

Form **990**

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

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

2020

Department of the Treasury
Internal Revenue Service

▶ Do not enter social security numbers on this form as it may be made public.
▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Open to Public Inspection

A For the **2020** calendar year, or tax year beginning **JUL 1, 2020** and ending **JUN 30, 2021**

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	C Name of organization THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY, INC.		D Employer identification number 61-1100993
	Doing business as		E Telephone number 502-585-4649
	Number and street (or P.O. box if mail is not delivered to street address)	Room/suite	
	325 W MAIN ST 1110		G Gross receipts \$ 13,631,835.
	City or town, state or province, country, and ZIP or foreign postal code LOUISVILLE, KY 40202		
F Name and address of principal officer: RON GALLO SAME AS C ABOVE		H(a) Is this a group return for subordinates? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No H(b) Are all subordinates included? <input type="checkbox"/> Yes <input type="checkbox"/> No If "No," attach a list. See instructions H(c) Group exemption number ▶	

I Tax-exempt status: 501(c)(3) 501(c) () ◀ (insert no.) 4947(a)(1) or 527

J Website: ▶ WWW.CFLOUISVILLE.COM

K Form of organization: Corporation Trust Association Other ▶ **L** Year of formation: 1986 **M** State of legal domicile: KY

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: TO FACILITATE DONORS' CHARITABLE GIVING.		
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.		
	3	Number of voting members of the governing body (Part VI, line 1a)	3	6
	4	Number of independent voting members of the governing body (Part VI, line 1b)	4	6
	5	Total number of individuals employed in calendar year 2020 (Part V, line 2a)	5	0
	6	Total number of volunteers (estimate if necessary)	6	11
	7a	Total unrelated business revenue from Part VIII, column (C), line 12	7a	0.
	b Net unrelated business taxable income from Form 990-T, Part I, line 11	7b	0.	
Revenue	8	Contributions and grants (Part VIII, line 1h)	Prior Year	Current Year
	9	Program service revenue (Part VIII, line 2g)	23,079,323.	9,553,919.
	10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)	0.	0.
	11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)	604,151.	635,543.
	12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)	0.	-12,333.
Expenses	13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	23,683,474.	10,177,129.
	14	Benefits paid to or for members (Part IX, column (A), line 4)	19,311,803.	7,710,022.
	15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	0.	0.
	16a	Professional fundraising fees (Part IX, column (A), line 11e)	0.	0.
	b	Total fundraising expenses (Part IX, column (D), line 25) ▶ 0.	0.	0.
	17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24e)	2,420,744.	2,673,117.
	18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	21,732,547.	10,383,139.
19	Revenue less expenses. Subtract line 18 from line 12	1,950,927.	-206,010.	
Net Assets or Fund Balances	20	Total assets (Part X, line 16)	Beginning of Current Year	End of Year
	21	Total liabilities (Part X, line 26)	16,079,104.	17,663,337.
	22	Net assets or fund balances. Subtract line 21 from line 20	364,793.	686,468.
			15,714,311.	16,976,869.

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, SENIOR VICE PRESIDENT & CFO Type or print name and title				
Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	THERESA BATLINER, CPA		05/03/22		P00543162
	Firm's name ▶ MCM CPAS & ADVISORS LLP	Firm's EIN ▶ 27-1235638			
	Firm's address ▶ 462 SOUTH 4TH STREET SUITE 2600 LOUISVILLE, KY 40202	Phone no. (502) 749-1900			

May the IRS discuss this return with the preparer shown above? See instructions Yes No

Part III Statement of Program Service Accomplishments

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

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

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes 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 \$ 7,842,429. including grants of \$ 7,710,022.) (Revenue \$ _____)
DISTRIBUTE GRANTS AND CONTRIBUTIONS TO 501(C)(3) ORGANIZATIONS
QUALIFYING UNDER SECTION 509(A).

4b (Code: _____) (Expenses \$ 2,426,191. including grants of \$ _____) (Revenue \$ _____)
IN THE NORMAL COURSE OF ITS BUSINESS THE COMMUNITY FOUNDATION OF
LOUISVILLE CORPORATE DEPOSITORY, INC. FISCALLY SPONSORS VARIOUS
CHARITABLE PROJECTS IN THE LOUISVILLE METRO AREA. AT JUNE 30, 2021
THERE WERE 8 SUCH PROJECTS. EVERY PROJECT IS REVIEWED AND APPROVED BY
THE FOUNDATION'S MISSION AND IMPACT COMMITTEE AND BY THE BOARD OF
DIRECTORS PRIOR TO ACTIVATION TO ENSURE PROPOSED PROJECTS ARE
CONSISTENT WITH THE COMMUNITY FOUNDATION'S TAX EXEMPT MISSION, AS
DESCRIBED HEREIN.

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

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

4e Total program service expenses **▶** 10,268,620.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> ?	X	
3 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
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 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
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability, serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in donor-restricted endowments or in quasi endowments? <i>If "Yes," complete Schedule D, Part V</i>		X
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a 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 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
c Did the organization report an amount for investments - program related in Part X, line 13, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15, that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12a 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 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	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14a Did the organization maintain an office, employees, or agents outside of the United States?		X
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>		X
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? <i>If "Yes," complete Schedule F, Parts II and IV</i>		X
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or other assistance to or for foreign individuals? <i>If "Yes," complete Schedule F, Parts III and IV</i>		X
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I</i>		X
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>		X
19 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
20a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II</i>	X	

Part IV Checklist of Required Schedules (continued)

	Yes	No
22 Did the organization report more than \$5,000 of grants or other assistance to or for domestic individuals on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III</i>		X
23 Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J</i>	X	
24a Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25a</i>		X
24b Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
24c Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
24d Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25a Section 501(c)(3), 501(c)(4), and 501(c)(29) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I</i>		X
b Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I</i>		X
26 Did the organization report any amount on Part X, line 5 or 22, for receivables from or payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part II</i>		X
27 Did the organization provide a grant or other assistance to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity (including an employee thereof) or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III</i>		X
28 Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions, for applicable filing thresholds, conditions, and exceptions):		
a A current or former officer, director, trustee, key employee, creator or founder, or substantial contributor? <i>If "Yes," complete Schedule L, Part IV</i>		X
b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
c A 35% controlled entity of one or more individuals and/or organizations described in lines 28a or 28b? <i>If "Yes," complete Schedule L, Part IV</i>		X
29 Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M</i>	X	
30 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
31 Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I</i>		X
32 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
33 Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I</i>		X
34 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	
35a Did the organization have a controlled entity within the meaning of section 512(b)(13)?		X
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>		
36 Section 501(c)(3) organizations. 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
37 Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI</i>		X
38 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
1a Enter the number reported in Box 3 of Form 1096. Enter -0- if not applicable		
b Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable		
c Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	X	

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

		Yes	No
2a	Enter the number of employees reported on Form W-3, Transmittal of Wage and Tax Statements, filed for the calendar year ending with or within the year covered by this return 2a 0		
b	If at least one is reported on line 2a, did the organization file all required federal employment tax returns? 2b		
Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file (see instructions)			
3a	Did the organization have unrelated business gross income of \$1,000 or more during the year? 3a		X
b	If "Yes," has it filed a Form 990-T for this year? If "No" to line 3b, provide an explanation on Schedule O 3b		
4a	At any time during the calendar year, did the organization have an interest in, or a signature or other authority over, a financial account in a foreign country (such as a bank account, securities account, or other financial account)? 4a		X
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).		
5a	Was the organization a party to a prohibited tax shelter transaction at any time during the tax year? 5a		X
b	Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction? 5b		X
c	If "Yes" to line 5a or 5b, did the organization file Form 8886-T? 5c		
6a	Does the organization have annual gross receipts that are normally greater than \$100,000, and did the organization solicit any contributions that were not tax deductible as charitable contributions? 6a		X
b	If "Yes," did the organization include with every solicitation an express statement that such contributions or gifts were not tax deductible? 6b		
7	Organizations that may receive deductible contributions under section 170(c).		
a	Did the organization receive a payment in excess of \$75 made partly as a contribution and partly for goods and services provided to the payor? 7a		X
b	If "Yes," did the organization notify the donor of the value of the goods or services provided? 7b		
c	Did the organization sell, exchange, or otherwise dispose of tangible personal property for which it was required to file Form 8282? 7c		X
d	If "Yes," indicate the number of Forms 8282 filed during the year 7d		
e	Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract? 7e		X
f	Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? 7f		X
g	If the organization received a contribution of qualified intellectual property, did the organization file Form 8899 as required? ... 7g		
h	If the organization received a contribution of cars, boats, airplanes, or other vehicles, did the organization file a Form 1098-C? 7h		
8	Sponsoring organizations maintaining donor advised funds. Did a donor advised fund maintained by the sponsoring organization have excess business holdings at any time during the year? 8		
9	Sponsoring organizations maintaining donor advised funds.		
a	Did the sponsoring organization make any taxable distributions under section 4966? 9a		
b	Did the sponsoring organization make a distribution to a donor, donor advisor, or related person? 9b		
10	Section 501(c)(7) organizations. Enter:		
a	Initiation fees and capital contributions included on Part VIII, line 12 10a		
b	Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities 10b		
11	Section 501(c)(12) organizations. Enter:		
a	Gross income from members or shareholders 11a		
b	Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.) 11b		
12a	Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041? 12a		
b	If "Yes," enter the amount of tax-exempt interest received or accrued during the year 12b		
13	Section 501(c)(29) qualified nonprofit health insurance issuers.		
a	Is the organization licensed to issue qualified health plans in more than one state? 13a		
Note: See the instructions for additional information the organization must report on Schedule O.			
b	Enter the amount of reserves the organization is required to maintain by the states in which the organization is licensed to issue qualified health plans 13b		
c	Enter the amount of reserves on hand 13c		
14a	Did the organization receive any payments for indoor tanning services during the tax year? 14a		X
b	If "Yes," has it filed a Form 720 to report these payments? If "No," provide an explanation on Schedule O 14b		
15	Is the organization subject to the section 4960 tax on payment(s) of more than \$1,000,000 in remuneration or excess parachute payment(s) during the year? 15		X
If "Yes," see instructions and file Form 4720, Schedule N.			
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? 16		X
If "Yes," complete Form 4720, 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 on Schedule O. See instructions.

