

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)

2021

Open to Public Inspection

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.

A For the 2021 calendar year, or tax year beginning JUL 1, 2021 and ending JUN 30, 2022

Form header section containing organization name (THE COMMUNITY FOUNDATION OF LOUISVILLE), EIN (61-1100993), address (325 W MAIN ST, LOUISVILLE, KY 40202), and principal officer (RON GALLO).

Part I Summary

Summary table with columns for Revenue, Expenses, and Net Assets or Fund Balances. Rows include mission statement, governance metrics, and financial data for Prior Year and Current Year.

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.

Signature block section with fields for officer signature (MATTHEW L. BACON), preparer name (THERESA BATLINER, CPA), and firm information (MCM CPAS & ADVISORS LLP).

May the IRS discuss this return with the preparer shown above? See instructions [X] 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 \$ 9,946,495. including grants of \$ 9,821,313.) (Revenue \$ _____)
DISTRIBUTE GRANTS AND CONTRIBUTIONS TO 501(C)(3) ORGANIZATIONS
QUALIFYING UNDER SECTION 509(A).

4b (Code: _____) (Expenses \$ 1,646,999. 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, 2022
THERE WERE 7 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 **▶** 11,593,494.

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> ? See instructions	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 Rev. Proc. 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> See instructions		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
25b 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 the Schedule L, Part IV, instructions for applicable filing thresholds, conditions, and exceptions):		
28a 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
28b A family member of any individual described in line 28a? <i>If "Yes," complete Schedule L, Part IV</i>		X
28c A 35% controlled entity of one or more individuals and/or organizations described in line 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
35b 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 on 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		
1b Enter the number of Forms W-2G included on line 1a. Enter -0- if not applicable		
1c 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? Note: If the sum of lines 1a and 2a is greater than 250, you may be required to e-file. See instructions.	2b	
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? Note: See the instructions for additional information the organization must report on Schedule O.	13a	
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? If "Yes," see the instructions and file Form 4720, Schedule N.	15	X
16	Is the organization an educational institution subject to the section 4968 excise tax on net investment income? If "Yes," complete Form 4720, Schedule O.	16	X
17	Section 501(c)(21) organizations. Did the trust, any disqualified person, or mine operator engage in any activities that would result in the imposition of an excise tax under section 4951, 4952 or 4953? If "Yes," complete Form 6069.	17	

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 on 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 on 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 on 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 the 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, Form 1099-MISC, and/or box 1 of Form 1099-NEC) 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 the 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/1099-NEC)	(E) Reportable compensation from related organizations (W-2/1099-MISC/1099-NEC)	(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) RONALD GALLO PRESIDENT & CEO	5.00 45.00			X				0.	310,888.	8,277.
(2) MATTHEW L. BACON VP & CFO	5.00 45.00			X				0.	186,028.	12,834.
(3) TRISHA FINNEGAN CHIEF STRATEGY OFFICER (END DATE 6/2	5.00 45.00			X				0.	173,842.	13,578.
(4) HEATHER CASH VP, DEVELOPMENT & STEWARDS	5.00 45.10			X				0.	128,947.	13,356.
(5) JANET WALTHER VP, COMMUNICATIONS & MARKE	5.00 45.00			X				0.	129,343.	9,681.
(6) RAMONA DALLUM VP, EQUITY & IMPACT	5.00 45.00			X				0.	79,652.	7,221.
(7) CURT SCOTT DIRECTOR	1.00 2.00	X						0.	0.	0.
(8) STEPHANIE BATEMAN DIRECTOR	1.00 2.00	X						0.	0.	0.
(9) STEPHANIE H. SMITH BOARD CHAIR (END DATE 9/29/21)	2.00 4.10	X		X				0.	0.	0.
(10) DAVID TACHAU BOARD CHAIR	2.00 4.10	X		X				0.	0.	0.
(11) ELIZABETH FUST BOARD VICE CHAIR	2.00 3.10	X		X				0.	0.	0.
(12) MICHAEL W. GOUGH BOARD TREASURER	2.00 4.00	X		X				0.	0.	0.
(13) DEBORAH B. WILLIAMS BOARD SECRETARY	2.00 4.10	X		X				0.	0.	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 200,650.					
	b Membership dues	1b					
	c Fundraising events	1c 31,436.					
	d Related organizations	1d 755,996.					
	e Government grants (contributions)	1e 582.					
	f All other contributions, gifts, grants, and similar amounts not included above ...	1f 12,163,856.					
	g Noncash contributions included in lines 1a-1f	1g \$ 2,482,315.					
	h Total. Add lines 1a-1f	▶ 13,152,520.					
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)	▶ 214,475.				214,475.	
	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				
	b Less: cost or other basis and sales expenses	7b 1,535,145.					
	c Gain or (loss)	7c -134,237.					
	d Net gain or (loss)	▶ -134,237.					-134,237.
8 a Gross income from fundraising events (not including \$ 31,436. of contributions reported on line 1c). See Part IV, line 18	8a						
		0.					
b Less: direct expenses	8b 45,797.						
c Net income or (loss) from fundraising events	▶ -45,797.					-45,797.	
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	▶ 13,186,961.		0.	0.		34,441.	

