVIRONMENT
INDIANA UNIVERSITY - BLOOMINGTON 400 EAST 7TH ST. BLOOMINGTON, IN 47405-1223	35-6001673	GOVERNMENT	7,000.	0.			EDUCATION
INDIANA UNIVERSITY - SOUTH BEND 1700 MISHAWAKA AVE, PO BOX 7111 SOUTH BEND, IN 46634-7111	35-6001673	GOVERNMENT	5,000.	0.			EDUCATION

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INDIANA UNIVERSITY SOUTHEAST 4201 GRANT LINE ROAD NEW ALBANY, IN 47150	35-6001673	501(C)(3)	6,000.	0.			EDUCATION
INDIANA UNIVERSITY-PURDUE UNIVERSITY FORT WAYNE - 2101 E. COLISEUM BLVD. - FT. WAYNE, IN 46805	35-6001673	GOVERNMENT	5,000.	0.			EDUCATION
INSTITUTE FOR CHRISTIAN THOUGHT, INC. - PO BOX 454 - ZIONSVILLE, IN 46077	35-1988101	501(C)(3)	5,000.	0.			EDUCATION
INSTITUTE OF FOOD TECHNOLOGISTS 525 W. VAN BUREN ST. #1000 CHICAGO, IL 60607-3830	36-2136957	501(C)(3)	5,500.	0.			FOOD, AGRICULTURE & NUTRITION
INTERNATIONAL CONTEMPORARY ARTS FOUNDATION - 710 WEST MAIN ST. #201 - LOUISVILLE, KY 40202	20-1680864	501(C)(3)	5,000.	0.			ARTS, CULTURE & HUMANITIES
INTERNATIONAL JUSTICE MISSION P.O. BOX 58147 WASHINGTON, DC 20037	54-1722887	501(C)(3)	6,000.	0.			INTERNATIONAL, FOREIGN AFFAIRS
ISAAC W. BERNHEIM FOUNDATION, INC. P.O. BOX 130 CLERMONT, KY 40110-0130	61-0444651	501(C)(3)	111,830.	0.			ENVIRONMENT
JEFFERSON COMMUNITY AND TECHNICAL COLLEGE - 109 EAST BROADWAY - LOUISVILLE, KY 40202	61-1320380	GOVERNMENT	63,500.	0.			EDUCATION
JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION - 3332 NEWBURG ROAD - LOUISVILLE, KY 40218	61-1021128	GOVERNMENT	47,890.	0.			EDUCATION



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JEWISH COMMUNITY OF LOUISVILLE INC. - 3600 DUTCHMANS LANE - LOUISVILLE, KY 40205	61-0444765	501(C)(3)	46,912.	0.			PHILANTHROPY, VOLUNTARISM
JEWISH FAMILY & CAREER SERVICES OF LOUISVILLE, INC. - 2821 KLEMPNER WAY - LOUISVILLE, KY 40205	61-0444704	501(C)(3)	37,189.	0.			HUMAN SERVICES
JEWISH HOSPITAL & ST. MARY'S HEALTHCARE FOUNDATION - 250 E LIBERTY ST SUITE 602 - LOUISVILLE, KY 40202	61-1029768	501(C)(3)	21,493.	0.			HEALTH CARE
JUNIOR ACHIEVEMENT OF KENTUCKIANA 1401 W. MUHAMMAD ALI BLVD. LOUISVILLE, KY 40203	61-0476694	501(C)(3)	65,271.	0.			EDUCATION
JUNIOR LEAGUE OF LOUISVILLE 982 EASTERN PARKWAY, #7 LOUISVILLE, KY 40217	61-6000295	501(C)(3)	5,613.	0.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
KARUNA-SHECHEN USA 237 W. 35TH STREET, SUITE 1101 NEW YORK, NY 10001	27-3857947	501(C)(3)	10,000.	0.			PHILANTHROPY, VOLUNTARISM
KATHERINE DELMAR BURKE SCHOOL 7070 CALIFORNIA ST. SAN FRANCISCO, CA 94121	94-1156256	501(C)(3)	20,000.	0.			EDUCATION
KENTUCKIANAWORKS FOUNDATION INC. 410 CHESTNUT STREET, SUITE 200 LOUISVILLE, KY 40202	37-1508088	501(C)(3)	200,000.	0.			EDUCATION
KENTUCKY CENTER FOR SPECIAL CHILDREN SERVICES - 13101 EASTPOINT PARK BLVD. - LOUISVILLE, KY 40223	61-0680753	501(C)(3)	5,475.	0.			EDUCATION

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KENTUCKY COALITION TO ABOLISH THE DEATH PENALTY INC. - P.O. BOX 3092 - LOUISVILLE, KY 40201-3092	61-1169551	501(C)(3)	10,000.	0.			UNKNOWN
KENTUCKY COLLEGE OF ART & DESIGN 845 S 3RD ST. LOUISVILLE, KY 40203	27-2232797	501(C)(3)	71,928.	0.			EDUCATION
KENTUCKY COUNTRY DAY SCHOOL 4100 SPRINGDALE ROAD LOUISVILLE, KY 40241	61-0731998	501(C)(3)	72,911.	0.			EDUCATION
KENTUCKY DANCE COUNCIL, INC. 315 EAST MAIN STREET LOUISVILLE, KY 40202	61-6033779	501(C)(3)	176,700.	0.			ARTS, CULTURE & HUMANITIES
KENTUCKY DERBY MUSEUM 704 CENTRAL AVE. LOUISVILLE, KY 40208	31-1023459	501(C)(3)	8,620.	0.			ARTS, CULTURE & HUMANITIES
KENTUCKY HEALTH JUSTICE NETWORK PO BOX 4761 LOUISVILLE, KY 40204	27-1246514	501(C)(3)	12,833.	0.			HEALTH CARE
KENTUCKY HORSE PARK FOUNDATION 4037 IRON WORKS PARKWAY STE 180 LEXINGTON, KY 40511	62-1257717	501(C)(3)	26,000.	0.			RECREATION & SPORTS
KENTUCKY HUMANE SOCIETY 1000 LYNDON LANE #B LOUISVILLE, KY 40222	61-0463938	501(C)(3)	34,389.	0.			ANIMAL-RELATED
KENTUCKY K-9 SEARCH AND RESCUE TEAM - 1941 BISHOP LN, STE 707 - LOUISVILLE, KY 40218	11-3827751	501(C)(3)	5,198.	0.			ANIMAL-RELATED

**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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KENTUCKY MUSEUM OF ART AND CRAFT 715 WEST MAIN STREET LOUISVILLE, KY 40202	61-0985312	501(C)(3)	54,973.	0.			ARTS, CULTURE & HUMANITIES
KENTUCKY NATURAL LANDS TRUST, INC. 433 CHESTNUT ST. BEREA, KY 40403	61-1276913	501(C)(3)	135,419.	0.			ENVIRONMENT
KENTUCKY OPERA ASSOCIATION 323 W. BROADWAY, SUITE 601 LOUISVILLE, KY 40202	61-6013111	501(C)(3)	80,085.	0.			ARTS, CULTURE & HUMANITIES
KENTUCKY ORGAN DONOR AFFILIATES INC. - 10160 LINN STATION ROAD - LOUISVILLE, KY 40223	61-1122515	501(C)(3)	7,726.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES
KENTUCKY PUBLIC RADIO INC 619 SOUTH 4TH STREET LOUISVILLE, KY 40202	61-1259787	501(C)(3)	114,229.	0.			ARTS, CULTURE & HUMANITIES
KENTUCKY RACE TRACK CHAPLAINCY, INC. - PO BOX 324 - SIMPSONVILLE, KY 40067	31-1571797	501(C)(3)	8,723.	0.			RELIGION-RELATED
KENTUCKY RAILWAY MUSEUM P.O. BOX 240 NEW HAVEN, KY 40051-0240	61-6031095	501(C)(3)	10,000.	0.			ARTS, CULTURE & HUMANITIES
KENTUCKY REFUGEE MINISTRIES, INC. 969-B CHEROKEE RD. LOUISVILLE, KY 40204	61-1229842	501(C)(3)	19,529.	0.			RELIGION-RELATED
KENTUCKY RESOURCES COUNCIL, INC. P.O. BOX 1070 FRANKFORT, KY 40602-1070	31-1042931	501(C)(3)	5,500.	0.			ENVIRONMENT

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KENTUCKY SHAKESPEARE FESTIVAL 323 W BROADWAY, #401 LOUISVILLE, KY 40202-2476	61-6036654	501(C)(3)	15,696.	0.			ARTS, CULTURE & HUMANITIES
KENTUCKY TO THE WORLD INC PO BOX 6251 LOUISVILLE, KY 40206	47-1676524	501(C)(3)	7,210.	0.			ARTS, CULTURE & HUMANITIES
KENTUCKY VETERANS HALL OF FAME FOUNDATION - PO BOX 1446 - FLORENCE, KY 41042	45-4759822	501(C)(3)	15,000.	0.			ARTS, CULTURE & HUMANITIES
KENTUCKY WESLEYAN COLLEGE 3000 FREDERICA ST. OWENSBORO, KY 42302	61-0466713	501(C)(3)	16,000.	0.			EDUCATION
KIDS CANCER ALLIANCE INC. PO BOX 24337 LOUISVILLE, KY 40224	61-1256743	501(C)(3)	12,334.	0.			HEALTH CARE
KOSAIR CHARITIES COMMITTEE, INC. P.O. BOX 37370 LOUISVILLE, KY 40233-7370	61-0514703	501(C)(3)	160,956.	0.			HEALTH CARE
KRISTY LOVE FOUNDATION PO BOX 11793 LOUISVILLE, KY 40251	45-4556746	501(C)(3)	14,305.	0.			HOUSING & SHELTER
LA CASITA CENTER PO BOX 1844 LOUISVILLE, KY 40201	74-3178408	501(C)(3)	6,872.	0.			HUMAN SERVICES
LAMAR UNIVERSITY FOUNDATION P.O. BOX 11500 BEAUMONT, TX 77710	23-7298265	501(C)(3)	6,500.	0.			EDUCATION

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LEADERSHIP LOUISVILLE FOUNDATION 707 W. MAIN ST. LOUISVILLE, KY 40202	31-0958491	501(C)(3)	64,250.	0.			PUBLIC & SOCIETAL BENEFIT
LEARNING FOR LIFE LINCOLN CHAPTER PO BOX 43368 LOUISVILLE, KY 40253	46-5501637	501(C)(3)	7,875.	0.			EDUCATION
LEGAL AID SOCIETY, INC. 416 W. MUHAMMAD ALI BLVD., #300 LOUISVILLE, KY 40202	61-0537626	501(C)(3)	38,636.	0.			CRIME & LEGAL-RELATED
LEWA WILDLIFE CONSERVANCY USA 38 MILLER AVENUE, SUITE 306 MILL VALLEY, CA 94941	87-0572187	501(C)(3)	6,500.	0.			ANIMAL-RELATED
LIBERTY HALL, INC. 202 WILKINSON STREET FRANKFORT, KY 40601	61-0469278	501(C)(3)	6,000.	0.			ARTS, CULTURE & HUMANITIES
LIGHTHOUSE PROMISE, INC. 5312 SHEPHERDSVILLE ROAD LOUISVILLE, KY 40228	61-1362760	501(C)(3)	10,059.	0.			RELIGION-RELATED
LIMESTONE LAND TRUST 2000 WARRINGTON WAY, STE 210 LOUISVILLE, KY 40222	46-5758785	501(C)(3)	306,935.	0.			ENVIRONMENT
LINCOLN FOUNDATION 200 WEST BROADWAY, STE. 500 LOUISVILLE, KY 40202	61-0449631	501(C)(3)	320,243.	0.			EDUCATION
LINCOLN TRAIL DISTRICT HEALTH DEPARTMENT - PO BOX 2609 - ELIZABETHTOWN, KY 42702	31-1535010	501(C)(3)	15,000.	0.			HEALTH CARE