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

Section A. Governing Body and Management

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

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

		Yes	No
10a	Did the organization have local chapters, branches, or affiliates?		X
10b	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?		
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	X	
11b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	X	
12b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	X	
12c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	X	
13	Did the organization have a written whistleblower policy?	X	
14	Did the organization have a written document retention and destruction policy?	X	
15	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?		
15a	The organization's CEO, Executive Director, or top management official		X
15b	Other officers or key employees of the organization		X
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?		X
16b	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 (1024 or 1024-A, if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
 Own website Another's website Upon request Other (explain on Schedule O)
- 19** Describe on 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. See instructions for the order in which to list the persons above.

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) MATTHEW L. BACON VP & CFO	5.00 45.00			X			0.	219,142.	15,393.	
(2) TRISHA FINNEGAN CHIEF STRATEGY OFFICER	5.00 45.00			X			0.	132,880.	14,422.	
(3) HEATHER CASH VP, DEVELOPMENT & STEWARDSHIP	5.00 45.00			X			0.	110,515.	17,001.	
(4) JANET WALTHER VP, COMMUNICATIONS & MARKETING	5.00 45.00			X			0.	115,951.	10,599.	
(5) RONALD GALLO PRESIDENT & CEO	5.00 45.00			X			0.	117,311.	3,309.	
(6) HARRIET L. LAIR DIRECTOR	1.00 2.10	X					0.	0.	0.	
(7) CURT SCOTT DIRECTOR	1.00 2.00	X					0.	0.	0.	
(8) STEPHANIE H. SMITH BOARD CHAIR	2.00 4.10	X		X			0.	0.	0.	
(9) DAVID TACHAU BOARD VICE CHAIR	2.00 4.10	X		X			0.	0.	0.	
(10) DEBORAH B. WILLIAMS BOARD SECRETARY	2.00 4.10	X		X			0.	0.	0.	
(11) MICHAEL W. GOUGH BOARD TREASURER	2.00 4.00	X		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			
1b Subtotal							0.	695,799.	60,724.	
c Total from continuation sheets to Part VII, Section A							0.	0.	0.	
d Total (add lines 1b and 1c)							0.	695,799.	60,724.	

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

	Yes	No
3 Did the organization list any former officer, director, trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 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	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

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

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

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

Part VIII Statement of Revenue

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

			(A)	(B)	(C)	(D)	
			Total revenue	Related or exempt function revenue	Unrelated business revenue	Revenue excluded from tax under sections 512 - 514	
Contributions, Gifts, Grants and Other Similar Amounts	1 a Federated campaigns	1a	162,000.				
	b Membership dues	1b					
	c Fundraising events	1c	6,538.				
	d Related organizations	1d	535,552.				
	e Government grants (contributions)	1e	105,213.				
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f	8,744,616.				
	g Noncash contributions included in lines 1a-1f	1g	\$ 1,194,436.				
	h Total. Add lines 1a-1f			9,553,919.			
Program Service Revenue	2 a _____	Business Code					
	b _____						
	c _____						
	d _____						
	e _____						
	f All other program service revenue						
	g Total. Add lines 2a-2f						
Other Revenue	3 Investment income (including dividends, interest, and other similar amounts)			234,564.		234,564.	
	4 Income from investment of tax-exempt bond proceeds						
	5 Royalties						
	6 a Gross rents	6a	(i) Real				
			(ii) Personal				
	b Less: rental expenses ...	6b					
	c Rental income or (loss)	6c					
	d Net rental income or (loss)						
	7 a Gross amount from sales of assets other than inventory	7a	(i) Securities				
			(ii) Other				
				3,843,352.			
	b Less: cost or other basis and sales expenses	7b	3,442,373.				
	c Gain or (loss)	7c	400,979.				
d Net gain or (loss)			400,979.		400,979.		
8 a Gross income from fundraising events (not including \$ 6,538. of contributions reported on line 1c). See Part IV, line 18	8a						
			0.				
b Less: direct expenses	8b	12,333.					
c Net income or (loss) from fundraising events			-12,333.		-12,333.		
9 a Gross income from gaming activities. See Part IV, line 19	9a						
b Less: direct expenses	9b						
c Net income or (loss) from gaming activities							
10 a Gross sales of inventory, less returns and allowances	10a						
b Less: cost of goods sold	10b						
c Net income or (loss) from sales of inventory							
Miscellaneous Revenue	11 a _____	Business Code					
	b _____						
	c _____						
	d All other revenue						
	e Total. Add lines 11a-11d						
12 Total revenue. See instructions			10,177,129.	0.	0.	623,210.	

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
1 Grants and other assistance to domestic organizations and domestic governments. See Part IV, line 21 ...	7,710,022.	7,710,022.		
2 Grants and other assistance to domestic individuals. See Part IV, line 22				
3 Grants and other assistance to foreign organizations, foreign governments, and foreign individuals. See Part IV, lines 15 and 16				
4 Benefits paid to or for members				
5 Compensation of current officers, directors, trustees, and key employees				
6 Compensation not included above to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)				
7 Other salaries and wages				
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)				
9 Other employee benefits				
10 Payroll taxes				
11 Fees for services (nonemployees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	114,519.		114,519.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Sch O.)	24,000.	24,000.		
12 Advertising and promotion				
13 Office expenses				
14 Information technology				
15 Royalties				
16 Occupancy				
17 Travel				
18 Payments of travel or entertainment expenses for any federal, state, or local public officials ...				
19 Conferences, conventions, and meetings				
20 Interest				
21 Payments to affiliates				
22 Depreciation, depletion, and amortization				
23 Insurance				
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses on line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FISCAL SPONSOR PROGRAM	2,426,191.	2,426,191.		
b INVEST. EARNINGS TO FDN	108,407.	108,407.		
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	10,383,139.	10,268,620.	114,519.	0.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation.				

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

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
Assets	1 Cash - non-interest-bearing	1,609,920.	1	3,115,403.
	2 Savings and temporary cash investments	0.	2	3,431,748.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	760,709.	4	59,870.
	5 Loans and other receivables from any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		5	
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), and persons described in section 4958(c)(3)(B)		6	
	7 Notes and loans receivable, net		7	
	8 Inventories for sale or use		8	
	9 Prepaid expenses and deferred charges	0.	9	1,500.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments - publicly traded securities	13,708,475.	11	11,054,816.
	12 Investments - other securities. See Part IV, line 11		12	
	13 Investments - program-related. See Part IV, line 11		13	
	14 Intangible assets		14	
	15 Other assets. See Part IV, line 11		15	
16 Total assets. Add lines 1 through 15 (must equal line 33)	16,079,104.	16	17,663,337.	
Liabilities	17 Accounts payable and accrued expenses	91,919.	17	91,919.
	18 Grants payable	0.	18	334,436.
	19 Deferred revenue		19	
	20 Tax-exempt bond liabilities		20	
	21 Escrow or custodial account liability. Complete Part IV of Schedule D		21	
	22 Loans and other payables to any current or former officer, director, trustee, key employee, creator or founder, substantial contributor, or 35% controlled entity or family member of any of these persons		22	
	23 Secured mortgages and notes payable to unrelated third parties		23	
	24 Unsecured notes and loans payable to unrelated third parties		24	
	25 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	272,874.	25	260,113.
	26 Total liabilities. Add lines 17 through 25	364,793.	26	686,468.
Net Assets or Fund Balances	Organizations that follow FASB ASC 958, check here <input checked="" type="checkbox"/> and complete lines 27, 28, 32, and 33.			
	27 Net assets without donor restrictions		27	
	28 Net assets with donor restrictions	15,714,311.	28	16,976,869.
	Organizations that do not follow FASB ASC 958, check here <input type="checkbox"/> and complete lines 29 through 33.			
	29 Capital stock or trust principal, or current funds		29	
	30 Paid-in or capital surplus, or land, building, or equipment fund		30	
	31 Retained earnings, endowment, accumulated income, or other funds		31	
	32 Total net assets or fund balances	15,714,311.	32	16,976,869.
33 Total liabilities and net assets/fund balances	16,079,104.	33	17,663,337.	

Form 990 (2020)

Part XI Reconciliation of Net Assets

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

1	Total revenue (must equal Part VIII, column (A), line 12)	1	10,177,129.
2	Total expenses (must equal Part IX, column (A), line 25)	2	10,383,139.
3	Revenue less expenses. Subtract line 2 from line 1	3	-206,010.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	15,714,311.
5	Net unrealized gains (losses) on investments	5	1,468,568.
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain on Schedule O)	9	0.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 32, column (B))	10	16,976,869.

Part XII Financial Statements and Reporting

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

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant?
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant?
If the organization changed either its oversight process or selection process during the tax year, explain on Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133?
- 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 on Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

Form 990 (2020)

SCHEDULE A
(Form 990 or 990-EZ)

Department of the Treasury
Internal Revenue Service

Public Charity Status and Public Support

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

▶ Attach to Form 990 or Form 990-EZ.

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization THE COMMUNITY FOUNDATION OF LOUISVILLE
CORPORATE DEPOSITORY, INC. **Employer identification number** 61-1100993

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

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

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

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-10 above (see instructions))	(iv) Is the organization listed in your governing document?		(v) Amount of monetary support (see instructions)	(vi) Amount of other support (see instructions)
			Yes	No		
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) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,074,391.	8,937,354.	10,801,163.	23,079,323.	9,553,919.	60,446,150.
2 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
3 The value of services or facilities furnished by a governmental unit to the organization without charge						
4 Total. Add lines 1 through 3	8,074,391.	8,937,354.	10,801,163.	23,079,323.	9,553,919.	60,446,150.
5 The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f)						14,053,330.
6 Public support. Subtract line 5 from line 4.						46,392,820.