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 ...	9,821,313.	9,821,313.		
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	119,329.		119,329.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A), amount, list line 11g expenses on Sch O.)	32,311.	32,311.		
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	1,646,999.	1,646,999.		
b INVEST. EARNINGS TO FDN	92,871.	92,871.		
c _____				
d _____				
e All other expenses _____				
25 Total functional expenses. Add lines 1 through 24e	11,712,823.	11,593,494.	119,329.	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)		(B)
		Beginning of year		End of year
Assets	1 Cash - non-interest-bearing	3,115,403.	1	642,215.
	2 Savings and temporary cash investments	3,431,748.	2	6,013,769.
	3 Pledges and grants receivable, net		3	
	4 Accounts receivable, net	59,870.	4	59,770.
	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	1,500.	9	0.
	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	11,054,816.	11	11,279,356.
	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)	17,663,337.	16	17,995,110.	
Liabilities	17 Accounts payable and accrued expenses	91,919.	17	91,919.
	18 Grants payable	334,436.	18	291,558.
	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	260,113.	25	155,009.
	26 Total liabilities. Add lines 17 through 25	686,468.	26	538,486.
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	16,976,869.	28	17,456,624.
	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	16,976,869.	32	17,456,624.
33 Total liabilities and net assets/fund balances	17,663,337.	33	17,995,110.	

Form 990 (2021)

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	13,186,961.
2	Total expenses (must equal Part IX, column (A), line 25)	2	11,712,823.
3	Revenue less expenses. Subtract line 2 from line 1	3	1,474,138.
4	Net assets or fund balances at beginning of year (must equal Part X, line 32, column (A))	4	16,976,869.
5	Net unrealized gains (losses) on investments	5	-994,383.
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	17,456,624.

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 on 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** (2021)

SCHEDULE A
(Form 990)

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

2021

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).)
- 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 on 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) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.")	8,937,354.	10,801,163.	23,079,323.	9,553,919.	13,152,520.	65,524,279.
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	8,937,354.	10,801,163.	23,079,323.	9,553,919.	13,152,520.	65,524,279.
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)						16,487,235.
6 Public support. Subtract line 5 from line 4.						49,037,044.