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LINDSEY WILSON COLLEGE 210 LINDSEY WILSON STREET COLUMBIA, KY 42728	61-0444763	501(C)(3)	13,055.	0.			EDUCATION
LITTLE SISTERS OF THE POOR 15 AUDUBON PLAZA DRIVE LOUISVILLE, KY 40217	61-0487466	501(C)(3)	21,123.	0.			HEALTH CARE
LOCAL FOOD HUB PO BOX 4647 CHARLOTTESVILLE, VA 22905	26-4137130	501(C)(3)	20,000.	0.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
LOST TREE CHARITABLE FOUNDATION 8 CHURCH LANE NORTH PALM BEACH, FL 33405	59-2104920	501(C)(3)	10,000.	0.			PHILANTHROPY, VOLUNTARISM
LOUISVILLE AUDUBON SOCIETY PO BOX 22162 LOUISVILLE, KY 40222	61-0673014	501(C)(3)	430.	0.			ANIMAL-RELATED
LOUISVILLE CENTRAL COMMUNITY CENTER, INC. - 1300 W. MUHAMMAD ALI BLVD. - LOUISVILLE, KY 40203	61-0590743	501(C)(3)	8,645.	0.			HUMAN SERVICES
LOUISVILLE COLLEGIATE SCHOOL 2427 GLENMARY AVENUE LOUISVILLE, KY 40204	61-0449630	501(C)(3)	233,586.	0.			EDUCATION
LOUISVILLE FILM SOCIETY PO BOX 6088 LOUISVILLE, KY 40206	26-0252493	501(C)(3)	75,000.	0.			ARTS, CULTURE & HUMANITIES
LOUISVILLE FREE PUBLIC LIBRARY FOUNDATION - 301 YORK STREET - LOUISVILLE, KY 40203-2257	61-0969361	501(C)(3)	73,889.	0.			EDUCATION

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LOUISVILLE GAY MEN'S CHORUS, INC. 1838 SHERWOOD AVENUE LOUISVILLE, KY 40205	46-5377282	501(C)(3)	5,283.	0.			ARTS, CULTURE & HUMANITIES
LOUISVILLE MALE HIGH SCHOOL 4409 PRESTON HIGHWAY LOUISVILLE, KY 40213	61-6001316	GOVERNMENT	10,000.	0.			EDUCATION
LOUISVILLE METRO GOVERNMENT 527 W. JEFFERSON STREET LOUISVILLE, KY 40202	32-0049006	GOVERNMENT	48,500.	0.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
LOUISVILLE METRO OFFICE FOR SAFE AND HEALTHY NEIGHBORHOODS - METRO HALL, 527 WEST JEFFERSON STREET - LOUISVILLE, KY 40202	32-0049006	GOVERNMENT	5,000.	0.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
LOUISVILLE METRO PARKS FOUNDATION, INC. - PO BOX 5755 - LOUISVILLE, KY 40255	20-4372292	501(C)(3)	6,213.	0.			ENVIRONMENT
LOUISVILLE NATURE CENTER, INC. 3745 ILLNOIS AVENUE LOUISVILLE, KY 40213	61-6036081	501(C)(3)	13,523.	0.			ENVIRONMENT
LOUISVILLE OLMSTED PARKS CONSERVANCY, INC. - 1299 TREVILIAN WAY - LOUISVILLE, KY 40213	61-1196368	501(C)(3)	642,109.	0.			RECREATION & SPORTS
LOUISVILLE ORCHESTRA, INC. 620 W MAIN SUITE 600 LOUISVILLE, KY 40202	61-6000384	501(C)(3)	358,716.	0.			ARTS, CULTURE & HUMANITIES
LOUISVILLE PRESBYTERIAN THEOLOGICAL SEMINARY - 1044 ALTA VISTA ROAD - LOUISVILLE, KY 40205-1798	61-0444768	501(C)(3)	10,635.	0.			EDUCATION

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LOUISVILLE SCIENCE CENTER 727 WEST MAIN STREET LOUISVILLE, KY 40202	31-1005850	501(C)(3)	11,818.	0.			ARTS, CULTURE & HUMANITIES
LOUISVILLE STORY PROGRAM 851 S. 4TH ST. LOUISVILLE, KY 40203	47-5237414	501(C)(3)	12,212.	0.			ARTS, CULTURE & HUMANITIES
LOUISVILLE URBAN LEAGUE 1535 WEST BROADWAY LOUISVILLE, KY 40203	61-0444771	501(C)(3)	143,343.	0.			HUMAN SERVICES
LOUISVILLE VISUAL ART ASSOCIATION 1538 LYTLE STREET LOUISVILLE, KY 40203	61-0492348	501(C)(3)	30,834.	0.			ARTS, CULTURE & HUMANITIES
LOUISVILLE VISUAL ARTS ASSOCIATION, INC. - 1538 LYTLE STREET - LOUISVILLE, KY 40203	61-0492348	501(C)(3)	7,000.	0.			ARTS, CULTURE & HUMANITIES
LOUISVILLE YOUTH CHOIR INC. 3105 LEXINGTON RD. LOUISVILLE, KY 40206	61-6058143	501(C)(3)	5,999.	0.			ARTS, CULTURE & HUMANITIES
LOUISVILLE ZOO FOUNDATION, INC. 1100 TREVILIAN WAY, P.O. BOX 37250 LOUISVILLE, KY 40233-9902	31-0971742	501(C)(3)	248,225.	0.			ANIMAL-RELATED
MADISONVILLE COMMUNITY COLLEGE 2000 COLLEGE DRIVE MADISONVILLE, KY 42431	61-1320380	GOVERNMENT	20,000.	0.			EDUCATION
MAIDEN VOYAGE PRODUCTIONS, INC. 2314 HIGGINS CANYON ROAD HALF MOON BAY, CA 94019	94-3191142	501(C)(3)	82,400.	0.			ARTS, CULTURE & HUMANITIES



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MARC ANCHOR HOUSE PO BOX 611 BRANDENBURG, KY 40108	61-6034787	501(C)(3)	7,500.	0.			HUMAN SERVICES
MARCH OF DIMES 207 EAST REYNOLDS ROAD, SUITE 110 LEXINGTON, KY 40517	13-1846366	501(C)(3)	7,500.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES
MARCH OF DIMES - GREATER KENTUCKY CHAPTER - 4802 SHERBURN LANE #103 - LOUISVILLE, KY 40207	13-1846366	501(C)(3)	10,442.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES
MARINE CORPS COORDINATING COUNCIL OF KENTUCKY, INC. - P.O. BOX 355 - PROSPECT, KY 40059	61-1195685	501(C)(3)	10,000.	0.			PUBLIC & SOCIETAL BENEFIT
MARINE CORPS HERITAGE FOUNDATION 3800 FETTLER PARK DRIVE #104 DUMFRIES, VA 22025	26-0803466	501(C)(3)	50,000.	0.			ARTS, CULTURE & HUMANITIES
MARINE CORPS SCHOLARSHIP FOUNDATION INC. - 909 N. WASHINGTON ST. #400 - ALEXANDRIA, VA 22314	22-1905062	501(C)(3)	50,000.	0.			PHILANTHROPY, VOLUNTARISM
MARINE TOYS FOR TOTS FOUNDATION 18251 QUANTICO GATEWAY DR. TRIANGLE, VA 22172	20-3021444	501(C)(3)	10,000.	0.			PHILANTHROPY, VOLUNTARISM
MARYHURST, INC. 1015 DORSEY LANE LOUISVILLE, KY 40223	31-1542209	501(C)(3)	40,988.	0.			MENTAL HEALTH & CRISIS INTERVENTION
MASONIC HOMES OF KENTUCKY INC. 3761 JOHNSON HALL DR. MASONIC HOME, KY 40041	61-0458374	501(C)(3)	7,267.	0.			HUMAN SERVICES

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MATTINGLY CENTER, INC. 1520 BAXTER AVENUE LOUISVILLE, KY 40205	61-0487457	501(C)(3)	12,106.	0.			EDUCATION
MCLAREN NORTHERN MICHIGAN FOUNDATION - 360 CONNABLE AVENUE - PETOSKEY, MI 49770	38-2445611	501(C)(3)	10,000.	0.			HEALTH CARE
MEGHAN'S MOUNTAIN CHARITABLE FOUNDATION, INC. - 5600 HARRODS COVE - PROSPECT, KY 40059	20-5547814	501(C)(3)	23,200.	0.			HUMAN SERVICES
MELISSA'S HOPE FOUNDATION PO BOX 241 NINE MILE FALLS, WA 99026	27-3731265	501(C)(3)	9,966.	0.			PHILANTHROPY, VOLUNTARISM
MENTAL HEALTH ASSOCIATION OF KENTUCKY - 216 E. REYNOLDS ROAD, STE F - LEXINGTON, KY 40517	61-0662261	501(C)(3)	0.	0.			MENTAL HEALTH & CRISIS INTERVENTION
METHODIST HOME OF KENTUCKY, INC. PO BOX 930 NICHOLASVILLE, KY 40340	61-0458375	501(C)(3)	152,500.	0.			HUMAN SERVICES
METRO UNITED WAY 334 E. BROADWAY PO BOX 4488 LOUISVILLE, KY 40204-0488	61-0444680	501(C)(3)	1,017,269.	0.			PHILANTHROPY, VOLUNTARISM
METROPOLITAN HOUSING COALITION PO BOX 4533 LOUISVILLE, KY 40204	61-1201545	501(C)(3)	5,278.	0.			HOUSING & SHELTER
MIDWAY COLLEGE 512 EAST STEPHENS STREET MIDWAY, KY 40347	61-0444708	501(C)(3)	20,000.	0.			EDUCATION