Section B. Total Support

Calendar year (or fiscal year beginning in) ▶	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
7 Amounts from line 4	8,074,391.	8,937,354.	10,801,163.	23,079,323.	9,553,919.	60,446,150.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	175,757.	181,432.	231,159.	257,277.	234,564.	1,080,189.
9 Net income from unrelated business activities, whether or not the business is regularly carried on						
10 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.)			46.			46.
11 Total support. Add lines 7 through 10						61,526,385.
12 Gross receipts from related activities, etc. (see instructions)					12	

13 First 5 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

14 Public support percentage for 2020 (line 6, column (f), divided by line 11, column (f))	14	75.40 %
15 Public support percentage from 2019 Schedule A, Part II, line 14	15	76.39 %

16a 33 1/3% support test - 2020. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and **stop here.** The organization qualifies as a publicly supported organization ▶

b 33 1/3% support test - 2019. 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 **stop here.** The organization qualifies as a publicly supported organization ▶

17a 10% -facts-and-circumstances test - 2020. 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 **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶

b 10% -facts-and-circumstances test - 2019. 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 **stop here.** Explain in Part VI how the organization meets the facts-and-circumstances test. The organization qualifies as a publicly supported organization ▶

18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions ▶

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

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

Section A. Public Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year						
c Add lines 7a and 7b						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2016	(b) 2017	(c) 2018	(d) 2019	(e) 2020	(f) Total
9 Amounts from line 6						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975						
c Add lines 10a and 10b						
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 5 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

15 Public support percentage for 2020 (line 8, column (f), divided by line 13, column (f))	15	%
16 Public support percentage from 2019 Schedule A, Part III, line 15	16	%

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2020 (line 10c, column (f), divided by line 13, column (f))	17	%
18 Investment income percentage from 2019 Schedule A, Part III, line 17	18	%

19a 33 1/3% support tests - 2020. 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 - 2019. 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 box 12a, Part I, complete Sections A and B. If you checked box 12b, Part I, complete Sections A and C. If you checked box 12c, Part I, complete Sections A, D, and E. If you checked box 12d, Part I, complete Sections A and D, and complete Part V.)

Section A. All Supporting Organizations

	Yes	No
1 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>		
2 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>		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer lines 3b and 3c below.</i>		
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>		
c 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>		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes," and if you checked box 12a or 12b in Part I, answer lines 4b and 4c below.</i>		
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>		
c Did the organization support any foreign supported organization that does not have an IRS determination under sections 501(c)(3) and 509(a)(1) or (2)? <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>		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer lines 5b and 5c 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 Type I or Type II only. Was any added or substituted supported organization part of a class already designated in the organization's organizing document?		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
6 Did the organization provide support (whether in the form of grants or the provision of services or facilities) to anyone other than (i) its supported organizations, (ii) individuals that are part of the charitable class benefited by one or more of its supported organizations, or (iii) other supporting organizations that also support or benefit one or more of the filing organization's supported organizations? <i>If "Yes," provide detail in Part VI.</i>		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (as defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8 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>		
9a Was the organization controlled directly or indirectly at any time during the tax year by one or more disqualified persons, as defined in section 4946 (other than foundation managers and organizations described in section 509(a)(1) or (2))? <i>If "Yes," provide detail in Part VI.</i>		
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>		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
10a Was the organization subject to the excess business holdings rules of section 4943 because of section 4943(f) (regarding certain Type II supporting organizations, and all Type III non-functionally integrated supporting organizations)? <i>If "Yes," answer line 10b below.</i>		
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
11 Has the organization accepted a gift or contribution from any of the following persons?		
a A person who directly or indirectly controls, either alone or together with persons described in lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described in line 11a above?		
c A 35% controlled entity of a person described in line 11a or 11b above? <i>If "Yes" to line 11a, 11b, or 11c, provide detail in Part VI.</i>		
11a		
11b		
11c		

Section B. Type I Supporting Organizations

	Yes	No
1 Did the governing body, members of the governing body, officers acting in their official capacity, or membership of one or more supported organizations have the power to regularly appoint or elect at least a majority of the organization's officers, 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 officers, 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>		
2 Did the organization operate for the benefit of any supported organization other than the supported organization(s) that operated, supervised, or controlled the supporting organization? <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>		
1		
2		

Section C. Type II Supporting Organizations

	Yes	No
1 Were a majority of the organization's directors or trustees during the tax year also a majority of the directors or trustees of each of the organization's supported organization(s)? <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>		
1		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally Integrated Supporting Organizations

1 Check the box next to the method that the organization used to satisfy the Integral Part Test during the year (see instructions).			
a <input type="checkbox"/> The organization satisfied the Activities Test. Complete line 2 below.			
b <input type="checkbox"/> The organization is the parent of each of its supported organizations. Complete line 3 below.			
c <input type="checkbox"/> The organization supported a governmental entity. Describe in Part VI how you supported a governmental entity (see instructions).			
2 Activities Test. Answer lines 2a and 2b below.			
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <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>			
b Did the activities described in line 2a, above, 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>			
3 Parent of Supported Organizations. Answer lines 3a and 3b below.			
a Did the organization have the power to regularly appoint or elect a majority of the officers, directors, or trustees of each of the supported organizations? <i>If "Yes" or "No" provide details in Part VI.</i>			
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>			
2a			
2b			
3a			
3b			

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.

Section A - Adjusted Net Income		(A) Prior Year	(B) Current Year (optional)
1	Net short-term capital gain	1	
2	Recoveries of prior-year distributions	2	
3	Other gross income (see instructions)	3	
4	Add lines 1 through 3.	4	
5	Depreciation and depletion	5	
6	Portion of operating expenses paid or incurred for production or collection of gross income or for management, conservation, or maintenance of property held for production of income (see instructions)	6	
7	Other expenses (see instructions)	7	
8	Adjusted Net Income (subtract lines 5, 6, and 7 from line 4)	8	

Section B - Minimum Asset Amount		(A) Prior Year	(B) Current Year (optional)
1	Aggregate fair market value of all non-exempt-use assets (see instructions for short tax year or assets held for part of year):		
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt-use assets	2	
3	Subtract line 2 from line 1d.	3	
4	Cash deemed held for exempt use. Enter 0.015 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 0.035.	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	

Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, column A)	1	
2	Enter 0.85 of line 1.	2	
3	Minimum asset amount for prior year (from Section B, line 8, column A)	3	
4	Enter greater of line 2 or line 3.	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions).	6	
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).		

Schedule A (Form 990 or 990-EZ) 2020

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

Section D - Distributions		Current Year
1	Amounts paid to supported organizations to accomplish exempt purposes	1
2	Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	2
3	Administrative expenses paid to accomplish exempt purposes of supported organizations	3
4	Amounts paid to acquire exempt-use assets	4
5	Qualified set-aside amounts (prior IRS approval required - provide details in Part VI)	5
6	Other distributions (describe in Part VI). See instructions.	6
7	Total annual distributions. Add lines 1 through 6.	7
8	Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions.	8
9	Distributable amount for 2020 from Section C, line 6	9
10	Line 8 amount divided by line 9 amount	10

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2020	(iii) Distributable Amount for 2020
1	Distributable amount for 2020 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2020 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2020		
a	From 2015		
b	From 2016		
c	From 2017		
d	From 2018		
e	From 2019		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2020 distributable amount		
i	Carryover from 2015 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2020 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2020 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2020, if any. Subtract lines 3g and 4a from line 2. For result greater than zero, explain in Part VI. See instructions.		
6	Remaining underdistributions for 2020. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2021. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2016		
b	Excess from 2017		
c	Excess from 2018		
d	Excess from 2019		
e	Excess from 2020		

Schedule A (Form 990 or 990-EZ) 2020

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

OMB No. 1545-0047

2020

Name of the organization

THE COMMUNITY FOUNDATION OF LOUISVILLE
CORPORATE DEPOSITORY, INC.

Employer identification number

61-1100993

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 (entering "N/A" in column (b) instead of the contributor name and address), II, and III.

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

Name of organization THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY, INC.	Employer identification number 61-1100993
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Part I Contributors (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	_____ _____ _____	\$ 1,350,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 835,446.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 506,402.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 2,000,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 250,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 201,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

Name of organization THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY, INC.	Employer identification number 61-1100993
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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	_____ _____ _____	\$ 200,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8	_____ _____ _____	\$ 300,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
9	_____ _____ _____	\$ 1,117,401.	Person <input 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.)

Name of organization THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY, INC.	Employer identification number 61-1100993
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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
9	STOCK _____ _____ _____	\$ 1,117,401.	12/31/20
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____
_____	_____ _____ _____	\$ _____	_____

Name of organization THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY, INC.	Employer identification number 61-1100993
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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
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	

SCHEDULE D (Form 990)

Department of the Treasury Internal Revenue Service

Supplemental Financial Statements

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

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

OMB No. 1545-0047

2020

Open to Public Inspection

Name of the organization THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATION, INC. Employer identification number 61-1100993

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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include total number at end of year, aggregate value of contributions, grants, and end of year, and two yes/no questions about donor property and grant fund usage.

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

Form with multiple sections: 1. Purpose(s) of conservation easements (checkboxes for land, habitat, open space, historic area, structure). 2. Conservation contribution details (2a-2d table). 3-7. Monitoring and enforcement details. 8-9. Section requirements and reporting.

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.

Form with sections 1a-1b and 2. 1a: Reporting on revenue and assets for public service. 1b: Reporting on revenue and assets for public service. 2: Reporting on revenue and assets for financial gain.