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2017	(b) 2018	(c) 2019	(d) 2020	(e) 2021	(f) Total
7 Amounts from line 4	8,937,354.	10,801,163.	23,079,323.	9,553,919.	13,152,520.	65,524,279.
8 Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources	181,432.	231,159.	257,277.	234,564.	214,475.	1,118,907.
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						66,643,232.
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						<input type="checkbox"/>

Section C. Computation of Public Support Percentage

14 Public support percentage for 2021 (line 6, column (f), divided by line 11, column (f))	14	73.58 %
15 Public support percentage from 2020 Schedule A, Part II, line 14	15	75.40 %
16a 33 1/3% support test - 2021. 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		<input checked="" type="checkbox"/>
b 33 1/3% support test - 2020. 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		<input type="checkbox"/>
17a 10% -facts-and-circumstances test - 2021. 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		<input type="checkbox"/>
b 10% -facts-and-circumstances test - 2020. 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		<input type="checkbox"/>
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		<input type="checkbox"/>

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

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

Section A. Public Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions; 3 Gross receipts from activities that are not an unrelated trade or business; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 8 Public support.

Section B. Total Support

Table with 7 columns: (a) 2017, (b) 2018, (c) 2019, (d) 2020, (e) 2021, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties, and income from similar sources; 10b Unrelated business taxable income; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included on line 10b; 12 Other income; 13 Total support.

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

Table with 2 columns: Line number, Percentage. Row 15: Public support percentage for 2021; Row 16: Public support percentage from 2020 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 2 columns: Line number, Percentage. Row 17: Investment income percentage for 2021; Row 18: Investment income percentage from 2020 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2021. 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.

b 33 1/3% support tests - 2020. 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.

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).</i>		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described on line 7? <i>If "Yes," complete Part I of Schedule L (Form 990).</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 on 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 on 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 on lines 11b and 11c below, the governing body of a supported organization?		
b A family member of a person described on line 11a above?		
c A 35% controlled entity of a person described on 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 on 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 on 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 (<i>explain in detail in Part VI</i>):		
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) 2021

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 2021 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-2021	(iii) Distributable Amount for 2021
1	Distributable amount for 2021 from Section C, line 6		
2	Underdistributions, if any, for years prior to 2021 (reasonable cause required - explain in Part VI). See instructions.		
3	Excess distributions carryover, if any, to 2021		
a	From 2016		
b	From 2017		
c	From 2018		
d	From 2019		
e	From 2020		
f	Total of lines 3a through 3e		
g	Applied to underdistributions of prior years		
h	Applied to 2021 distributable amount		
i	Carryover from 2016 not applied (see instructions)		
j	Remainder. Subtract lines 3g, 3h, and 3i from line 3f.		
4	Distributions for 2021 from Section D, line 7: \$		
a	Applied to underdistributions of prior years		
b	Applied to 2021 distributable amount		
c	Remainder. Subtract lines 4a and 4b from line 4.		
5	Remaining underdistributions for years prior to 2021, 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 2021. Subtract lines 3h and 4b from line 1. For result greater than zero, explain in Part VI. See instructions.		
7	Excess distributions carryover to 2022. Add lines 3j and 4c.		
8	Breakdown of line 7:		
a	Excess from 2017		
b	Excess from 2018		
c	Excess from 2019		
d	Excess from 2020		
e	Excess from 2021		

Schedule A (Form 990) 2021

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)

Department of the Treasury
Internal Revenue Service

Schedule of Contributors

▶ Attach to Form 990 or Form 990-PF.
▶ Go to www.irs.gov/Form990 for the latest information.

OMB No. 1545-0047

2021

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), 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), 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).

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

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	_____ _____ _____	\$ 3,530,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
2	_____ _____ _____	\$ 1,473,115.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
3	_____ _____ _____	\$ 603,569.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
4	_____ _____ _____	\$ 1,869,834.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
5	_____ _____ _____	\$ 495,724.	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II for noncash contributions.)
6	_____ _____ _____	\$ 287,000.	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
--	---

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

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7		\$ 1,166,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
8		\$ 675,000.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)
		\$ _____	Person <input type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input type="checkbox"/> (Complete Part II for noncash contributions.)