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MIRACLE LEAGUE OF LOUISVILLE 800 LILY CREEK ROAD, SUITE #102 LOUISVILLE, KY 40243	61-1740095	501(C)(3)	8,988.	0.			RECREATION & SPORTS
MISSION CRESTWOOD INC. 424 E MAIN ST LAGRANGE, KY 40031	46-4284885	501(C)(3)	25,120.	0.			PUBLIC & SOCIETAL BENEFIT
MOREHEAD STATE UNIVERSITY 207 HOWELL-MCDOWELL BUILDING MOREHEAD, KY 40351	61-1014029	GOVERNMENT	14,000.	0.			EDUCATION
MORGAN STANLEY CHARITABLE 2000 WESTCHESTER AVE PURCHASE, NY 10057-2530	52-7082731	501(C)(3)	7,574,706.	0.			PHILANTHROPY, VOLUNTARISM
MUHAMMAD ALI MUSEUM AND EDUCATION CENTER, INC. - 1 MUHAMMAD ALI CENTER 144 N. 6TH STREET - LOUISVILLE, KY 40202	61-1323046	501(C)(3)	444,801.	0.			ARTS, CULTURE & HUMANITIES
MULTI-PURPOSE COMMUNITY ACTION AGENCY INC. - PO BOX 305 - SHELBYVILLE, KY 40066-0305	61-0867061	501(C)(3)	8,000.	0.			HUMAN SERVICES
MURRAY STATE UNIVERSITY 500 SPARKS HALL MURRAY, KY 42071-3312	61-6053844	GOVERNMENT	23,000.	0.			EDUCATION
MUSIC HEALS INTERNATIONAL PO BOX 2593 MILL VALLEY, CA 94942	46-4627905	501(C)(3)	10,000.	0.			ARTS, CULTURE & HUMANITIES
MUSIC MAKER RELIEF FOUNDATION, INC. - PO BOX 1358 - HILLSBOROUGH, NC 27278	13-3782018	501(C)(3)	10,000.	0.			ARTS, CULTURE & HUMANITIES

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MUSLIM AMERICANS FOR COMPASSION 2903 WALDOAH BEACH ROAD LOUISVILLE, KY 40207	46-4191281	501(C)(3)	10,000.	0.			PHILANTHROPY, VOLUNTARISM
MY DOG EATS FIRST 2640 GLEESON LANE, SUITE 2D LOUISVILLE, KY 40299	46-4799822	501(C)(3)	6,517.	0.			ANIMAL-RELATED
NATIONAL CENTER FOR FAMILIES LEARNING, INC. - 325 WEST MAIN STREET - LOUISVILLE, KY 40202	61-1159549	501(C)(3)	587.	0.			EDUCATION
NATIONAL SOCIETY OF THE COLONIAL DAMES OF AMERICA - 2715 Q STREET, NW - WASHINGTON, DC 20007	53-0224364	501(C)(3)	10,000.	0.			ARTS, CULTURE & HUMANITIES
NATIVITY ACADEMY AT ST. BONIFACE 529 E. LIBERTY STREET LOUISVILLE, KY 40202	51-0450314	501(C)(3)	36,795.	0.			EDUCATION
NATURAL RESOURCES DEFENSE COUNCIL 40 WEST 20TH STREET NEW YORK, NY 10011	13-2654926	501(C)(3)	17,500.	0.			ENVIRONMENT
NATURE CONSERVANCY - KENTUCKY CHAPTER - 114 WOODLAND AVE - LEXINGTON, KY 40502	53-0242652	501(C)(3)	104,813.	0.			ENVIRONMENT
NEIGHBORHOOD HOUSE 201 NORTH 25TH STREET LOUISVILLE, KY 40212	61-0445842	501(C)(3)	39,307.	0.			HUMAN SERVICES
NELSON COUNTY COMMUNITY CLINIC INC. - 300 WEST JOHN FITCH AVE. #200 - BARDSTOWN, KY 40004	20-4876401	501(C)(3)	12,000.	0.			HEALTH CARE

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NELSON COUNTY FISCAL COURT 1 COURT SQUARE, SECOND FLOOR BARDSTOWN, KY 40004	61-6000701	GOVERNMENT	40,000.	0.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
NEW ART PUBLICATIONS, INC. 80 HANSON PLACE, #703 BROOKLYN, NY 11217	13-3336695	501(C)(3)	10,000.	0.			ARTS, CULTURE & HUMANITIES
NEW CENTURY CHAMBER ORCHESTRA 44 PAGE STREET, SUITE 600 SAN FRANCISCO, CA 94102	68-0263473	501(C)(3)	5,000.	0.			ARTS, CULTURE & HUMANITIES
NEW DIRECTIONS HOUSING CORPORATION 1000 E. LIBERTY ST. LOUISVILLE, KY 40204-1029	61-0715630	501(C)(3)	5,953.	0.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
NEW MUSEUM OF CONTEMPORARY ART 235 BOWERY NEW YORK, NY 10002	13-2986881	501(C)(3)	55,000.	0.			ARTS, CULTURE & HUMANITIES
NEW ROOTS 1800 PORTLAND AVENUE LOUISVILLE, KY 40203	27-0700459	501(C)(3)	14,443.	0.			FOOD, AGRICULTURE & NUTRITION
NORFOLK COLLEGIATE SCHOOL 7336 GRANBY STREET NORFOLK, VA 23505	54-0806413	501(C)(3)	5,500.	0.			EDUCATION
NORTHEAST YMCA - LOUISVILLE 9400 MILL BROOK RD. LOUISVILLE, KY 40223	61-0444843	501(C)(3)	12,500.	0.			HUMAN SERVICES
NORTHRIDGE PRESBYTERIAN CHURCH 6920 BOB-O-LINK DR. DALLAS, TX 75214	75-0846305	501(C)(3)	10,000.	0.			RELIGION-RELATED

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NORTHWESTERN UNIVERSITY 1801 HINMAN AVENUE EVANSTON, IL 60208	36-2167817	501(C)(3)	70,000.	0.			EDUCATION
NORTON HEALTHCARE FOUNDATION INC. 234 E. GRAY ST. #450 LOUISVILLE, KY 40202	31-0914919	501(C)(3)	175,015.	0.			HEALTH CARE
OLDHAM COUNTY EDUCATIONAL FOUNDATION - 6165 W HWY 146 - CRESTWOOD, KY 40014	61-1165130	501(C)(3)	5,290.	0.			EDUCATION
OLDHAM COUNTY HISTORICAL SOCIETY, INC. - 106 N. 2ND ST. - LAGRANGE, KY 40031	61-1195581	501(C)(3)	34,636.	0.			ARTS, CULTURE & HUMANITIES
OPEN DOOR OF HOPE, INC. PO BOX 426 SHELBYVILLE, KY 40066	26-4436314	501(C)(3)	11,300.	0.			HUMAN SERVICES
OPERATION PARENT INC. PO BOX 127 BUCKNER, KY 40010	20-3857612	501(C)(3)	5,200.	0.			EDUCATION
OPTIONS UNLIMITED 205 CASTLEROCK DRIVE SHEPHERDSVILLE, KY 40165	61-1127049	501(C)(3)	15,000.	0.			EDUCATION
ORBMEDIA 2609 KLINGLE ROAD WASHINGTON, DC 20008	45-3806445	501(C)(3)	5,000.	0.			ARTS, CULTURE & HUMANITIES
ORCHARD GROUP INC PO BOX 980 NEWTOWN, PA 18940	11-6014701	501(C)(3)	5,000.	0.			RELIGION-RELATED

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ORPHAN CARE ALLIANCE 115 NORTH WATTERSON TRAIL STE 201 LOUISVILLE, KY 40243	26-4549276	501(C)(3)	5,269.	0.			HUMAN SERVICES
OUR LADY OF PROVIDENCE HIGH SCHOOL 707 PROVIDENCE WAY CLARKSVILLE, IN 47129	35-0894977	501(C)(3)	5,000.	0.			EDUCATION
OUR SAVIOR LUTHERAN CHURCH 8305 NOTTINGHAM PARKWAY LOUISVILLE, KY 40222	61-6009910	501(C)(3)	6,421.	0.			RELIGION-RELATED
OWENSBORO COMMUNITY AND TECHNICAL COLLEGE - 4800 NEW HARTFORD RD - OWENSBORO, KY 42303	61-1320380	GOVERNMENT	6,500.	0.			EDUCATION
OWENSBORO SYMPHONY ORCHESTRA 211 EAST 2ND STREET OWENSBORO, KY 42303	61-6055984	501(C)(3)	20,064.	0.			ARTS, CULTURE & HUMANITIES
OWSLEY BROWN FRAZIER HISTORICAL ARMS MUSEUM FOUNDATION, INC. - 829 W. MAIN ST. - LOUISVILLE, KY 40202	61-1378343	501(C)(3)	57,991.	0.			ARTS, CULTURE & HUMANITIES
PAWS WITH PURPOSE PO BOX 5458 LOUISVILLE, KY 40255	20-0681397	501(C)(3)	19,196.	0.			HUMAN SERVICES
PEACE EDUCATION PROGRAM, INC. 318 W. KENTUCKY ST. LOUISVILLE, KY 40203	61-1220204	501(C)(3)	8,933.	0.			HUMAN SERVICES
PITT ACADEMY 6010 PRESTON HWY LOUISVILLE, KY 40219	23-7066205	501(C)(3)	25,041.	0.			EDUCATION

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PLANNED PARENTHOOD OF INDIANA AND KENTUCKY - 200 SOUTH MERIDIAN STREET, PO BOX 397 - INDIANAPOLIS, IN 46206	35-0874276	501(C)(3)	65,087.	0.			HEALTH CARE
PORTLAND AVENUE PRESBYTERIAN CHURCH - 3126 PORTLAND AVE - LOUISVILLE, KY 40212	61-0471575	501(C)(3)	6,000.	0.			RELIGION-RELATED
PORTLAND CHRISTIAN SCHOOL SYSTEM INC. - 8509 WESTPORT RD. - LOUISVILLE, KY 40242	20-2918651	501(C)(3)	18,512.	0.			EDUCATION
PORTLAND MUSEUM 2308 PORTLAND AVE. LOUISVILLE, KY 40212	23-7422794	501(C)(3)	38,864.	0.			ARTS, CULTURE & HUMANITIES
PORTLAND PROMISE CENTER 1831 BAIRD STREET, P.O. BOX 11865 LOUISVILLE, KY 40251-0865	61-1210051	501(C)(3)	8,363.	0.			RELIGION-RELATED
PRESBYTERIAN HOMES & SERVICES OF KENTUCKY - 1030 ALTA VISTA - LOUISVILLE, KY 40205	61-1078924	501(C)(3)	5,402.	0.			HUMAN SERVICES
PRESENTATION ACADEMY 861 S. 4TH ST. LOUISVILLE, KY 40203	61-0447247	501(C)(3)	19,801.	0.			EDUCATION
PRESIDENT & FELLOWS OF MIDDLEBURY 9 OLD CHAPEL ROAD MIDDLEBURY, VT 05753	03-0179298	501(C)(3)	140,000.	0.			EDUCATION
PRESIDENT AND FELLOWS OF HARVARD COLLEGE - 124 MOUNT AUBURN STREET - CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	20,000.	0.			EDUCATION