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 make 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 program
 - e Other _____
- 4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.
- 5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? Yes No

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

- 1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X? Yes No
- b If "Yes," explain the arrangement in Part XIII and complete the following table:
- | | Amount |
|---------------------------------|--------|
| c Beginning balance | 1c |
| d Additions during the year | 1d |
| e Distributions during the year | 1e |
| f Ending balance | 1f |
- 2a Did the organization include an amount on Form 990, Part X, line 21, for escrow or custodial account liability? Yes No
- b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided on Part XIII

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

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

- 2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:
- a Board designated or quasi-endowment _____%
 - b Permanent endowment _____%
 - c Term endowment _____%
- The percentages on lines 2a, 2b, and 2c should equal 100%.
- 3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:
- | | Yes | No |
|--|--------|----|
| (i) Unrelated organizations | 3a(i) | |
| (ii) Related organizations | 3a(ii) | |
| b If "Yes" on line 3a(ii), are the related organizations listed as required on Schedule R? | 3b | |
- 4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment.

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

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

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

Part VII Investments - Other Securities.

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

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

Part VIII Investments - Program Related.

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

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

Part IX Other Assets.

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

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

Part X Other Liabilities.

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

1. (a) Description of liability	(b) Book value
(1) Federal income taxes	
(2) PAYABLE TO RELATED ORGANIZATION	260,113.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	260,113.

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 FASB 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.

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

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.

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

Part XIII Supplemental Information.

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

PART X, LINE 2:

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

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

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

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

WHEN APPLICABLE, THE FOUNDATION RECOGNIZES UNCERTAIN INCOME TAX POSITIONS

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

LIABILITY FOR UNCERTAIN TAX POSITIONS HAS BEEN RECORDED IN THE

ACCOMPANYING CONSOLIDATED FINANCIAL STATEMENTS.

Part XIII Supplemental Information *(continued)*

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.**

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

OMB No. 1545-0047

2020

**Open to Public
Inspection**

Name of the organization **THE COMMUNITY FOUNDATION OF LOUISVILLE
CORPORATE DEPOSITORY, INC.** Employer identification number
61-1100993

Part I General Information on Grants and Assistance

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

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

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
100 BLACK MEN OF LOUISVILLE INC. 13200 COMPLETE COURT LOUISVILLE, KY 40223	61-1191888	501(C)(3)	10,000.	0.			V31 BLACK STUDIES
2NOT1: FATHERHOOD AND FAMILIES PO BOX 2791 LOUISVILLE, KY 40201	26-2914155	501(C)(3)	15,000.	0.			P42 SINGLE PARENT AGENCIES/SERVICES
ACTIVE HEROES 1022 RIDGEVIEW DRIVE SHEPHERDSVILLE, KY 40165	45-4138378	501(C)(3)	13,489.	0.			P20 HUMAN SERVICE ORGANIZATIONS
AMERICAN HEART ASSOCIATION GREAT RIVERS AFFILIATE - LOUISVILLE DIVISION, 240 WHITTINGTON PARKWAY - LOUI	13-5613797	501(C)(3)	26,200.	0.			G43 HEART AND CIRCULATORY SYSTEM
AMERICAN RED CROSS - LOUISVILLE AREA CHAPTER - 510 EAST CHESTNUT STREET - LOUISVILLE, KY 40202	53-0196605	501(C)(3)	15,520.	0.			M20 DISASTER PREPAREDNESS AND RELIEF SERVICE
ARCHDIOCESE OF LOUISVILLE CATHOLIC SERVICES APPEAL, PO BOX 32 LOUISVILLE, KY 40232	61-0447247	501(C)(3)	11,000.	0.			X22 ROMAN CATHOLIC

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 153.
- 3** Enter total number of other organizations listed in the line 1 table ▶ 1.

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

Schedule I (Form 990) 2020

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
ASHEVILLE MUSEUM OF SCIENCE 43 PATTON AVENUE ASHEVILLE, NC 28801	56-1342340	501(C)(3)	25,000.	0.			A57 SCIENCE & TECHNOLOGY MUSEUM
ASSOCIATION OF COMMUNITY MINISTRIES INC - PO BOX 99545 - LOUISVILLE, KY 40269	61-1361750	501(C)(3)	31,052.	0.			X12 FUNDRAISING AND/OR FUND DISTRIBUTION
BAPTIST HEALTH FOUNDATION GREATER LOUISVILLE INC - DBA BAPTIST HEALTH FOUNDATION, 4007 KRESGE WAY - LOUISVILLE, KY 40207	20-0292291	501(C)(3)	25,000.	0.			E11 SINGLE ORGANIZATION SUPPORT
BATES COMMUNITY DEVELOPMENT CENTER 1228 S. JACKSON STREET LOUISVILLE, KY 40203	61-1303937	501(C)(3)	15,300.	0.			S31 URBAN COMMUNITY
BENEFIT PARTNERS FOUNDATION PO BOX 336 KAILUA, HI 96734	83-3058554	501(C)(3)	38,966.	0.			P43 FAMILY VIOLENCE SHELTERS AND SERVICES
BETHLEHEM HIGH SCHOOL 309 WEST STEPHEN FOSTER AVE. BARDSTOWN, KY 40004	61-0592028	501(C)(3)	40,000.	0.			B EDUCATIONAL INSTITUTIONS
BIG BROTHERS BIG SISTERS OF KENTUCKIANA - 1519 GARDINER LANE SUITE B - LOUISVILLE, KY 40218	61-6057856	501(C)(3)	39,862.	0.			O31 BIG BROTHER BIG SISTERS
BIG SANDY COLLEGE EDUCATIONAL FOUNDATION - 1 BERT COMBS DR - PRESTONSBURG, KY 41653	61-1177054	501(C)(3)	15,000.	0.			B40 HIGHER ED INSTITUTIONS
BLACK COMMUNITY DEVELOPMENT CORPORATION - 1619 W MAIN STREET - LOUISVILLE, KY 40203	61-1233868	501(C)(3)	35,000.	0.			S20 COMMUNITY/NEIGHBORHOOD DEVELOPMENT IMPROVEMENT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
BLACK EMOTIONAL AND MENTAL HEALTH COLLECTIVE - AKA BEAM, P.O. BOX 27945 - LOS ANGELES, CA 90027	81-3138233	501(C)(3)	12,000.	0.			F32 COMMUNITY MENTAL HEALTH CENTER
BLESSINGS IN A BACKPACK INC PO BOX 950291 LOUISVILLE, KY 40295	26-1964620	501(C)(3)	7,029.	0.			P20 HUMAN SERVICE ORGANIZATIONS
BLUE GRASS FARMS CHARITIES INC. 2339 SANDERSVILLE ROAD LEXINGTON, KY 40511	20-0374962	501(C)(3)	7,500.	0.			P60 EMERGENCY ASSISTANCE (FOOD CLOTHING CASH)
BLUEGRASS CENTER FOR AUTISM 1250 BARDSTOWN ROAD SUITE 15 LOUISVILLE, KY 40204	27-2279128	501(C)(3)	11,000.	0.			B28 SPECIAL ED INSTITUTIONS/ SCHOOLS FOR VISUALLY OR HEARING IMPAIRED LEARNING
BOY SCOUTS OF AMERICA - LINCOLN HERITAGE COUNCIL - 12001 SYCAMORE STATION PLACE - LOUISVILLE, KY 40299	61-0445839	501(C)(3)	17,500.	0.			040 SCOUTING
BRAIN INJURY ALLIANCE OF KENTUCKY 7321 NEW LAGRANGE RD. #100 LOUISVILLE, KY 40222	61-1128496	501(C)(3)	20,000.	0.			G48 BRAIN DISORDERS
BRIDGE KIDS INTERNATIONAL INC. 501 W KENWOOD DRIVE LOUISVILLE, KY 40214	84-1681205	501(C)(3)	10,000.	0.			Q33 INTERNATIONAL RELIEF
BSIDE U FOR LIFE 701 W MUHAMMAD ALI BLVD. LOUISVILLE, KY 40203	61-1142823	501(C)(3)	55,000.	0.			F30 MENTAL HEALTH TREATMENT
CABBAGE PATCH SETTLEMENT HOUSE INC. - 1413 SOUTH SIXTH STREET - LOUISVILLE, KY 40208	61-0458359	501(C)(3)	18,500.	0.			P28 NEIGHBORHOOD CENTER SETTLEMENT HOUSE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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CATHOLIC DIOCESE OF EVANSVILLE PO BOX 4169 EVANSVILLE, IN 47724	35-1044322	501(C)(3)	20,000.	0.			X RELIGION SPIRITUAL DEVELOPMENT
CATHOLIC EDUCATION FOUNDATION 401 W. MAIN ST. #806 LOUISVILLE, KY 40202	61-1294640	501(C)(3)	132,500.	0.			B82 SCHOLARSHIPS STUDENT FINANCIAL AID AWARDS
CENTER FOR NONPROFIT EXCELLENCE 325 W. MAIN ST. WATERFRONT PLAZA, S LOUISVILLE, KY 40202	20-0040424	501(C)(3)	11,500.	0.			T02 MANAGEMENT & TECHNICAL ASSISTANCE
CHANGE TODAY, CHANGE TOMORROW, INC. - 1753 BARDSTOWN ROAD - LOUISVILLE, KY 40205	84-3715550	501(C)(3)	15,800.	0.			B25 SECONDARY/HIGH SCHOOL
CHILDREN'S HOSPITAL FOUNDATION - LOUISVILLE - 234 E. GRAY ST #450 - LOUISVILLE, KY 40202	61-6027530	501(C)(3)	250,439.	0.			E11 SINGLE ORGANIZATION SUPPORT
CITY OF DANVILLE PO BOX 670 DANVILLE, KY 40423-0670	61-6001807	GOVERNMENT	6,000.	0.			B12 FUNDRAISING AND/OR FUND DISTRIBUTION
CLYDESDALE ATHLETICS CLUB, INC. PO BOX 991702 LOUISVILLE, KY 40269	46-2645916	501(C)(3)	10,000.	0.			H12 FUNDRAISING AND/OR FUND DISTRIBUTION
COALITION FOR THE HOMELESS 1300 S 4TH ST. #250 LOUISVILLE, KY 40208	61-1118307	501(C)(3)	44,261.	0.			L01 ALLIANCE/ADVOCACY ORGANIZATIONS
COMMONWEALTH HEALTH FOUNDATION 800 PARK STREET BOWLING GREEN, KY 42102	61-1362000	501(C)(3)	20,000.	0.			E12 FUNDRAISING AND/OR FUND DISTRIBUTION