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

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
4	STOCK _____ _____ _____	\$ 1,869,834.	12/28/21
5	STOCK _____ _____ _____	\$ 495,724.	03/10/22
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____
	_____ _____ _____	\$ _____	_____

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

Part III Exclusively religious, charitable, etc., contributions to organizations described in section 501(c)(7), (8), or (10) that total more than \$1,000 for the year from any one contributor. Complete columns (a) through (e) and the following line entry. For organizations completing Part III, enter the total of exclusively religious, charitable, etc., contributions of \$1,000 or less for the year. (Enter this info. once.) ▶ \$ _____
Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held

(e) Transfer of gift	
Transferee's name, address, and ZIP + 4	Relationship of transferor to transferee

(a) No. 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

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2021

Open to Public Inspection

Department of the Treasury Internal Revenue Service

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.

Name of the organization THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATION DEPOSITORY, 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 regarding donor property and grant fund usage.

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

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include purpose(s) of conservation easements, a table for lines 2a-2d (Total number, acreage, certified historic structures, and National Register listings), and questions about monitoring, expenses, 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.

Table with 3 columns: Question, (a) Donor advised funds, (b) Funds and other accounts. Rows include questions about reporting art and historical treasures, and a table for revenue and assets included in Form 990.

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	155,009.
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	155,009.

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.

Part II Fundraising Events. Complete if the organization answered "Yes" on Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events (add col. (a) through col. (c))
		LYPC ANNUAL CELEBRATION DINNER (event type)	POP HOMECOMING (event type)	NONE (total number)	
Revenue	1	Gross receipts	16,136.	15,300.	31,436.
	2	Less: Contributions	16,136.	15,300.	31,436.
	3	Gross income (line 1 minus line 2)			
Direct Expenses	4	Cash prizes			
	5	Noncash prizes			
	6	Rent/facility costs			
	7	Food and beverages	11,554.	11,151.	22,705.
	8	Entertainment		2,100.	2,100.
	9	Other direct expenses	10,175.	10,817.	20,992.
	10	Direct expense summary. Add lines 4 through 9 in column (d)			45,797.
11	Net income summary. Subtract line 10 from line 3, column (d)			-45,797.	

Part III Gaming. Complete if the organization answered "Yes" on Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
Revenue	1	Gross revenue			
	2	Cash prizes			
Direct Expenses	3	Noncash prizes			
	4	Rent/facility costs			
	5	Other direct expenses			
6	Volunteer labor	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	<input type="checkbox"/> Yes _____ % <input type="checkbox"/> No	
7	Direct expense summary. Add lines 2 through 5 in column (d)				
8	Net gaming income summary. Subtract line 7 from line 1, column (d)				

9 Enter the state(s) in which the organization conducts gaming activities: _____

a Is the organization licensed to conduct gaming activities in each of these states? Yes No

b If "No," explain: _____

10a Were any of the organization's gaming licenses revoked, suspended, or terminated during the tax year? Yes No

b If "Yes," explain: _____

**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

2021

**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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
A RECIPE TO END HUNGER PO BOX 21763 LOUISVILLE, KY 40221	47-2573468	509(A)(1)	10,182.	0.			K12 FUNDRAISING AND/OR FUND DISTRIBUTION
ACADEMY OF MUSIC PRODUCTION EDUCATION AND DEVELOPMENT - 1219 W. JEFFERSON ST., SUITE 206 - LOUISVILLE, KY 40203	47-1113120	509(A)(1)	84,400.	0.			A68 MUSIC
ACTIVE HEROES 1022 RIDGEVIEW DRIVE SHEPHERDSVILLE, KY 40165	45-4138378	509(A)(1)	5,516.	0.			P20 HUMAN SERVICE ORGANIZATIONS
ALZHEIMER'S ASSOCIATION - LOUISVILLE - 6100 DUTCHMANS LANE, SUITE 401 - LOUISVILLE, KY 40205	13-3039601	509(A)(1)	14,483.	0.			G83 ALZHEIMER'S
AMERICAN HEART ASSOCIATION 240 WHITTINGTON PARKWAY LOUISVILLE, KY 40222	13-5613797	509(A)(1)	31,000.	0.			G43 HEART AND CIRCULATORY SYSTEM
AMERICAN PRINTING HOUSE FOR THE BLIND INC. - 1839 FRANKFORT AVENUE, P. O. BOX 6389 - LOUISVILLE, KY 40206	61-0444640	509(A)(1)	8,777.	0.			A33 PRINTING PUBLISHING