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PRICHARD COMMITTEE FOR ACADEMIC EXCELLENCE - 271 WEST SHORT ST., STE 202 - LEXINGTON, KY 40507	61-1026214	501(C)(3)	12,965.	0.			EDUCATION
PRINCETON UNIVERSITY BOX 591, 220 WEST COLLEGE PRINCETON, NJ 08544-0591	21-0634501	501(C)(3)	7,500.	0.			EDUCATION
PRISON DHARMA NETWORK, INC. PO BOX 206 SOUTH DEERFIELD, MA 01373	04-3270385	501(C)(3)	5,000.	0.			CRIME & LEGAL-RELATED
PROCLAMATION OF THE WORD MINISTRY 11504 PLANTSIDE DRIVE, SUITE 10 LOUISVILLE, KY 40299	46-4488483	501(C)(3)	5,233.	0.			RELIGION-RELATED
PRODIGAL MINISTRIES PO BOX 1484 CRESTWOOD, KY 40014	61-1275040	501(C)(3)	5,725.	0.			HUMAN SERVICES
PTA KENTUCKY CONGRESS 319 S.5TH STREET LOUISVILLE, KY 40203	61-1157033	501(C)(3)	9,966.	0.			EDUCATION
RADCLIFFE INSTITUTE FOR ADVANCED STUDY - 124 MT. AUBURN STREET - CAMBRIDGE, MA 02138	04-2103580	501(C)(3)	5,000.	0.			EDUCATION
RIGHT TO LIFE EDUCATIONAL FOUNDATION OF KENTUCKY - 134 BRECKENRIDGE LANE - LOUISVILLE, KY 40207	31-0955315	501(C)(3)	7,640.	0.			CIVIL RIGHTS, SOCIAL ACTION & ADVOCACY
RIVER FIELDS, INC. 455 SOUTH 4TH ST, STE 990 LOUISVILLE, KY 40202-2525	61-6032501	501(C)(3)	6,100.	0.			ENVIRONMENT

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RIVERPARK CENTER INC. 101 DAVIESS ST OWENSBORO, KY 42303-4263	61-1147328	501(C)(3)	5,939.	0.			ARTS, CULTURE & HUMANITIES
ROLLINS COLLEGE 1000 HOLT AVENUE - 2750 WINTER PARK, FL 32789	59-0624440	501(C)(3)	5,000.	0.			EDUCATION
RONALD MCDONALD HOUSE CHARITIES OF KENTUCKIANA, INC. - 550 SOUTH FIRST STREET - LOUISVILLE, KY 40202	31-1053467	501(C)(3)	5,500.	0.			HOUSING & SHELTER
ROSE-HULMAN INSTITUTE OF TECHNOLOGY - 5500 WABASH AVENUE - TERRE HAUTE, IN 47803	35-0868149	501(C)(3)	15,000.	0.			EDUCATION
ROTARY FUND OF LOUISVILLE, INC. ONE RIVERFRONT PLAZA, 401 WEST MAIN ST #810 - LOUISVILLE, KY 40202	61-6029858	501(C)(3)	8,600.	0.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
SACRED HEART SCHOOLS INC. 3177 LEXINGTON ROAD LOUISVILLE, KY 40206	61-1181710	501(C)(3)	15,350.	0.			EDUCATION
SAN FRANCISCO FILM SOCIETY 39 MESA STREET, #110 SAN FRANCISCO, CA 94129	94-2663216	501(C)(3)	10,000.	0.			ARTS, CULTURE & HUMANITIES
SARABANDE BOOKS INC. 822 E. MARKET ST. LOUISVILLE, KY 40206	61-1256352	501(C)(3)	6,500.	0.			ARTS, CULTURE & HUMANITIES
SAVING SUNNY, INC. 304 PLEASANTVIEW AVENUE LOUISVILLE, KY 40206	35-2379448	501(C)(3)	17,780.	0.			ANIMAL-RELATED

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SAYRE SCHOOL 194 N. LIMESTONE LEXINGTON, KY 40507	61-0449657	501(C)(3)	50,000.	0.			EDUCATION
SCHOOL CHOICE SCHOLARSHIPS, INC. 2200 DUNDEE ROAD, SUITE B LOUISVILLE, KY 40205	31-1589289	501(C)(3)	75,680.	0.			EDUCATION
SCHOOL SMILES FOUNDATION 1499 WINDHORST WAY, STE 100 GREENWOOD, IN 46143	46-3704904	501(C)(3)	5,000.	0.			HEALTH CARE
SCHOOLS OF THE SACRED HEART - SAN FRANCISCO - 2222 BROADWAY ST - SAN FRANCISCO, CA 94115	94-1156671	501(C)(3)	20,000.	0.			RELIGION-RELATED
SCHWAB CHARITABLE FUND PO BOX 628298 ORLANDO, FL 32862	31-1640316	501(C)(3)	18,806,105.	0.			PHILANTHROPY, VOLUNTARISM
SECOND CHANCES WILDLIFE REHABILITATION AND EDUCATION CENTER - 487 GENTRY LANE - MT. WASHINGTON, KY 40047	27-0550327	501(C)(3)	8,516.	0.			ANIMAL-RELATED
SECOND PRESBYTERIAN CHURCH 3701 OLD BROWNSBORO ROAD LOUISVILLE, KY 40207	61-0466721	501(C)(3)	33,361.	0.			RELIGION-RELATED
SECOND STRIDE, INC. 7204 HWY 329 CRESTWOOD, KY 40014	20-2947614	501(C)(3)	12,263.	0.			ANIMAL-RELATED
SEED CAPITAL KENTUCKY, INC. 200 YORK ST. LOUISVILLE, KY 40203	45-1068408	501(C)(3)	85,000.	0.			FOOD, AGRICULTURE & NUTRITION

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SEED TO OAKS 1303 S. SHELBY STREET LOUISVILLE, KY 40217	46-1918089	501(C)(3)	12,893.	0.			RELIGION-RELATED
SENIORCARE EXPERTS, INC 145 THIERMAN LANE LOUISVILLE, KY 40207	61-0860265	501(C)(3)	14,626.	0.			HUMAN SERVICES
SERENITY CENTER, INC. 98 7TH STREET SHELBYVILLE, KY 40065	45-5074375	501(C)(3)	20,000.	0.			HUMAN SERVICES
SHAKERTOWN AT PLEASANT HILL, KENTUCKY, INC. - 3501 LEXINGTON ROAD - HARRODSBURG, KY 40330-8846	61-0592561	501(C)(3)	5,838.	0.			ARTS, CULTURE & HUMANITIES
SHAMROCK FOUNDATION, INC. PO BOX 24033 LOUISVILLE, KY 40224	61-1244026	501(C)(3)	13,590.	0.			ANIMAL-RELATED
SHARING AMERICA'S MARROW 10211 WORTHINGTON LANE PROSPECT, KY 40059	46-5647483	501(C)(3)	35,000.	0.			HEALTH CARE
SHIVELY AREA MINISTRIES 4415 DIXIE HWY LOUISVILLE, KY 40216	61-1134579	501(C)(3)	20,110.	0.			HOUSING & SHELTER
SIGMA NU EDUCATIONAL FOUNDATION INC - 9 NORTH LEWIS STREET, PO BOX 1869 - LEXINGTON, VA 24450	54-6035735	501(C)(3)	50,000.	0.			EDUCATION
SIGNS & WONDERS MINISTRIES, INC. PO BOX 19041 LOUISVILLE, KY 40259	26-1345716	501(C)(3)	6,000.	0.			RELIGION-RELATED

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SIMMONS COLLEGE OF KENTUCKY 1000 SOUTH 4TH STREET LOUISVILLE, KY 40203	20-5289168	501(C)(3)	15,873.	0.			EDUCATION
SISTER VISITOR CENTER 2235 W MARKET ST LOUISVILLE, KY 40212	61-1239600	501(C)(3)	10,805.	0.			RELIGION-RELATED
SISTERS OF CHARITY OF NAZARETH PO BOX 9 NAZARETH, KY 40048	75-3124022	501(C)(3)	19,986.	0.			RELIGION-RELATED
SMILEFAITH FOUNDATION 8125 US HIGHWAY 19 PORT RICHEY, FL 34668	80-0453938	501(C)(3)	50,000.	0.			HEALTH CARE
SMOKETOWN FAMILY WELLNESS CENTER PO BOX 4692 LOUISVILLE, KY 40204	47-4155748	501(C)(3)	163,056.	0.			HEALTH CARE
SOBER WORKS INC. 6517 GUNPOWDER LANE PROSPECT, KY 40059	46-1082657	501(C)(3)	5,283.	0.			HUMAN SERVICES
SOS INTERNATIONAL, INC. 1500 ARLINGTON AVE LOUISVILLE, KY 40206	27-2624272	501(C)(3)	60,131.	0.			INTERNATIONAL, FOREIGN AFFAIRS
SOUTHERN ENVIRONMENTAL LAW CENTER 201 W. MAIN STREET, #14 CHARLOTTESVILLE, VA 22902	52-1436778	501(C)(3)	30,000.	0.			ENVIRONMENT
SOUTHERN METHODIST UNIVERSITY P.O. BOX 750402 DALLAS, TX 75275	75-0800689	501(C)(3)	15,000.	0.			EDUCATION

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SOUTHWEST CENTER 8009 TERRY ROAD LOUISVILLE, KY 40258	61-1016175	501(C)(3)	8,328.	0.			HUMAN SERVICES
SPALDING UNIVERSITY 851 SOUTH FOURTH STREET LOUISVILLE, KY 40203-2188	61-0444780	501(C)(3)	280,489.	0.			EDUCATION
SPECIAL OLYMPICS KENTUCKY 1230 LIBERTY BANK LANE, STE 140 LOUISVILLE, KY 40222	61-0954571	501(C)(3)	14,308.	0.			RECREATION & SPORTS
SPEED ART MUSEUM 2035 SOUTH THIRD ST. LOUISVILLE, KY 40208	61-0444823	501(C)(3)	571,996.	0.			ARTS, CULTURE & HUMANITIES
ST. ANDREWS EPISCOPAL CHURCH 1004 GRAYDON AVE. NORFOLK, VA 23507	54-0584801	501(C)(3)	5,200.	0.			RELIGION-RELATED
ST. ELIZABETH CATHOLIC CHARITIES 702 E. MARKET ST. NEW ALBANY, IN 47150	35-1018460	501(C)(3)	22,421.	0.			RELIGION-RELATED
ST. FRANCIS DESALES HIGH SCHOOL 425 W KENWOOD DR. LOUISVILLE, KY 40214-2897	61-0447247	501(C)(3)	6,500.	0.			EDUCATION
ST. FRANCIS IN THE FIELDS EPISCOPAL CHURCH - 6710 WOLF PEN BRANCH ROAD, P.O. BOX 225 - HARRODS CREEK, KY 40027	61-0444805	501(C)(3)	78,500.	0.			RELIGION-RELATED
ST. FRANCIS SCHOOL INC. 11000 U.S. HWY. 42 GOSHEN, KY 40026	61-0663057	501(C)(3)	136,759.	0.			EDUCATION