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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COMMUNITY CATHOLIC CENTER INC. PO BOX 11065 LOUISVILLE, KY 40251	01-0785892	501(C)(3)	10,500.	0.			B82 SCHOLARSHIPS STUDENT FINANCIAL AID AWARDS
COMMUNITY FOUNDATION OF LOUISVILLE DEPOSITORY - 325 W. MAIN STREET, SUITE 1110 - LOUISVILLE, KY 40202	31-1140889	501(C)(3)	31,878.	0.			T31 COMMUNITY FOUNDATIONS
COMMUNITY FOUNDATION OF LOUISVILLE, INC. - 325 W. MAIN STREET, SUITE 1110 - LOUISVILLE, KY 40202	31-0997017	501(C)(3)	368,524.	0.			T31 COMMUNITY FOUNDATIONS
CORNERSTONE FOUNDATION FOR CHARITABLE DENTAL WORKS INC - 10000 BROWNSBORO RD STE 6 - LOUISVILLE, KY 40241	83-2945413	501(C)(3)	30,000.	0.			E30 HEALTH TREATMENT FACILITIES (PRIMARILY OUTPATIENT)
CROSSROADS UNITED WAY PO BOX 3048 ELKHART, IN 46515	35-0953433	501(C)(3)	10,000.	0.			T70 FUNDRAISING ORGANIZATIONS THAT CROSS CATEGORIES (INCLUDES COMMUNITY FUNDS)
DECODE PROJECT INC 2509 PORTLAND AVENUE LOUISVILLE, KY 40212	83-2280075	501(C)(3)	10,000.	0.			B92 REMEDIAL READING READING ENCOURAGEMENT
DENTAL LIFELINE NETWORK 1800 15TH STREET STE 100 DENVER, CO 80202	84-6129064	501(C)(3)	35,000.	0.			X RELIGION SPIRITUAL DEVELOPMENT
DOWN SYNDROME OF LOUISVILLE, INC. 5001 S HURSTBOURNE PARKWAY LOUISVILLE, KY 40291	61-1214126	501(C)(3)	19,148.	0.			G25 DOWN'S SYNDROME
DREAM CORPS 436 14TH STREET, SUITE 920 OAKLAND, CA 94612	26-1140201	501(C)(3)	12,000.	0.			C60 ENVIRONMENTAL EDUCATION AND OUTDOOR SURVIVAL PROGRAMS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
DREAMS WITH WINGS 1579 BARDSTOWN ROAD LOUISVILLE, KY 40205	61-1371540	501(C)(3)	6,086.	0.			P99 HUMAN SERVICES-MULTIPURPOSE & OTHER N.E.C.
EDITH & HENRY HEUSER HEARING INSTITUTE - DBA HEUSER HEARING INSTITUTE, 111 E. KENTUCKY ST. - LOUISVILLE, KY 40203	61-1383955	501(C)(3)	10,000.	0.			H42 EAR AND THROAT
EVERGLADES COLLEGE INC. DBA KEISER UNIVERSITY, 1900 W. COMMERCIAL BLVD. - FORT LAUDERDALE, FL 33309	65-0216638	501(C)(3)	7,226.	0.			B EDUCATIONAL INSTITUTIONS
EVOLVE502 SCHOLARS FOUNDATION INC 334 E BROADWAY LOUISVILLE, KY 40202	83-1897986	501(C)(3)	50,154.	0.			B82 SCHOLARSHIPS STUDENT FINANCIAL AID AWARDS
EVOLVE502, INC. 334 E BROADWAY LOUISVILLE, KY 40202-0488	83-1877240	501(C)(3)	32,639.	0.			B99 EDUCATION N.E.C.
FAITH UNITED METHODIST CHURCH 411 HARDING ST. KENDALLVILLE, IN 46755	35-1145123	RELIGIOUS ORGANI	13,400.	0.			X RELIGION SPIRITUAL DEVELOPMENT
FAMILY COMMUNITY CLINIC INC. 1420 E WASHINGTON ST LOUISVILLE, KY 40206	27-2994215	501(C)(3)	62,500.	0.			E HEALTH-GENERAL & REHABILITATIVE
FATHER MALONEY'S BOYS' HAVEN INC. AKA BOYS AND GIRLS HAVEN, 2301 GOLDSMITH LANE - LOUISVILLE, KY 40218	61-0479621	501(C)(3)	22,500.	0.			P70 RESIDENTIAL CUSTODIAL CARE (GROUP HOME)
FEED THE CITY INC 1100 S. 26TH STREET LOUISVILLE, KY 40210	80-0521630	501(C)(3)	20,351.	0.			K35 ORGANIZATION-SPONSORED EATERY OR AGENCY

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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FHGR, INC. 409 MARQUETTE DRIVE LOUISVILLE, KY 40222	82-4508863	501(C)(3)	7,500.	0.			F60 COUNSELING SUPPORT GROUPS
FLAGET MEMORIAL HOSPITAL FOUNDATION - 4305 NEW SHEPHERDSVILLE ROAD - BARDSTOWN, KY 40004	56-2351341	501(C)(3)	12,500.	0.			X22 ROMAN CATHOLIC
FOUNDATION FOR EXCELLENCE OWENSBORO INDEPENDENT SCHOOLS - 450 GRIFFITH AVE - OWENSBORO, KY 42301	61-1349137	501(C)(3)	6,900.	0.			B99 EDUCATION N.E.C.
FREE THE INNOCENT 1808 PARKRIDGE PARKWAY LOUISVILLE, KY 40214	83-3596785	501(C)(3)	10,000.	0.			I99 CRIME LEGAL RELATED N.E.C.
FREEDOM INC C/O NANCY VUE-TRAN, 2645 QUARTZ ROAD FITZBURG, WI 53711	43-2023570	501(C)(3)	12,000.	0.			P20 HUMAN SERVICE ORGANIZATIONS
FRIDAY AFTER 5 INCORPORATED 101 DAVIESS ST OWENSBORO, KY 42303	20-1743489	501(C)(3)	7,500.	0.			A68 MUSIC
FUND FOR THE ARTS, INC. 623 WEST MAIN STREET LOUISVILLE, KY 40202	61-0479626	501(C)(3)	46,000.	0.			A12 FUNDRAISING AND/OR FUND DISTRIBUTION
GATE OF HOPE MINISTRIES INTERNATIONAL INC - PO BOX 6481 - LOUISVILLE, KY 40206	26-0281018	501(C)(3)	10,000.	0.			Q33 INTERNATIONAL RELIEF
GILDA'S CLUB 2440 GRINSTEAD DRIVE LOUISVILLE, KY 40204	20-1635170	501(C)(3)	51,000.	0.			G30 CANCER

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GOOD NEWS SHELTER CORPORATION 115 E. ADAMS ST. LAGRANGE, KY 40031	61-1334374	501(C)(3)	20,000.	0.			L41 TEMPORARY SHELTER FOR THE HOMELESS
HABITAT FOR HUMANITY OF NORTHEAST INDIANA - PO BOX 620 - AUBURN, IN 46706	35-1913773	501(C)(3)	7,400.	0.			L HOUSING SHELTER
HARBOR HOUSE OF LOUISVILLE PO BOX 58219 LOUISVILLE, KY 40268	61-1216323	501(C)(3)	1,011,195.	0.			A70 HUMANITIES ORGANIZATIONS
HEART OF KENTUCKY UNITED WAY 118 NORTH THIRD ST. DANVILLE, KY 40422	23-7166092	501(C)(3)	8,504.	0.			T70 FUNDRAISING ORGANIZATIONS THAT CROSS CATEGORIES (INCLUDES COMMUNITY FUNDS)
HILDEGARD HOUSE PO BOX 5613 LOUISVILLE, KY 40255	46-5555742	501(C)(3)	10,054.	0.			L99 OTHER HOUSING SHELTER N.E.C.
HOLY CROSS HIGH SCHOOL 5144 DIXIE HIGHWAY LOUISVILLE, KY 40216	61-1053991	RELIGIOUS ORGANI	80,500.	0.			B25 SECONDARY/HIGH SCHOOL
HOME OF THE INNOCENTS 1100 E MARKET ST LOUISVILLE, KY 40206	61-0445834	501(C)(3)	105,500.	0.			P30 CHILDREN'S AND YOUTH SERVICES
HOPKINSVILLE COMMUNITY COLLEGE FOUNDATION - 720 NORTH DRIVE, PO BOX 2100 - HOPKINSVILLE, KY 42241	61-6042265	501(C)(3)	10,000.	0.			F20 ALCOHOL DRUG AND SUBSTANCE ABUSE DEPENDENCY PREVENTION & TREATMENT
HORATIO ALGER ASSOCIATION OF DISTINGUISHED AMERICANS INC - 99 CANAL CENTER PLZ STE 320 - ALEXANDRIA, VA 22314	13-1669975	501(C)(3)	10,000.	0.			W70 LEADERSHIP DEVELOPMENT