- 2** Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 166.
- 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) 2021

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS - LOUISVILLE AREA CHAPTER - 510 EAST CHESTNUT STREET - LOUISVILLE, KY 40202	53-0196605	509(A)(1)	212,000.	0.			M20 DISASTER PREPAREDNESS AND RELIEF SERVICE
AMERICANS FOR PROSPERITY FOUNDATION - 1310 N. COURTHOUSE ROAD, STE. 700 - ARLINGTON, VA 22201	52-1527294	509(A)(1)	75,000.	0.			V22 ECONOMICS (AS A SOCIAL SCIENCE)
ARCHDIOCESE OF LOUISVILLE CATHOLIC SERVICES APPEAL, PO BOX 32 LOUISVILLE, KY 40232	61-0447247	509(A)(1)	11,000.	0.			X22 ROMAN CATHOLIC
ASHEVILLE MUSEUM OF SCIENCE 43 PATTON AVENUE ASHEVILLE, NC 28801	56-1342340	509(A)(2)	25,000.	0.			A57 SCIENCE & TECHNOLOGY MUSEUM
BAPTIST HEALTH FOUNDATION GREATER LOUISVILLE INC - DBA BAPTIST HEALTH FOUNDATION, 4007 KRESGE WAY - LOUISVILLE, KY 40207	20-0292291	509(A)(3) TYPE I	10,000.	0.			E11 SINGLE ORGANIZATION SUPPORT
BENEFIT PARTNERS FOUNDATION PO BOX 336 KAILUA, HI 96734	83-3058554	509(A)(1)	5,037.	0.			P43 FAMILY VIOLENCE SHELTERS AND SERVICES
BIG BROTHERS BIG SISTERS OF KENTUCKIANA - 1519 GARDINER LANE SUITE B - LOUISVILLE, KY 40218	61-6057856	509(A)(1)	17,596.	0.			O31 BIG BROTHER BIG SISTERS
BIG SANDY COLLEGE EDUCATIONAL FOUNDATION - 1 BERT COMBS DR - PRESTONSBURG, KY 41653	61-1177054	509(A)(1)	590,000.	0.			B40 HIGHER ED INSTITUTIONS
BLACK COMMUNITY DEVELOPMENT CORPORATION - 1619 W MAIN STREET - LOUISVILLE, KY 40203	61-1233868	509(A)(1)	84,400.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLUE GRASS FARMS CHARITIES INC. 2339 SANDERSVILLE ROAD LEXINGTON, KY 40511	20-0374962	509(A)(1)	12,500.	0.			P60 EMERGENCY ASSISTANCE (FOOD CLOTHING CASH)
BLUEGRASS CENTER FOR AUTISM 1250 BARDSTOWN ROAD SUITE 15 LOUISVILLE, KY 40204	27-2279128	509(A)(1)	10,000.	0.			B28 SPECIAL ED INSTITUTIONS/ SCHOOLS FOR VISUALLY OR HEARING IMPAIRED LEARNING
BOULWARE MISSION INC. 609 WING AVE. OWENSBORO, KY 42303	61-0486968	509(A)(1)	7,500.	0.			P28 NEIGHBORHOOD CENTER SETTLEMENT HOUSE
BOY SCOUTS OF AMERICA- LINCOLN HERITAGE COUNCIL - 12001 SYCAMORE STATION PLACE - LOUISVILLE, KY 40299	61-0445839	509(A)(1)	25,500.	0.			O40 SCOUTING
BOYS & GIRLS CLUBS INC. AKA BOYS & GIRLS CLUBS OF KENTUCKIANA, 3900 CRITTENDEN DRIVE - LOUISVILLE, K	61-0568789	509(A)(1)	96,250.	0.			O23 BOYS AND GIRLS CLUBS (COMBINED)
BRIDGE KIDS INTERNATIONAL INC. 501 W KENWOOD DRIVE LOUISVILLE, KY 40214	84-1681205	509(A)(1)	9,100.	0.			Q33 INTERNATIONAL RELIEF
C.E. AND S. FOUNDATION, INC. 101 S. FIFTH STREET STE. 1650 LOUISVILLE, KY 40202	59-2466943	PRIVATE NON-OPER	5,200.	0.			DONORS FORUM OF KENTUKIANA EXPENSES
CABBAGE PATCH SETTLEMENT HOUSE INC. - 1413 SOUTH SIXTH STREET - LOUISVILLE, KY 40208	61-0458359	509(A)(1)	8,000.	0.			P28 NEIGHBORHOOD CENTER SETTLEMENT HOUSE
CALIPARI FOUNDATION INC 300 WEST VINE ST. FIFTH FLOOR LEXINGTON, KY 40507	45-5475355	509(A)(1)	25,000.	0.			T30 PUBLIC FOUNDATIONS