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ST. FRANCIS XAVIER CATHOLIC CHURCH 155 STRINGER LANE MT. WASHINGTON, KY 40047	61-0952560	501(C)(3)	6,800.	0.			RELIGION-RELATED
ST. JAMES EPISCOPAL CHURCH 401 LAGRANGE ROAD, P.O. BOX 433 PEWEE VALLEY, KY 40056	61-1041508	501(C)(3)	11,510.	0.			RELIGION-RELATED
ST. JOHN CENTER FOR THE HOMELESS 700 EAST MUHAMMAD ALI BOULEVARD LOUISVILLE, KY 40202-3614	61-1135907	501(C)(3)	58,568.	0.			HOUSING & SHELTER
ST. JOSEPH CATHOLIC ORPHAN HOME 2823 FRANKFORT AVENUE LOUISVILLE, KY 40206	61-0475286	501(C)(3)	66,323.	0.			HUMAN SERVICES
ST. JOSEPH CHURCH P.O. BOX 548 BARDSTOWN, KY 40004	61-0485640	501(C)(3)	51,344.	0.			RELIGION-RELATED
ST. JOSEPH PEACE MISSION CENTER FOR CHILDREN, INC. - P.O. BOX 1048 - OWENSBORO, KY 42302	61-1311338	501(C)(3)	100,500.	0.			HUMAN SERVICES
ST. JUDE CHILDREN'S RESEARCH HOSPITAL - 501 ST. JUDE PLACE - MEMPHIS, TN 38105	62-0646012	501(C)(3)	6,000.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES
ST. MARK'S SCHOOL OF SOUTHBOROUGH INC - 25 MARLBORO ROAD - SOUTHBOROUGH, MA 01772	04-2103623	501(C)(3)	6,500.	0.			EDUCATION
ST. MARY'S CENTER INC. PO BOX 43443 LOUISVILLE, KY 40253	61-1243016	501(C)(3)	7,060.	0.			HUMAN SERVICES

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ST. MATTHEWS AREA MINISTRIES 201 BILTMORE ROAD LOUISVILLE, KY 40207	61-0735861	501(C)(3)	9,335.	0.			HUMAN SERVICES
ST. MATTHEW'S EPISCOPAL CHURCH 330 N. HUBBARDS LANE LOUISVILLE, KY 40207	61-0476701	501(C)(3)	27,785.	0.			RELIGION-RELATED
ST. NICHOLAS ACADEMY 5501 NEW CUT RD. LOUISVILLE, KY 40214	61-0447247	501(C)(3)	14,448.	0.			EDUCATION
ST. PAUL UNITED METHODIST CHURCH 2000 DOUGLAS BLVD. LOUISVILLE, KY 40205	61-0444817	501(C)(3)	180,000.	0.			RELIGION-RELATED
ST. STEPHEN BAPTIST CHURCH 1018 SOUTH 15TH ST. LOUISVILLE, KY 40210	61-0724114	501(C)(3)	100,000.	0.			RELIGION-RELATED
ST. STEPHEN CATHEDRAL 610 LOCUST ST. OWENSBORO, KY 42301	61-0598513	501(C)(3)	5,000.	0.			RELIGION-RELATED
ST. VINCENT DE PAUL SOCIETY COUNCIL OF LOUISVILLE - 1015-C SOUTH PRESTON STREET - LOUISVILLE, KY 40203	61-0727110	501(C)(3)	123,461.	0.			HUMAN SERVICES
ST. XAVIER HIGH SCHOOL 1609 POPLAR LEVEL ROAD LOUISVILLE, KY 40217	61-0447247	501(C)(3)	188,046.	0.			EDUCATION
STAGE ONE: THE LOUISVILLE CHILDREN'S THEATRE - 315 WEST MAIN STREET, 2ND FLOOR - LOUISVILLE, KY 40202	61-0466715	501(C)(3)	70,871.	0.			ARTS, CULTURE & HUMANITIES



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STANFORD HEALTH CARE PO BOX 20466 STANDFORD, CA 94309	94-6174066	501(C)(3)	10,000.	0.			HEALTH CARE
STANFORD UNIVERSITY BOARD OF TRUSTEES OF THE - PO BOX 20466 - STANFORD, CA 94309-0466	94-1156365	501(C)(3)	10,000.	0.			EDUCATION
STEVEN VANOVER MEMORIAL RESEARCH AND SCHOLARSHIP FUND - 1448 GARDINER LANE, SUITE 102 - LOUISVILLE, KY 40213	47-3499843	501(C)(3)	19,480.	0.			EDUCATION
SUMMIT ACADEMY OF GREATER LOUISVILLE, INC. - 11508 MAIN STREET - LOUISVILLE, KY 40243	61-1214457	501(C)(3)	27,485.	0.			EDUCATION
SUPER STUDENT ATHLETES, INC. 222 EILER AVENUE LOUISVILLE, KY 40214	45-1741387	501(C)(3)	23,685.	0.			EDUCATION
SURGERY ON SUNDAY, LOUISVILLE PO BOX 4757 LOUISVILLE, KY 40204	46-3660906	501(C)(3)	6,241.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES
TEACH KENTUCKY 907 BARRET AVE LOUISVILLE, KY 40204	20-4009920	501(C)(3)	48,238.	0.			EDUCATION
TENNESSEE HISTORICAL SOCIETY 305 SIXTH AVENUE NORTH, WAR MEMORIAL BUILDING - NASHVILLE, TN 37243	62-1053507	501(C)(3)	5,000.	0.			ARTS, CULTURE & HUMANITIES
TENNESSEE STATE UNIVERSITY 3500 JOHN A MERRITT BLVD NASHVILLE, TN 37209	62-0786119	GOVERNMENT	7,000.	0.			EDUCATION

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THE ARROW FUND, INC. PO BOX 1127 PROSPECT, KY 40059	61-1396389	501(C)(3)	18,741.	0.			ANIMAL-RELATED
THE BACKSIDE LEARNING CENTER 704 CENTRAL AVENUE LOUISVILLE, KY 40208	37-1803514	501(C)(3)	7,993.	0.			EDUCATION
THE CHAPEL OF ST. JAMES THE FISHERMAN - PO BOX 1334 - WELLFLEET, MA 02667	11-1646315	501(C)(3)	5,000.	0.			RELIGION-RELATED
THE CHILDREN'S INITIATIVE, INC. 15 CHADWICK ST. PORTLAND, ME 04102	20-5106747	501(C)(3)	12,000.	0.			INTERNATIONAL, FOREIGN AFFAIRS
THE COUNCIL ON DEVELOPMENTAL DISABILITIES INC. - 1151 S. 4TH ST. - LOUISVILLE, KY 40203-3101	61-0476686	501(C)(3)	7,803.	0.			HUMAN SERVICES
THE DE PAUL SCHOOL 1925 DUKER AVENUE LOUISVILLE, KY 40205	61-0711082	501(C)(3)	11,215.	0.			EDUCATION
THE ENGLISH SPEAKING UNION - KENTUCKY BRANCH - PO BOX 4112 - LOUISVILLE, KY 40204	61-6053477	501(C)(3)	22,500.	0.			ARTS, CULTURE & HUMANITIES
THE FOOD LITERACY PROJECT AT OXMOOR FARM, INC. - 9001 LIMEHOUSE LANE - LOUISVILLE, KY 40222	20-5014424	501(C)(3)	32,323.	0.			FOOD, AGRICULTURE & NUTRITION
THE FORECASTLE FOUNDATION, INC. 1633 WINDSOR PLACE LOUISVILLE, KY 40204	27-3666597	501(C)(3)	17,686.	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
THE LEXINGTON CANCER FOUNDATION INC - 1504 COLLEGE WAY - LEXINGTON, KY 40502	56-2472701	501(C)(3)	20,000.	0.			HEALTH CARE
THE LOUISVILLE LEOPARD PERCUSSIONISTS - PO BOX 3291 - LOUISVILLE, KY 40201	11-3676556	501(C)(3)	5,000.	0.			ARTS, CULTURE & HUMANITIES
THE MORTON CENTER, INC. 1028 BARRETT AVE. LOUISVILLE, KY 40204	31-1068020	501(C)(3)	16,171.	0.			MENTAL HEALTH & CRISIS INTERVENTION
THE MUSIC BOX INC 14600 WOODBLUFF TRACE LOUISVILLE, KY 40245	51-0565474	501(C)(3)	5,000.	0.			ARTS, CULTURE & HUMANITIES
THE PHILANTHROPY WORKSHOP 110 EAST 25TH STREET NEW YORK, NY 10010	98-0592591	501(C)(3)	25,000.	0.			PHILANTHROPY, VOLUNTARISM
THE PROVISION SCHOOL AND FAMILY COUNSELING CENTER - 128 DENNIS DRIVE - LEXINGTON, KY 40503	47-3929351	501(C)(3)	20,000.	0.			EDUCATION
THE RIVER NETWORK PO BOX 21387 BOULDER, CO 80308	93-0969979	501(C)(3)	10,000.	0.			ENVIRONMENT
THE SALVATION ARMY - LOUISVILLE AREA COMMAND - P.O. BOX 1149 - LOUISVILLE, KY 40201-1149	58-0660607	501(C)(3)	48,048.	0.			HUMAN SERVICES
THE SOCIETY OF COLONIAL WARS IN THE COMMONWEALTH OF KENTUCKY - 2829 BROWNSBORO RD - LOUISVILLE, KY 40206-1210	61-6029351	501(C)(3)	9,500.	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
THE TEMPLE-CONGREGATION ADATH ISRAEL BRITH SHOLOM - 5101 U.S. HIGHWAY 42 - LOUISVILLE, KY 40241	61-0918772	501(C)(3)	41,514.	0.			RELIGION-RELATED
THE UNIVERSITY OF LOUISVILLE FOUNDATION, INC. - CARDINAL STATION 215 CENTRAL AVE., #300 - LOUISVILLE, KY 40208	23-7078461	501(C)(3)	1,440,087.	0.			EDUCATION
THE URSULINE SCHOOL OF NEW ROCHELLE - 1354 NORTH AVE. - NEW ROCHELLE, NY 10804	13-1740495	501(C)(3)	5,000.	0.			EDUCATION
THEATRE WORKSHOP OF OWENSBORO, INC. - PO BOX 644 - OWENSBORO, KY 42302	61-0968600	501(C)(3)	10,000.	0.			ARTS, CULTURE & HUMANITIES
THINK TENNESSEE 1831 12TH AVE. SOUTH, NUMBER 105 NASHVILLE, TN 37203	81-2821568	501(C)(3)	10,000.	0.			COMMUNITY IMPROVEMENT & CAPACITY BUILDING
THOMAS JEFFERSON FOUNDATION, INC. P.O. BOX 217 CHARLOTTESVILLE, VA 22902	54-0505959	501(C)(3)	25,000.	0.			ARTS, CULTURE & HUMANITIES
TOM SAWYER STATE PARK FOUNDATION, INC. - 3000 FREYS HILL ROAD - LOUISVILLE, KY 40241	61-1009412	501(C)(3)	292,500.	0.			RECREATION & SPORT
TRANSYLVANIA UNIVERSITY 300 N. BROADWAY LEXINGTON, KY 40508-1797	61-0444825	501(C)(3)	59,000.	0.			EDUCATION
TREESLOUISVILLE PO BOX 5816 LOUISVILLE, KY 40255	47-3739795	501(C)(3)	51,245.	0.			ENVIRONMENT