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HOSEAS HOUSE INC. PO BOX 991492 LOUISVILLE, KY 40269	20-3161219	501(C)(3)	7,500.	0.			P43 FAMILY VIOLENCE SHELTERS AND SERVICES
HOSPARUS, INC. 3532 EPHRAIM MCDOWELL DRIVE LOUISVILLE, KY 40205	61-0921718	501(C)(3)	15,500.	0.			P74 HOSPICE
HURSTBOURNE CHRISTIAN CHURCH 601 NOTTINGHAM PARKWAY LOUISVILLE, KY 40222	61-0712799	501(C)(3)	76,000.	0.			X RELIGION SPIRITUAL DEVELOPMENT
IMPACT 100 LOUISVILLE 3044 BARDSTOWN ROAD #269 LOUISVILLE, KY 40205	84-3784887	501(C)(3)	170,246.	0.			T99 OTHER PHILANTHROPY VOLUNTARISM AND GRANTMAKING FOUNDATIONS N.E.C.
JDCPARTNERSHIPS LLC DBA E E VENTURES, 28 KNOLL ROAD SAN RAFAEL, CA 94901	27-1316554		15,000.	0.			HEALTH EQUITY AND EVALUATION CONSULTING SERVICES
JUNIOR ACHIEVEMENT OF KENTUCKIANA 1401 W. MUHAMMAD ALI BLVD. LOUISVILLE, KY 40203	61-0476694	501(C)(3)	57,584.	0.			B20 ELEMENTARY SECONDARY ED
KEEPING IT REAL LOVING CARING SHARING IN THE NEIGHBORHOOD INSTIT - 2900 W BROADWAY - LOUISVILLE, KY 40211	14-1889913	501(C)(3)	7,500.	0.			P99 HUMAN SERVICES-MULTIPURPOSE & OTHER N.E.C.
KENDALLVILLE WINDMILL MUSEUM & HISTORICAL SOCIETY - P.O. BOX 5048 - KENDALLVILLE, IN 46755	35-1868822	501(C)(3)	7,500.	0.			A54 HISTORY MUSEUMS
KENTUCKY CANCERLINK PO BOX 25088 LEXINGTON, KY 40524	26-2704188	501(C)(3)	101,300.	0.			G DISEASE DISORDERS MEDICAL DISCIPLINES

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

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KENTUCKY DERBY FESTIVAL FOUNDATION INC - 1001 S THIRS ST - LOUISVILLE, KY 40203	31-1629357	501(C)(3)	125,000.	0.			A84 COMMEMORATIVE EVENTS
KENTUCKY MOUNTAIN MISSION OF EASTERN KENTUCKY INC - PO BOX 588 - BEATTYVILLE, KY 41311	23-7431572	501(C)(3)	10,000.	0.			N20 RECREATIONAL AND SPORTING CAMPS (DAY OVERNIGHT ETC.)
KENTUCKY TO THE WORLD, INC. PO BOX 6251 LOUISVILLE, KY 40206	47-1676524	501(C)(3)	10,000.	0.			A23 CULTURAL/ETHNIC AWARENESS
KENTUCKY YOUTH ADVOCATES 10200 LINN STATION ROAD SUITE 310 LOUISVILLE, KY 40223	61-0929390	501(C)(3)	15,000.	0.			R20 CIVIL RIGHTS ADVOCACY FOR SPECIFIC GROUPS
KOSAIR CHARITIES COMMITTEE, INC. PO 950136 LOUISVILLE, KY 40295-0136	61-0514703	501(C)(3)	7,500.	0.			E12 FUNDRAISING AND/OR FUND DISTRIBUTION
LIFEHOUSE INC. 2710 REIDLING RD LOUISVILLE, KY 40206	20-8514733	501(C)(3)	15,000.	0.			P31 ADOPTION
LINCOLN FOUNDATION 4322 BISHOP LANE LOUISVILLE, KY 40218	61-0449631	501(C)(3)	35,000.	0.			B90 EDUCATIONAL SERVICES AND SCHOOLS-OTHER
LOUISVILLE BALLET 315 EAST MAIN STREET LOUISVILLE, KY 40202	61-6033779	501(C)(3)	10,000.	0.			A63 BALLET
LOUISVILLE CENTRAL COMMUNITY CENTER, INC. - 1300 W. MUHAMMAD ALI BLVD. - LOUISVILLE, KY 40203	61-0590743	501(C)(3)	38,000.	0.			P30 CHILDREN'S AND YOUTH SERVICES

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (Schedule I (Form 990), Part II.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISVILLE COMMUNITY DESIGN CENTER A.K.A. CENTER FOR NEIGHBORHOODS, 1126 BERRY BLVD STE 300 - LOUISVILLE, KY 40	61-0889003	501(C)(3)	38,000.	0.			L20 HOUSING DEVELOPMENT CONSTRUCTION MANAGEMENT
LOUISVILLE DENTAL SOCIETY 1920 NELSON MILLER PKWY LOUISVILLE, KY 40223	61-0726110	501(C)(3)	60,000.	0.			B99 EDUCATION N.E.C.
LOUISVILLE JEFFERSON COUNTY METRO GOVERNMENT - DEPARTMENT OF FINANCE, 611 W. JEFFERSON STREET - LOUISVILLE, KY 40202	32-0049006	GOVERNMENT	333,604.	0.			S COMMUNITY IMPROVEMENT CAPACITY BUILDING
LOUISVILLE URBAN LEAGUE 1535 WEST BROADWAY LOUISVILLE, KY 40203	61-0444771	501(C)(3)	251,503.	0.			P22 URBAN LEAGUE
MARYHURST INC. 1015 DORSEY LANE LOUISVILLE, KY 40223	31-1542209	501(C)(3)	5,500.	0.			P31 ADOPTION
METRO UNITED WAY, INC. 334 E BROADWAY, PO BOX 4488 LOUISVILLE, KY 40204-0488	61-0444680	501(C)(3)	11,000.	0.			P30 CHILDREN'S AND YOUTH SERVICES
MINORITY MENTAL HEALTH PROJECT 555 S 4TH ST APT 224 LOUISVILLE, KY 40202	84-2261631	501(C)(3)	10,351.	0.			F70 MENTAL HEALTH DISORDERS
MISSION FRANKFORT CLINIC INC 201 SAINT CLAIR ST FRANKFORT, KY 40601	41-2199345	501(C)(3)	25,000.	0.			E30 HEALTH TREATMENT FACILITIES (PRIMARILY OUTPATIENT)
MISSION LEXINGTON INC 230 S MARTIN LUTHER KING BLVD LEXINGTON, KY 40508	20-2824933	501(C)(3)	60,000.	0.			E70 PUBLIC HEALTH PROGRAMS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
MOUNT VERNON MISSIONARY BAPTIST CHURCH - 3640 CANE RUN RD - LOUISVILLE, KY 40211	61-1154731	501(C)(3)	7,500.	0.			X RELIGION SPIRITUAL DEVELOPMENT
MUHAMMAD ALI MUSEUM AND EDUCATION CENTER INC. - 144 N SIXTH ST - LOUISVILLE, KY 40202	61-1323046	501(C)(3)	25,000.	0.			A23 CULTURAL/ETHNIC AWARENESS
NATIONAL INDEPENDENT VENUE FOUNDATION - 1 PENN PLAZA #6263 - NEW YORK, NY 10119	85-2436574	501(C)(3)	10,000.	0.			A68 MUSIC
NATIVITY ACADEMY AT ST. BONIFACE 529 E. LIBERTY STREET LOUISVILLE, KY 40202	51-0450314	501(C)(3)	6,000.	0.			B24 PRIMARY/ELEMENTARY SCHOOL
NEIGHBORHOOD HOUSE 201 NORTH 25TH STREET LOUISVILLE, KY 40212	61-0445842	501(C)(3)	16,710.	0.			P28 NEIGHBORHOOD CENTER SETTLEMENT HOUSE
NELSON COUNTY COMMUNITY CLINIC INC. - 300 WEST JOHN FITCH AVE. #200 - BARDSTOWN, KY 40004	20-4876401	501(C)(3)	56,000.	0.			E30 HEALTH TREATMENT FACILITIES (PRIMARILY OUTPATIENT)
NEW DAY MINISTRIES PO BOX 16266 LOUISVILLE, KY 40256	82-5402635	501(C)(3)	10,275.	0.			B90 EDUCATIONAL SERVICES AND SCHOOLS-OTHER
NEW LEGACY REENTRY CORP 1115 GARVIN PL LOUISVILLE, KY 40203	45-2406993	501(C)(3)	15,000.	0.			I40 REHABILITATION SERVICES FOR OFFENDERS
NORTHERN KENTUCKY HEALTH DEPARTMENT - 8001 VETERANS MEMORIAL DRIVE - FLORENCE, KY 41017	61-1008505	501(C)(3)	12,500.	0.			E HEALTH-GENERAL & REHABILITATIVE

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
NORTON HEALTHCARE FOUNDATION INC. DEPT 86140, PO BOX 950183 LOUISVILLE, KY 40295	31-0914919	501(C)(3)	202,350.	0.			E11 SINGLE ORGANIZATION SUPPORT
NOTRE DAME ACADEMY 1927 LEWISTON DRIVE LOUISVILLE, KY 40216	05-0599203	501(C)(3)	7,500.	0.			B EDUCATIONAL INSTITUTIONS
ONE FAMILY MEMPHIS AKA MEMPHIS ROX, 915 E MCLEMORE AVE MEMPHIS, TN 38106	82-3068886	501(C)(3)	14,000.	0.			P20 HUMAN SERVICE ORGANIZATIONS
ONEWEST CORPORATION 2028 W. BROADWAY STE. 104 LOUISVILLE, KY 40203	47-3080680	501(C)(3)	23,500.	0.			S30 ECONOMIC DEVELOPMENT
OWENSBORO-DAVIESS COUNTY REGIONAL DENTAL CLINIC INC. - 2811 NEW HARTFORD ROAD SUITE A - OWENSBORO, KY 42303	26-2343126	501(C)(3)	57,575.	0.			E32 AMBULATORY HEALTH CENTER COMMUNITY CLINIC
PILLAR 7408 HWY 329 CRESTWOOD, KY 40014-8884	61-1159539	501(C)(3)	5,500.	0.			P73 GROUP HOME (LONG-TERM PRIMARILY ASSISTED LIVING)
PLAN AHEAD SMILES 15 KELLEY DRIVE FLORENCE, KY 41042	81-4496239	501(C)(3)	20,000.	0.			E70 PUBLIC HEALTH PROGRAMS
PLAY COUSINS COLLECTIVE 401 NORTHWESTERN PARKWAY LOUISVILLE, KY 40212	82-2811602	501(C)(3)	10,000.	0.			B99 EDUCATION N.E.C.
PRODIGAL MINISTRIES PO BOX 1484 CRESTWOOD, KY 40014	61-1275040	501(C)(3)	10,000.	0.			P50 PERSONAL SOCIAL SERVICES

Schedule I (Form 990)

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
SCHOOL CHOICE SCHOLARSHIPS INC. C/O ANN C. WELLS, 4350 BROWNSBORO R LOUISVILLE, KY 40207	31-1589289	501(C)(3)	300,000.	0.			B82 SCHOLARSHIPS STUDENT FINANCIAL AID AWARDS
SCOTT HAMILTON CARES FOUNDATION INC. - P.O. BOX 680483 - FRANKLIN, TN 37068	47-2328142	501(C)(3)	10,000.	0.			H30 CANCER RESEARCH
SEED TO OAKS 710 E. BROADWAY LOUISVILLE, KY 40202	46-1918089	501(C)(3)	10,000.	0.			X20 CHRISTIAN
SEVEN COUNTY SERVICES ATTN: ACCOUNTS RECEIVABLE, 10401 LINN STATION ROAD, SUITE 100 - LOUISVILLE,	31-0939757	501(C)(3)	192,134.	0.			F30 MENTAL HEALTH TREATMENT
SHAWNEE CHRISTIAN HEALTHCARE CENTER INC. - 234 AMY AVENUE - LOUISVILLE, KY 40211	26-4345390	501(C)(3)	20,000.	0.			B99 EDUCATION N.E.C.
SHIRLEYS WAY PO BOX 58098 LOUISVILLE KY, KY 40268	90-1024077	501(C)(3)	9,029.	0.			P HUMAN SERVICES
SHIVELY AREA MINISTRIES 4415 DIXIE HWY LOUISVILLE, KY 40216	61-1134579	501(C)(3)	15,000.	0.			L80 OTHER HOUSING SUPPORT SERVICES
SIMMONS COLLEGE OF KENTUCKY 1018 SOUTH 7TH ST. LOUISVILLE, KY 40203	20-5289168	501(C)(3)	25,000.	0.			B43 UNIVERSITY OR TECHNOLOGICAL
SISTERSONG WOMEN OF COLOR REPRODUCTIVE JUSTICE COLLECTIVE - P.O. BOX 94408 - ATLANTA, GA 30377	51-0544927	501(C)(3)	12,000.	0.			P20 HUMAN SERVICE ORGANIZATIONS

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
SOUTHERNERS ON NEW GROUND 561 W WHITEHALL ST ATLANTA, GA 30310	61-1274170	501(C)(3)	12,000.	0.			R CIVIL RIGHTS SOCIAL ACTION ADVOCACY
SPEED ART MUSEUM 2035 SOUTH THIRD STREET LOUISVILLE, KY 40208	61-0444823	501(C)(3)	15,000.	0.			A51 ART MUSEUMS
ST. AUGUSTINE SCHOOL 236 SOUTH SPALDING AVE. LEBANON, KY 40033	61-0500831	RELIGIOUS ORGANI	15,083.	0.			X22 ROMAN CATHOLIC
ST. BENEDICT'S HOMELESS SHELTER 1001 W. 7TH STREET OWENSBORO, KY 42301	61-0598513	RELIGIOUS ORGANI	5,500.	0.			L HOUSING SHELTER
ST. FRANCIS DESALES HIGH SCHOOL 425 W KENWOOD DR LOUISVILLE, KY 40214-2843	26-0689151	RELIGIOUS ORGANI	15,000.	0.			B EDUCATIONAL INSTITUTIONS
ST. GEORGE'S SCHOLAR INSTITUTE 1600 W ST CATHERINE STREET LOUISVILLE, KY 40210	61-0651560	501(C)(3)	15,000.	0.			B EDUCATIONAL INSTITUTIONS
ST. JOHN CENTER FOR THE HOMELESS 700 EAST MUHAMMAD ALI BOULEVARD LOUISVILLE, KY 40202-3614	61-1135907	501(C)(3)	11,000.	0.			L41 TEMPORARY SHELTER FOR THE HOMELESS
ST. JOSEPH CHILDREN'S HOME 2823 FRANKFORT AVENUE LOUISVILLE, KY 40206	61-0475286	501(C)(3)	301,000.	0.			P73 GROUP HOME (LONG-TERM PRIMARILY ASSISTED LIVING)
ST. JOSEPH HOSPITAL FOUNDATION 1451 HARRODSBURG RD D308 LEXINGTON, KY 40504	61-1159649	501(C)(3)	25,000.	0.			X22 ROMAN CATHOLIC

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
STEPHEN FOSTER DRAMA ASSOCIATION P.O. BOX 546 BARDSTOWN, KY 40004	61-6014682	501(C)(3)	17,700.	0.			A65 THEATER
THE BAIL PROJECT PO BOX 102592 PASADENA, CA 91189	81-4985512	501(C)(3)	20,000.	0.			I44 PRISON ALTERNATIVES
THE HEALING PLACE INC 1020 WEST MARKET ST. LOUISVILLE, KY 40202	61-1164775	501(C)(3)	25,000.	0.			F20 ALCOHOL DRUG AND SUBSTANCE ABUSE DEPENDENCY PREVENTION & TREATMENT
THE LORD'S KITCHEN 1811 STANDARD AVE LOUISVILLE, KY 40210	62-1787300	501(C)(3)	6,429.	0.			K35 ORGANIZATION-SPONSORED EATERY OR AGENCY
THE REFUGE CLINIC 2349 RICHMOND ROAD STE 220 LEXINGTON, KY 40502	37-1547506	501(C)(3)	20,000.	0.			E32 AMBULATORY HEALTH CENTER COMMUNITY CLINIC
THETA OMEGA INC. PO BOX 3011 LOUISVILLE, KY 40201	61-1379442	501(C)(3)	10,000.	0.			O50 YOUTH DEVELOPMENT PROGRAMS
TIDES CENTER PO BOX 399385 SAN FRANCISCO, CA 94139-9385	94-3213100	501(C)(3)	15,000.	0.			W02 MANAGEMENT & TECHNICAL ASSISTANCE
UNIVERSITY OF KENTUCKY UK PHILANTHROPY, PO BOX 23552 LEXINGTON, KY 40523	61-6001218	GOVERNMENT	35,000.	0.			B40 HIGHER ED INSTITUTIONS
UNIVERSITY OF LOUISVILLE FOUNDATION, INC. - PO BOX 772050 - CHICAGO, IL 60677	23-7078461	501(C)(3)	127,000.	0.			B11 SINGLE ORGANIZATION SUPPORT

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
URSULINE SISTERS OF LOUISVILLE 3105 LEXINGTON ROAD LOUISVILLE, KY 40206	61-0449662	RELIGIOUS ORGANI	27,500.	0.			B EDUCATIONAL INSTITUTIONS
USA CARES INC 11760 COMMONWEALTH DRIVE LOUISVILLE, KY 40299	05-0588761	501(C)(3)	30,000.	0.			L01 ALLIANCE/ADVOCACY ORGANIZATIONS
VIRGINIANS FOR VETERANS 12764 OAK LAKE COURT MIDLOTHIAN, VA 23112	81-4972689	501(C)(3)	8,000.	0.			P HUMAN SERVICES
VISUALLY IMPAIRED PRESCHOOL SERVICES INC - 1906 GOLDSMITH LANE - LOUISVILLE, KY 40218	61-1061973	501(C)(3)	7,880.	0.			B28 SPECIAL ED INSTITUTIONS/ SCHOOLS FOR VISUALLY OR HEARING IMPAIRED LEARNING
VOLUNTEERS OF AMERICA MID-STATES AKA VOLUNTEERS OF AMERICA OF KENTUCKY, 570 S FOURTH ST #100 - LOUISVILLE, KY	61-0480950	501(C)(3)	25,000.	0.			P26 VOLUNTEERS OF AMERICA
WHATCOM COMMUNITY FOUNDATION 1500 CORNWALL AVE., STE. 202 BELLINGHAM, WA 98225	91-1726410	501(C)(3)	10,000.	0.			T31 COMMUNITY FOUNDATIONS
WIBBYS FOUNDATION 2900 WEST BROADWAY, BOX #28 LOUISVILLE, KY 40211	27-1524037	501(C)(3)	7,500.	0.			O50 YOUTH DEVELOPMENT PROGRAMS
WORKWELL INDUSTRIES 3401 JEWELL AVE. LOUISVILLE, KY 40212-2139	61-0956156	501(C)(3)	11,000.	0.			J33 SHELTERED REMUNERATIVE EMPLOYMENT WORK ACTIVITY CENTER N.E.C.*
YMCA OF GREATER LOUISVILLE ATTN: DEVELOPMENT OFFICE, 545 SOUTH 2ND STREET - LOUISVILLE, KY 40202	61-0444843	501(C)(3)	10,000.	0.			P27 YMCA YWCA YWHA YMHA

Part II Continuation of Grants and Other Assistance to Domestic Organizations and Domestic Governments (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
YMCA OF GREATER LOUISVILLE ATTN: DEVELOPMENT OFFICE, 545 SOUTH 2ND STREET - LOUISVILLE, KY 40202	61-0444843	501(C)(3)	8,525.	0.			P27 YMCA YWCA YWHA YMHA
YMCA SAFE PLACE SERVICES 2722 CRITTENDEN DRIVE LOUISVILLE, KY 40209	20-4343628	501(C)(3)	8,500.	0.			P27 YMCA YWCA YWHA YMHA
YOUNG ADULT DEVELOPMENT IN ACTION, INC. AKA YOUTHBUILD - AKA YOUTHBUILD, PO BOX 638 - LOUISVILLE, KY 40201	61-1374470	501(C)(3)	51,500.	0.			P30 CHILDREN'S AND YOUTH SERVICES
YOUTH GOLF COALITION INC. DBA THE FIRST TEE OF LOUISVILLE, 460 NORTHWESTERN PKWY - LOUISVILLE, KY 4021	20-0977578	501(C)(3)	15,000.	0.			N6A GOLF (COUNTRY CLUBS USE N50)

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:

"BY DEPOSITING THIS CHECK, YOUR ORGANIZATION CERTIFIES THAT NO INDIVIDUALS

OR ENTITIES CONNECTED WITH THE DONOR RECEIVED ANY TANGIBLE BENEFITS, GOODS,

OR OTHER SERVICES (E.G. EVENT TICKETS, MEMBERSHIP FEES, TUITION, OR ITEMS

Part IV Supplemental Information

PURCHASED AT AUCTION). YOUR ORGANIZATION ALSO CERTIFIES IT CONTINUES TO BE
PUBLICLY SUPPORTED AND EXEMPT UNDER IRS CODE SECTION 501(C)(3). AS A FORCE
FOR GOOD, THE COMMUNITY FOUNDATION OF LOUISVILLE IS PROUD TO SUPPORT THE
WORK OF YOUR ORGANIZATION. IF YOU HAVE ANY QUESTIONS REGARDING THIS GRANT,
PLEASE CONTACT US AT 502-585-4649 OR GRANTS@CFLOUISVILLE.ORG."