**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
TRI AN FOUNDATION, INC. 12910 SHELBYVILLE ROAD, SUITE 102 LOUISVILLE, KY 40243	46-4183826	501(C)(3)	50,000.	0.			EDUCATION
TRILOGY SCHOLARSHIP FOUNDATION 303 NORTH HURSTBOURNE PKWY LOUISVILLE, KY 40222	20-5755082	501(C)(3)	67,500.	0.			EDUCATION
TRIMBLE COUNTY 4-H COUNCIL 43 HIGH COUNTRY LANE, PO BOX 244 BEDFORD, KY 40006	61-1395204	501(C)(3)	20,000.	0.			YOUTH DEVELOPMENT
TRINITY HIGH SCHOOL 4011 SHELBYVILLE ROAD LOUISVILLE, KY 40207	61-1256093	501(C)(3)	5,000.	0.			EDUCATION
TRINITY HIGH SCHOOL FOUNDATION, INC. - 4011 SHELBYVILLE RD. - LOUISVILLE, KY 40207-9824	31-1105966	501(C)(3)	54,000.	0.			EDUCATION
TWISTED PINK 8307 CHESHIRE WAY LOUISVILLE, KY 40222	47-1140389	501(C)(3)	55,076.	0.			PHILANTHROPY, VOLUNTARISM
TYSON'S CHANCE ANIMAL FOUNDATION PO BOX 1347 SHELBYVILLE, KY 40066	27-4973867	501(C)(3)	7,961.	0.			ANIMAL-RELATED
UNITED CRESCENT HILL MINISTRIES 150 S. STATE ST. LOUISVILLE, KY 40206	51-0166794	501(C)(3)	29,666.	0.			HUMAN SERVICES
UNITED STATES NAVAL ACADEMY 101 BUCHANAN RD ANNAPOLIS, MD 21402	23-7003516	501(C)(3)	10,000.	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
UNITED STATES SPORTSMEN'S ALLIANCE FOUNDATION - 801 KINGSMILL PKWY - COLUMBUS, OH 43229	31-0941103	501(C)(3)	25,000.	0.			ANIMAL-RELATED
UNITED WAY OF THE COALFIELD, INC. 1 SOUTH MAINE STREET, P.O. BOX 366 MADISONVILLE, KY 42431	61-0732633	501(C)(3)	19,725.	0.			PHILANTHROPY, VOLUNTARISM
UNIVERSITY OF EVANSVILLE 1800 LINCOLN AVENUE EVANSVILLE, IN 47722	35-0868074	501(C)(3)	5,000.	0.			EDUCATION
UNIVERSITY OF GEORGIA FOUNDATION MILLEDGE CENTRE #100, 394 S. MILLEAGE AVE. - ATHENS, GA 30602-5582	58-6033837	501(C)(3)	8,000.	0.			EDUCATION
UNIVERSITY OF KENTUCKY FINANCIAL AID OFFICE 128 FUNKHOUSER BUILDING - LEXINGTON, KY 40506-0054	61-6001218	GOVERNMENT	348,836.	0.			EDUCATION
UNIVERSITY OF LOUISVILLE STUDENT FINANCIAL AID OFFICE LOUISVILLE, KY 40292	61-1014882	GOVERNMENT	200,135.	0.			EDUCATION
UNIVERSITY OF LOUISVILLE & JEWISH CARDIOVASCULAR INNOVATION - 302 E. MUHAMMAD ALI BLVD - LOUISVILLE, KY 40202	20-1319658	501(C)(3)	5,000.	0.			MEDICAL RESEARCH
UNIVERSITY OF NORTH CAROLINA ARTS & SCIENCES FOUNDATION - 523 E. FRANKLIN ST. - CHAPEL HILL, NC 27514	56-1150509	501(C)(3)	5,000.	0.			EDUCATION
UNIVERSITY OF NORTH CAROLINA AT CHAPEL HILL - P.O. BOX 309 - CHAPEL HILL, NC 27514	56-6001393	501(C)(3)	5,000.	0.			EDUCATION

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF THE SOUTH 735 UNIVERSITY AVE SEWANEE, TN 37383	62-0475697	501(C)(3)	140,000.	0.			EDUCATION
UNIVERSITY OF VIRGINIA P.O. BOX 400807 CHARLOTTESVILLE, VA 22904-4807	54-6001796	501(C)(3)	326,263.	0.			EDUCATION
UNIVERSITY OF VIRGINIA ALUMNI ASSOCIATION - PO BOX 400314 - CHARLOTTESVILLE, VA 22904	54-0485595	501(C)(3)	40,000.	0.			EDUCATION
UNIVERSITY OF VIRGINIA DARDEN SCHOOL FOUNDATION - P.O.BOX 7726 - CHARLOTTESVILLE, VA 22906-7726	54-6046419	501(C)(3)	82,500.	0.			EDUCATION
UNIVERSITY OF WISCONSIN - WHITEWATER - 800 WEST MAIN STREET - WHITEWATER, WI 53190	36-6081189	501(C)(3)	5,000.	0.			EDUCATION
URSULINE SOCIETY AND ACADEMY OF EDUCATION - 3105 LEXINGTON ROAD - LOUISVILLE, KY 40206	61-0449662	501(C)(3)	5,194.	0.			RELIGION-RELATED
USA CARES INC 562 N DIXIE BLVD., SUITE 3 RADCLIFF, KY 40160	05-0588761	501(C)(3)	10,700.	0.			HOUSING & SHELTER
VILCAP, INC. 419 7TH ST. NW, SUITE 300 WASHINGTON, DC 20004	27-4059343	501(C)(3)	27,500.	0.			HUMAN SERVICES
VISUALLY IMPAIRED PRESCHOOLERS SERVICES GREATER LOUISVILLE - 1906 GOLDSMITH LANE - LOUISVILLE, KY 40218	61-1061973	501(C)(3)	24,541.	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
VOICES OF KENTUCKIANA, INC. 1201 STORY AVE., SUITE 201 LOUISVILLE, KY 40206	61-1257874	501(C)(3)	7,777.	0.			ARTS, CULTURE & HUMANITIES
VOLUNTEERS OF AMERICA MID-STATES 570 S FOURTH ST, #100 LOUISVILLE, KY 40202	61-0480950	501(C)(3)	20,281.	0.			HUMAN SERVICES
WAGGENER WILDCAT BOOSTERS INC 330 S HUBBARDS LANE LOUISVILLE, KY 40207	46-3381949	501(C)(3)	5,000.	0.			EDUCATION
WALDEN SCHOOL CORPORATION 4238 WESTPORT ROAD LOUISVILLE, KY 40207	61-0883146	501(C)(3)	51,478.	0.			EDUCATION
WASHINGTON & LEE UNIVERSITY 204 W. WASHINGTON ST. LEXINGTON, VA 24450	54-0505977	501(C)(3)	5,500.	0.			EDUCATION
WATER WITH BLESSINGS 11714 MAIN ST., SUITE D LOUISVILLE, KY 40243	37-1639872	501(C)(3)	18,786.	0.			PUBLIC SAFETY, DISASTER PREPAREDNESS & RELIEF
WATERFRONT DEVELOPMENT CORPORATION 129 RIVER ROAD LOUISVILLE, KY 40202	32-0049006	GOVERNMENT	14,843.	0.			RECREATION & SPORTS
WAYSIDE CHRISTIAN MISSION PO BOX 7249 LOUISVILLE, KY 40257-0249	61-0667139	501(C)(3)	26,401.	0.			HUMAN SERVICES
WELLSPRING, INC. P.O. BOX 1927 LOUISVILLE, KY 40201	31-1020023	501(C)(3)	54,513.	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.)

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WENDELL FOSTERS CAMPUS FOR DEVELOPMENTAL DISABILITIES INC - 815 TRIPLETT ST., PO BOX 1668 - OWENSBORO, KY 42303-1668	61-0490868	501(C)(3)	150,000.	0.			DISEASES, DISORDERS & MEDICAL DISCIPLINES
WEST END PREPARATORY SCHOOL 3628 VIRGINIA AVENUE LOUISVILLE, KY 40211	04-3798875	501(C)(3)	208,843.	0.			EDUCATION
WESTERN KENTUCKY BOTANICAL GARDEN P.O. BOX 22562 OWENSBORO, KY 42304-2562	61-1251188	501(C)(3)	35,000.	0.			ENVIRONMENT
WESTERN KENTUCKY UNIVERSITY STUDENT FINANCIAL ASSISTANCE BOWLING GREEN, KY 42101-1018	61-6055628	501(C)(3)	49,419.	0.			EDUCATION
WESTERN KENTUCKY UNIVERSITY FOUNDATION - 292 ALUMNI AVE. - BOWLING GREEN, KY 42101	61-1251555	501(C)(3)	274,100.	0.			EDUCATION
WEZMORE PROJECT 10000 N. CENTRAL EXPY, STE 1045 DALLAS, TX 75231	47-4120725	501(C)(3)	5,000.	0.			EDUCATION
WHAS CRUSADE FOR CHILDREN, INC. 520 WEST CHESTNUT LOUISVILLE, KY 40202	23-7075524	501(C)(3)	13,694.	0.			HUMAN SERVICES
WILD SALMON CENTER 721 NW NINTH AVE, STE 300 PORTLAND, OR 97209	94-3166095	501(C)(3)	25,000.	0.			ANIMAL-RELATED
WINONA LAKE GRACE BRETHREN CHURCH 1200 KINGS HWY. WINONA LAKE, IN 46590	35-1319207	501(C)(3)	7,050.	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
WOMEN 4 WOMEN 323 W. BROADWAY, #201 LOUISVILLE, KY 40202	61-1240049	501(C)(3)	21,614.	0.			SOCIAL SCIENCE
WOODS HOLE RESEARCH CENTER, INC. 149 WOODS HOLE ROAD FALMOUTH, MA 02540	04-3005094	501(C)(3)	15,000.	0.			SCIENCE & TECHNOLOGY
WORLD AFFAIRS COUNCIL OF KENTUCKY & SOUTHERN INDIANA - 200 W BROADWAY SUITE 607 - LOUISVILLE, KY 40202	61-1078276	501(C)(3)	6,848.	0.			ARTS, CULTURE & HUMANITIES
WOUNDED WARRIOR PROJECT INC. PO BOX 758517 TOPEKA, KS 66675	20-2370934	501(C)(3)	11,000.	0.			PUBLIC & SOCIETAL BENEFIT
YALE UNIVERSITY PO BOX 2038 NEW HAVEN, CT 06521-2038	06-0646973	501(C)(3)	250,000.	0.			EDUCATION
YEW DELL, INC. P.O. BOX 1334 CRESTWOOD, KY 40014	61-1390688	501(C)(3)	18,855.	0.			ENVIRONMENT
YMCA OF GREATER LOUISVILLE 545 S. 2ND STREET LOUISVILLE, KY 40202	61-0444843	501(C)(3)	7,075.	0.			HUMAN SERVICES
YMCA OF OWENSBORO/DAVIES COUNTY 900 KENTUCKY PARKWAY OWENSBORO, KY 42301	61-0561344	501(C)(3)	100,000.	0.			HUMAN SERVICES
YMCA SAFE PLACE SERVICES 2400 CRITTENDEN DR. LOUISVILLE, KY 40217	20-4343628	501(C)(3)	6,160.	0.			HUMAN SERVICES

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YOUNG ADULT DEVELOPMENT IN ACTION INC. - 800 S PRESTON STREET - LOUISVILLE, KY 40203	61-1374470	501(C)(3)	64,786.	0.			HUMAN SERVICES
YOUNG LIFE GREATER LOUISVILLE PO BOX 5098 LOUISVILLE, KY 40255-0098	84-0385934	501(C)(3)	20,000.	0.			PHILANTHROPY, VOLUNTARISM

**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 TO YOUR ORGANIZATION. YOU DO NOT NEED TO SEND A TAX RECEIPT TO

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

**Part IV Supplemental Information**

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, INC.

Employer identification number 31-0997017

**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 checked="" type="checkbox"/> Compensation committee          | <input type="checkbox"/> Written employment contract                                |
| <input type="checkbox"/> Independent compensation consultant        | <input checked="" type="checkbox"/> Compensation survey or study                    |
| <input checked="" type="checkbox"/> Form 990 of other organizations | <input checked="" 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)	262,484.	0.	0.	12,273.	12,380.	287,137.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
(2) MATTHEW L. BACON VP & CFO	(i)	135,847.	0.	0.	6,974.	9,528.	152,349.	0.
	(ii)	0.	0.	0.	0.	0.	0.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(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.

Multiple horizontal lines provided 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, INC.** Employer identification number **31-0997017**

**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	51	23,962,324	SALES PROCEEDS
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)



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

Department of the Treasury  
Internal Revenue Service

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

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

▶ Attach to Form 990 or 990-EZ.

▶ Information about Schedule O (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, INC.	Employer identification number	31-0997017
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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 CHIEF  
FINANCIAL OFFICER.

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

EACH BOARD MEMBER, VOLUNTEER AND STAFF MEMBER IS REQUESTED TO PROVIDE  
ANNUALLY TO THE PRESIDENT OF THE FOUNDATION A LIST OF OFFICES AND  
DIRECTORSHIPS HE OR SHE HOLDS IN CHARITABLE AND BUSINESS ORGANIZATIONS, AND  
TO IDENTIFY HIS OR HER PLACE OF EMPLOYMENT OR PRINCIPAL BUSINESS ACTIVITY.

BOARD MEMBERS, VOLUNTEERS AND STAFF MEMBERS SHOULD ALSO DISCLOSE A CONFLICT  
OF INTEREST:

PRIOR TO VOTING ON OR OTHERWISE DISCHARGING HIS OR HER DUTIES.  
PRIOR TO ENTERING INTO ANY CONTRACT WHICH COMES BEFORE THE BOARD OR ANY  
COMMITTEE;  
AS SOON AS POSSIBLE AFTER THE INDIVIDUAL LEARNS OF A CONFLICT OF INTEREST  
IN ANY OTHER CONTEXT.

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

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

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

Name of the organization THE COMMUNITY FOUNDATION OF LOUISVILLE, INC.	Employer identification number 31-0997017
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FORM 990, PART VI, SECTION B, LINE 15:

THE ORGANIZATION HAS A COMPENSATION COMMITTEE THAT ANNUALLY 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:

THE ORGANIZATION MAKES ITS GOVERNING DOCUMENTS, CONFLICT OF INTEREST POLICY, AND FINANCIAL STATEMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR.

THE COMMUNITY FOUNDATION OF LOUISVILLE IS AUDITED AS PART OF THE COMMUNITY FOUNDATION OF LOUISVILLE COMBINED GROUP. THE COMMUNITY FOUNDATION OF LOUISVILLE IS INCLUDED IN THE COMMUNITY FOUNDATION OF LOUISVILLE COMBINED FINANCIAL STATEMENTS.

THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT OVERSEES THE AUDIT OF THE FINANCIAL 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, INC.** Employer identification number **31-0997017**

**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 DEPOSITORY - 31-1140889, 325 W. MAIN STREET, SUITE 1110, LOUISVILLE, KY 40202	FACILITATE INDIVIDUAL DONORS' CHARITABLE GIVING	KENTUCKY	501(C)(3)	7	COMMUNITY FOUNDATION OF LOUISVILLE, INC.		X
THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY - 61-1100993, 325 W. MAIN STREET, SUITE 1110, LOUISVILLE, KY	FACILITATE INDIVIDUAL DONORS' CHARITABLE GIVING	KENTUCKY	501(C)(3)	7	COMMUNITY FOUNDATION OF LOUISVILLE, INC.		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 I	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 I	COMMUNITY FOUNDATION OF LOUISVILLE, INC.		X

**For Paperwork Reduction Act Notice, see the Instructions for Form 990.** **Schedule R (Form 990) 2016**

SEE PART VII FOR CONTINUATIONS

**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 I	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

EIN: 61-1100993

325 W. MAIN STREET, SUITE 1110

LOUISVILLE, KY 40202

# TAX RETURN FILING INSTRUCTIONS

FORM 990-T

FOR THE YEAR ENDING

JUNE 30, 2017

<b>Prepared for</b>	THE COMMUNITY FOUNDATION OF LOUISVILLE, INC. 325 W MAIN ST. NO. 1110 LOUISVILLE, KY 40202
<b>Prepared by</b>	MCM CPAS & ADVISORS LLP 462 S. FOURTH ST., SUITE 2600 LOUISVILLE, KY 40202-3445
<b>Amount due or refund</b>	NO AMOUNT IS DUE.
<b>Make check payable to</b>	NO AMOUNT IS DUE.
<b>Mail tax return and check (if applicable) to</b>	DEPARTMENT OF THE TREASURY INTERNAL REVENUE SERVICE CENTER OGDEN, UT 84201-0027
<b>Return must be mailed on or before</b>	AS SOON AS POSSIBLE.
<b>Special Instructions</b>	THE RETURN SHOULD BE SIGNED AND DATED.

# Exempt Organization Business Income Tax Return (and proxy tax under section 6033(e))

For calendar year 2016 or other tax year beginning JUL 1, 2016, and ending JUN 30, 2017

## 2016

Department of the Treasury  
Internal Revenue Service

▶ **Information about Form 990-T and its instructions is available at [www.irs.gov/form990t](http://www.irs.gov/form990t).**  
▶ **Do not enter SSN numbers on this form as it may be made public if your organization is a 501(c)(3).**

Open to Public Inspection for  
501(c)(3) Organizations Only

<p><b>A</b> <input type="checkbox"/> Check box if address changed</p> <p><b>B</b> Exempt under section  <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/>  <input type="checkbox"/> 408(e) <input type="checkbox"/> 220(e)  <input type="checkbox"/> 408A <input type="checkbox"/> 530(a)  <input type="checkbox"/> 529(a)</p>	<b>Print or Type</b>	<p>Name of organization ( <input type="checkbox"/> Check box if name changed and see instructions.)  <b>THE COMMUNITY FOUNDATION OF LOUISVILLE, INC.</b></p> <p>Number, street, and room or suite no. If a P.O. box, see instructions.  <b>325 W MAIN ST., NO. 1110</b></p> <p>City or town, state or province, country, and ZIP or foreign postal code  <b>LOUISVILLE, KY 40202</b></p>	<p><b>D</b> Employer identification number (Employees' trust, see instructions.)   <b>31-0997017</b></p> <p><b>E</b> Unrelated business activity codes (See instructions.)   <b>523000</b></p>
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**C** Book value of all assets at end of year: 367,979,673.

**F** Group exemption number (See instructions.) ▶

**G** Check organization type ▶  501(c) corporation  501(c) trust  401(a) trust  Other trust

**H** Describe the organization's primary unrelated business activity. ▶ **INVESTMENT IN PASS-THROUGH ENTITIES**

**I** During the tax year, was the corporation a subsidiary in an affiliated group or a parent-subsidiary controlled group? ▶  Yes  No  
 If "Yes," enter the name and identifying number of the parent corporation. ▶

**J** The books are in care of ▶ **MATTHEW L BACON** Telephone number ▶ **502-585-4649**

Part I Unrelated Trade or Business Income	(A) Income	(B) Expenses	(C) Net
<b>1a</b> Gross receipts or sales			
<b>b</b> Less returns and allowances			
<b>c</b> Balance ▶	<b>1c</b>		
<b>2</b> Cost of goods sold (Schedule A, line 7)	<b>2</b>		
<b>3</b> Gross profit. Subtract line 2 from line 1c	<b>3</b>		
<b>4a</b> Capital gain net income (attach Schedule D)	<b>4a</b>		
<b>b</b> Net gain (loss) (Form 4797, Part II, line 17) (attach Form 4797)	<b>4b</b>		
<b>c</b> Capital loss deduction for trusts	<b>4c</b>		
<b>5</b> Income (loss) from partnerships and S corporations (attach statement)	<b>5</b>	-18,076.	-18,076.
<b>6</b> Rent income (Schedule C)	<b>6</b>	STMT 1	
<b>7</b> Unrelated debt-financed income (Schedule E)	<b>7</b>		
<b>8</b> Interest, annuities, royalties, and rents from controlled organizations (Sch. F)	<b>8</b>		
<b>9</b> Investment income of a section 501(c)(7), (9), or (17) organization (Schedule G)	<b>9</b>		
<b>10</b> Exploited exempt activity income (Schedule I)	<b>10</b>		
<b>11</b> Advertising income (Schedule J)	<b>11</b>		
<b>12</b> Other income (See instructions; attach schedule)	<b>12</b>		
<b>13 Total.</b> Combine lines 3 through 12	<b>13</b>	-18,076.	-18,076.

**Part II Deductions Not Taken Elsewhere** (See instructions for limitations on deductions.)  
 (Except for contributions, deductions must be directly connected with the unrelated business income.)

<b>14</b> Compensation of officers, directors, and trustees (Schedule K)	<b>14</b>	
<b>15</b> Salaries and wages	<b>15</b>	
<b>16</b> Repairs and maintenance	<b>16</b>	
<b>17</b> Bad debts	<b>17</b>	
<b>18</b> Interest (attach schedule)	<b>18</b>	
<b>19</b> Taxes and licenses	<b>19</b>	
<b>20</b> Charitable contributions (See instructions for limitation rules)	<b>20</b>	
<b>21</b> Depreciation (attach Form 4562)	<b>21</b>	
<b>22</b> Less depreciation claimed on Schedule A and elsewhere on return	<b>22a</b>	
<b>23</b> Depletion	<b>23</b>	
<b>24</b> Contributions to deferred compensation plans	<b>24</b>	
<b>25</b> Employee benefit programs	<b>25</b>	
<b>26</b> Excess exempt expenses (Schedule I)	<b>26</b>	
<b>27</b> Excess readership costs (Schedule J)	<b>27</b>	
<b>28</b> Other deductions (attach schedule)	<b>28</b>	
<b>29 Total deductions.</b> Add lines 14 through 28	<b>29</b>	0.
<b>30</b> Unrelated business taxable income before net operating loss deduction. Subtract line 29 from line 13	<b>30</b>	-18,076.
<b>31</b> Net operating loss deduction (limited to the amount on line 30)	<b>31</b>	
<b>32</b> Unrelated business taxable income before specific deduction. Subtract line 31 from line 30	<b>32</b>	-18,076.
<b>33</b> Specific deduction (Generally \$1,000, but see line 33 instructions for exceptions)	<b>33</b>	1,000.
<b>34 Unrelated business taxable income.</b> Subtract line 33 from line 32. If line 33 is greater than line 32, enter the smaller of zero or line 32	<b>34</b>	-18,076.