IN ADDITION, WHEN THE DONOR MAKES THE CONTRIBUTION TO THE DEPOSITORY, THE
DONOR ALSO AGREES THAT THEY ARE NOT RECEIVING ANY TANGIBLE BENEFIT, GOOD OR
SERVICE.

**SCHEDULE J
(Form 990)**

Compensation Information

OMB No. 1545-0047

2020

Open to Public Inspection

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees
 ▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.
 ▶ Attach to Form 990.
 ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Department of the Treasury
Internal Revenue Service

Name of the organization THE COMMUNITY FOUNDATION OF LOUISVILLE
CORPORATE DEPOSITORY, INC.
Employer identification number 61-1100993

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 organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.

- | | |
|--|--|
| <input type="checkbox"/> Compensation committee | <input type="checkbox"/> Written employment contract |
| <input type="checkbox"/> Independent compensation consultant | <input type="checkbox"/> Compensation survey or study |
| <input type="checkbox"/> Form 990 of other organizations | <input type="checkbox"/> Approval by the board or compensation committee |

4 During the year, did any person listed on Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:

- a** Receive a severance payment or change-of-control payment?
- b** Participate in or receive payment from a supplemental nonqualified retirement plan?
- c** Participate in or receive payment from an equity-based compensation arrangement?
- If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.

Only section 501(c)(3), 501(c)(4), and 501(c)(29) organizations must complete lines 5-9.

5 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 5a or 5b, describe in Part III.

6 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:

- a** The organization?
- b** Any related organization?
- If "Yes" on line 6a or 6b, describe in Part III.

7 For persons listed on Form 990, Part VII, Section A, line 1a, did the organization provide any nonfixed payments not described on lines 5 and 6? If "Yes," describe in Part III

8 Were any amounts reported on Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III

9 If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?

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

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

Schedule J (Form 990) 2020

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) MATTHEW L. BACON VP & CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	219,142.	0.	0.	8,242.	7,151.	234,535.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
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	(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.

PART I, LINE 3:

THE RELATED ORGANIZATION USES THE FOLLOWING TO ESTABLISH COMPENSATION OF

THE CEO/EXECUTIVE DIRECTOR:

- COMPENSATION COMMITTEE
- FORM 990 OF OTHER ORGANIZATIONS
- COMPENSATION SURVEY OR STUDY
- APPROVAL BY THE BOARD OR COMPENSATION COMMITTEE

**SCHEDULE M
(Form 990)**

Noncash Contributions

OMB No. 1545-0047

2020

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

- ▶ Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.
- ▶ Attach to Form 990.
- ▶ Go to www.irs.gov/Form990 for instructions and the latest information.

Name of the organization **THE COMMUNITY FOUNDATION OF LOUISVILLE
CORPORATE DEPOSITORY, INC.** Employer identification number **61-1100993**

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	12	1,194,436.	FMV AT DATE OF GIFT
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ()				
26 Other ()				
27 Other ()				
28 Other ()				

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

- 30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period? **30a** 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? **31** X
- 32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions? **32a** 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.

	Yes	No
30a		X
31	X	
32a		X

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

Schedule M (Form 990) 2020

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.

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

OMB No. 1545-0047

2020

Open to Public
Inspection

Name of the organization	THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY, INC.	Employer identification number 61-1100993
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FORM 990, PART VI, SECTION B, LINE 11B:

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

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

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

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

THE FINAL DRAFT OF THE RETURN IS PREPARED AND SIGNED BY THE VICE PRESIDENT.

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

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

MIGHT INTERFERE WITH THE DISCHARGE OF THEIR RESPONSIBILITY OR IN

TRANSACTIONS THAT REASONABLY MIGHT AFFECT THE JUDGMENT EXERCISE ON BEHALF

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

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

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

CONFLICT OF INTEREST DISCLOSURE FORM FROM TIME TO TIME WHICH THE

ORGANIZATION WILL KEEP ON FILE.

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

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

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

CONFLICT OF INTEREST.

THE ORGANIZATION BELIEVES THAT ITS OFFICERS, DIRECTORS AND KEY EMPLOYEES

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

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

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

Schedule O (Form 990 or 990-EZ) 2020

032211 11-20-20

Name of the organization THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY, INC.	Employer identification number 61-1100993
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HANDLED THROUGH FULL DISCLOSURE OF SUCH INTERESTS, TOGETHER WITH
NONINVOLVEMENT IN ANY VOTE WHERE SUCH A CONFLICT EXISTS.

EACH OFFICER, DIRECTOR AND KEY EMPLOYEE IS REQUESTED TO PROVIDE ANNUALLY TO
THE PRESIDENT OF CFL A LIST OF OFFICES AND DIRECTORSHIPS HE OR SHE HOLDS IN
CHARITABLE AND BUSINESS ORGANIZATIONS, AND TO IDENTIFY HIS OR HER PLACE OF
EMPLOYMENT OR PRINCIPAL BUSINESS ACTIVITY.

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

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

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

FORM 990, PART VI, SECTION B, LINE 15:
THE ORGANIZATION DOES NOT HAVE ANY EMPLOYEES CURRENTLY; HOWEVER, THEY
FOLLOW THE POLICIES AND PROCEDURES FOR DETERMINING COMPENSATION AS
ESTABLISHED BY THE COMMUNITY FOUNDATION OF LOUISVILLE, INC. THE COMMUNITY
FOUNDATION OF LOUISVILLE, INC. HAS A COMPENSATION COMMITTEE THAT ANNUALLY
REVIEWS INDUSTRY SURVEY INFORMATION TO DETERMINE A FAIR AND REASONABLE
COMPENSATION FOR THE OFFICERS AND KEY EMPLOYEES. THE PRESIDENT'S AND

Name of the organization THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY, INC.	Employer identification number 61-1100993
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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 FINANCIAL STATEMENTS, CONFLICT OF INTEREST

POLICY, AND GOVERNING DOCUMENTS AVAILABLE TO THE PUBLIC UPON REQUEST.

FORM 990, PART XII, LINE 2C:

THE PROCESS HAS NOT CHANGED FROM PRIOR YEAR:

THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY, INC. IS

AUDITED AS PART OF THE COMMUNITY FOUNDATION OF LOUISVILLE, INC.

COMBINED GROUP. THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE

DEPOSITORY, INC. IS INCLUDED IN THE COMMUNITY FOUNDATION OF LOUISVILLE,

INC. AND AFFILIATES COMBINED FINANCIAL STATEMENTS.

THE ORGANIZATION HAS AN AUDIT COMMITTEE THAT OVERSEES THE AUDIT OF THE

FINANCIAL STATEMENTS AND THE SELECTION OF THE INDEPENDENT AUDITOR FOR

THE COMBINED GROUP.

**SCHEDULE R
(Form 990)**

Department of the Treasury
Internal Revenue Service

Related Organizations and Unrelated Partnerships

▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 33, 34, 35b, 36, or 37.

▶ Attach to Form 990.

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

OMB No. 1545-0047

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**Open to Public
Inspection**

Name of the organization **THE COMMUNITY FOUNDATION OF LOUISVILLE
CORPORATE DEPOSITORY, INC.** Employer identification number **61-1100993**

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

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

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
THE COMMUNITY FOUNDATION OF LOUISVILLE, INC. - 31-0997017, 325 W. MAIN ST, SUITE 1110, LOUISVILLE, KY 40202	FACILITATE INDIVIDUAL DONORS' CHARITABLE GIVING	KENTUCKY	501(C)(3)	7	N/A		X
THE COMMUNITY FOUNDATION OF LOUISVILLE DEPOSITORY - 31-1140889, 325 W. MAIN ST, SUITE 1110, LOUISVILLE, KY 40202	FACILITATE INDIVIDUAL DONORS' CHARITABLE GIVING	KENTUCKY	501(C)(3)	7	THE COMMUNITY FOUNDATION OF LOUISVILLE, INC.		X
FELIX E. MARTIN JR. FOUNDATION, INC - 26-2193468, 325 W. MAIN ST, SUITE 1110, LOUISVILLE, KY 40202	TYPE I SUPPORTING ORGANIZATION - MAINTAIN AND RECEIVE CONTRIBUTIONS	KENTUCKY	501(C)(3)	11 TYPE 1	THE COMMUNITY FOUNDATION OF LOUISVILLE, INC.		X
THE REAL ESTATE ASSET LEGACY FOUNDATION OF KENTUCKY, INC - 26-2417672, 325 W. MAIN ST, SUITE 1110, LOUISVILLE, KY 40202	TYPE I SUPPORTING ORGANIZATION - MAINTAIN AND RECEIVE CONTRIBUTIONS	KENTUCKY	501(C)(3)	11 TYPE 1	THE COMMUNITY FOUNDATION OF LOUISVILLE, INC.		X

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

Schedule R (Form 990) 2020

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.

1 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?

	Yes	No
a Receipt of (i) interest, (ii) annuities, (iii) royalties, or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)	X	
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		X
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)	X	
o Sharing of paid employees with related organization(s)	X	
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses		X
r Other transfer of cash or property to related organization(s)		X
s 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)			