**Part III Tax Computation**

<b>35 Organizations Taxable as Corporations.</b> See instructions for tax computation. Controlled group members (sections 1561 and 1563) check here <input type="checkbox"/> See instructions and:		
<b>a</b> Enter your share of the \$50,000, \$25,000, and \$9,925,000 taxable income brackets (in that order): (1) \$ _____ (2) \$ _____ (3) \$ _____		
<b>b</b> Enter organization's share of: (1) Additional 5% tax (not more than \$11,750) \$ _____ (2) Additional 3% tax (not more than \$100,000) \$ _____		
<b>c</b> Income tax on the amount on line 34	<b>35c</b>	0.
<b>36 Trusts Taxable at Trust Rates.</b> See instructions for tax computation. Income tax on the amount on line 34 from: <input type="checkbox"/> Tax rate schedule or <input type="checkbox"/> Schedule D (Form 1041)	<b>36</b>	
<b>37 Proxy tax.</b> See instructions	<b>37</b>	
<b>38 Alternative minimum tax</b>	<b>38</b>	
<b>39 Tax on Non-Compliant Facility Income.</b> See instructions	<b>39</b>	
<b>40 Total.</b> Add lines 37, 38 and 39 to line 35c or 36, whichever applies	<b>40</b>	0.

**Part IV Tax and Payments**

<b>41a</b> Foreign tax credit (corporations attach Form 1118; trusts attach Form 1116)	<b>41a</b>	
<b>b</b> Other credits (see instructions)	<b>41b</b>	
<b>c</b> General business credit. Attach Form 3800	<b>41c</b>	
<b>d</b> Credit for prior year minimum tax (attach Form 8801 or 8827)	<b>41d</b>	
<b>e Total credits.</b> Add lines 41a through 41d	<b>41e</b>	
<b>42</b> Subtract line 41e from line 40	<b>42</b>	0.
<b>43</b> Other taxes. Check if from: <input type="checkbox"/> Form 4255 <input type="checkbox"/> Form 8611 <input type="checkbox"/> Form 8697 <input type="checkbox"/> Form 8866 <input type="checkbox"/> Other (attach schedule)	<b>43</b>	
<b>44 Total tax.</b> Add lines 42 and 43	<b>44</b>	0.
<b>45a</b> Payments: A 2015 overpayment credited to 2016	<b>45a</b>	
<b>b</b> 2016 estimated tax payments	<b>45b</b>	
<b>c</b> Tax deposited with Form 8868	<b>45c</b>	
<b>d</b> Foreign organizations: Tax paid or withheld at source (see instructions)	<b>45d</b>	
<b>e</b> Backup withholding (see instructions)	<b>45e</b>	
<b>f</b> Credit for small employer health insurance premiums (Attach Form 8941)	<b>45f</b>	
<b>g</b> Other credits and payments: <input type="checkbox"/> Form 2439 <input type="checkbox"/> Form 4136 <input type="checkbox"/> Other _____ Total	<b>45g</b>	
<b>46 Total payments.</b> Add lines 45a through 45g	<b>46</b>	
<b>47</b> Estimated tax penalty (see instructions). Check if Form 2220 is attached <input type="checkbox"/>	<b>47</b>	
<b>48 Tax due.</b> If line 46 is less than the total of lines 44 and 47, enter amount owed	<b>48</b>	0.
<b>49 Overpayment.</b> If line 46 is larger than the total of lines 44 and 47, enter amount overpaid	<b>49</b>	0.
<b>50</b> Enter the amount of line 49 you want: <b>Credited to 2017 estimated tax</b> <input type="checkbox"/> <b>Refunded</b> <input type="checkbox"/>	<b>50</b>	

**Part V Statements Regarding Certain Activities and Other Information** (see instructions)

<b>51</b> At any time during the 2016 calendar year, did the organization have an interest in or a signature or other authority over a financial account (bank, securities, or other) in a foreign country? If YES, the organization may have to file FinCEN Form 114, Report of Foreign Bank and Financial Accounts. If YES, enter the name of the foreign country here	Yes	No
		X
<b>52</b> During the tax year, did the organization receive a distribution from, or was it the grantor of, or transferor to, a foreign trust? If YES, see instructions for other forms the organization may have to file.		X
<b>53</b> Enter the amount of tax-exempt interest received or accrued during the tax year \$		

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 taxpayer) is based on all information of which preparer has any knowledge.

**Sign Here**  
 Signature of officer \_\_\_\_\_ Date \_\_\_\_\_ VICE PRESIDENT & CFO \_\_\_\_\_ Title \_\_\_\_\_  
 May the IRS discuss this return with the preparer shown below (see instructions)?  Yes  No

<b>Paid Preparer Use Only</b>	Print/Type preparer's name REBECCA L. PHILLIPS, CPA	Preparer's signature	Date	Check <input type="checkbox"/> if self-employed	PTIN P00024055
	Firm's name <b>MCM CPAS &amp; ADVISORS LLP</b>	Firm's EIN <b>27-1235638</b>			
	Firm's address <b>462 S. FOURTH ST., SUITE 2600 LOUISVILLE, KY 40202-3445</b>	Phone no. (502) 749-1900			

**Schedule A - Cost of Goods Sold.** Enter method of inventory valuation **N/A**

1	Inventory at beginning of year	1		6	Inventory at end of year	6			
2	Purchases	2		7	<b>Cost of goods sold.</b> Subtract line 6 from line 5. Enter here and in Part I, line 2	7			
3	Cost of labor	3		8	Do the rules of section 263A (with respect to property produced or acquired for resale) apply to the organization?			Yes	No
4a	Additional section 263A costs (attach schedule)	4a							
b	Other costs (attach schedule)	4b							
5	<b>Total.</b> Add lines 1 through 4b	5							

**Schedule C - Rent Income (From Real Property and Personal Property Leased With Real Property)**

(see instructions)

1. Description of property

(1)	
(2)	
(3)	
(4)	

2. Rent received or accrued

(a) From personal property (if the percentage of rent for personal property is more than 10% but not more than 50%)	(b) From real and personal property (if the percentage of rent for personal property exceeds 50% or if the rent is based on profit or income)	3(a) Deductions directly connected with the income in columns 2(a) and 2(b) (attach schedule)
(1)		
(2)		
(3)		
(4)		
Total	0.	Total 0.

(c) **Total income.** Add totals of columns 2(a) and 2(b). Enter here and on page 1, Part I, line 6, column (A) **0.** (b) **Total deductions.** Enter here and on page 1, Part I, line 6, column (B) **0.**

**Schedule E - Unrelated Debt-Financed Income** (see instructions)

1. Description of debt-financed property	2. Gross income from or allocable to debt-financed property	3. Deductions directly connected with or allocable to debt-financed property		
		(a) Straight line depreciation (attach schedule)	(b) Other deductions (attach schedule)	
(1)				
(2)				
(3)				
(4)				
4. Amount of average acquisition debt on or allocable to debt-financed property (attach schedule)	5. Average adjusted basis of or allocable to debt-financed property (attach schedule)	6. Column 4 divided by column 5	7. Gross income reportable (column 2 x column 6)	8. Allocable deductions (column 6 x total of columns 3(a) and 3(b))
(1)		%		
(2)		%		
(3)		%		
(4)		%		
<b>Totals</b>			Enter here and on page 1, Part I, line 7, column (A). <b>0.</b>	Enter here and on page 1, Part I, line 7, column (B). <b>0.</b>
<b>Total dividends-received deductions</b> included in column 8				<b>0.</b>

**Schedule F - Interest, Annuities, Royalties, and Rents From Controlled Organizations** (see instructions)

1. Name of controlled organization	2. Employer identification number	Exempt Controlled Organizations			
		3. Net unrelated income (loss) (see instructions)	4. Total of specified payments made	5. Part of column 4 that is included in the controlling organization's gross income	6. Deductions directly connected with income in column 5
(1)					
(2)					
(3)					
(4)					

**Nonexempt Controlled Organizations**

7. Taxable income	8. Net unrelated income (loss) (see instructions)	9. Total of specified payments made	10. Part of column 9 that is included in the controlling organization's gross income	11. Deductions directly connected with income in column 10
(1)				
(2)				
(3)				
(4)				
			Add columns 5 and 10. Enter here and on page 1, Part I, line 8, column (A).	Add columns 6 and 11. Enter here and on page 1, Part I, line 8, column (B).
<b>Totals</b> .....			0.	0.

**Schedule G - Investment Income of a Section 501(c)(7), (9), or (17) Organization** (see instructions)

1. Description of income	2. Amount of income	3. Deductions directly connected (attach schedule)	4. Set-asides (attach schedule)	5. Total deductions and set-asides (col. 3 plus col. 4)
(1)				
(2)				
(3)				
(4)				
		Enter here and on page 1, Part I, line 9, column (A).		Enter here and on page 1, Part I, line 9, column (B).
<b>Totals</b> .....		0.		0.

**Schedule I - Exploited Exempt Activity Income, Other Than Advertising Income** (see instructions)

1. Description of exploited activity	2. Gross unrelated business income from trade or business	3. Expenses directly connected with production of unrelated business income	4. Net income (loss) from unrelated trade or business (column 2 minus column 3). If a gain, compute cols. 5 through 7.	5. Gross income from activity that is not unrelated business income	6. Expenses attributable to column 5	7. Excess exempt expenses (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
	Enter here and on page 1, Part I, line 10, col. (A).	Enter here and on page 1, Part I, line 10, col. (B).				Enter here and on page 1, Part II, line 26.
<b>Totals</b> .....	0.	0.				0.

**Schedule J - Advertising Income** (see instructions)

**Part I Income From Periodicals Reported on a Consolidated Basis**

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals</b> (carry to Part II, line (5)) .....	0.	0.				0.

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

1. Name of periodical	2. Gross advertising income	3. Direct advertising costs	4. Advertising gain or (loss) (col. 2 minus col. 3). If a gain, compute cols. 5 through 7.	5. Circulation income	6. Readership costs	7. Excess readership costs (column 6 minus column 5, but not more than column 4).
(1)						
(2)						
(3)						
(4)						
<b>Totals from Part I</b> .....	0.	0.				0.
<b>Totals, Part II (lines 1-5)</b> .....	0.	0.				0.

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

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



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FORM 990-T	INCOME (LOSS) FROM PARTNERSHIPS AND S CORPORATIONS	STATEMENT	1
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DESCRIPTIONAMOUNT

YEARLING FUND II LP	-16,316.
NEW MARKETS VENTURE PARTNERS II, LP	-1,760.
TOTAL TO FORM 990-T, PAGE 1, LINE 5	-18,076.

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# 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, INC.	Employer identification number (EIN) or  31-0997017
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 ST., 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