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAMBERWELL GRIEF SANCTUARY 9850 VON ALLMEN CT STE 201 LOUISVILLE, KY 40241	84-3179952	509(A)(1)	7,500.	0.			P20 HUMAN SERVICE ORGANIZATIONS
CATHOLIC EDUCATION FOUNDATION 401 W. MAIN ST. #806 LOUISVILLE, KY 40202	61-1294640	509(A)(1)	134,000.	0.			B82 SCHOLARSHIPS STUDENT FINANCIAL AID AWARDS
CENTER FOR NONPROFIT EXCELLENCE 325 W. MAIN ST. WATERFRONT PLAZA, S LOUISVILLE, KY 40202	20-0040424	509(A)(1)	7,500.	0.			T02 MANAGEMENT & TECHNICAL ASSISTANCE
CHANGE TODAY, CHANGE TOMORROW, INC. - 902 SOUTH 15TH STREET - LOUISVILLE, KY 40210	84-3715550	509(A)(2)	6,000.	0.			B25 SECONDARY/HIGH SCHOOL
CHILDREN'S HOSPITAL FOUNDATION - LOUISVILLE - DEPT. 86140, P.O. BOX 950183 - LOUISVILLE, KY 40295	61-6027530	509(A)(1)	26,000.	0.			E11 SINGLE ORGANIZATION SUPPORT
CHURCH HOME & INFIRMARY EPISCOPAL CHURCH HOME - 7504 WESTPORT ROAD - LOUISVILLE, KY 40222	61-0461720	509(A)(2)	12,500.	0.			E91 NURSING CONVALESCENT (GERIATRIC AND NURSING)
CITY OF DANVILLE PO BOX 670 DANVILLE, KY 40423	61-6001807	170(C)(1)	6,000.	0.			B12 FUNDRAISING AND/OR FUND DISTRIBUTION
COMMONWEALTH HEALTH FOUNDATION 800 PARK STREET BOWLING GREEN, KY 42102	61-1362000	509(A)(1)	26,200.	0.			E12 FUNDRAISING AND/OR FUND DISTRIBUTION
COMMUNITY CATHOLIC CENTER INC. PO BOX 11065 LOUISVILLE, KY 40251	01-0785892	509(A)(1)	20,500.	0.			B82 SCHOLARSHIPS STUDENT FINANCIAL AID AWARDS

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMUNITY FOUNDATION OF LOUISVILLE DEPOSITORY - 325 W. MAIN SUITE 1110 - LOUISVILLE, KY 40202	31-1140889	509(A)(1)	24,991.	0.			T PHILANTHROPY VOLUNTARISM AND GRANTMAKING
COMMUNITY FOUNDATION OF LOUISVILLE, INC. - 325 W. MAIN STREET, SUITE 1110 - LOUISVILLE, KY 40202	31-0997017	509(A)(1)	405,485.	0.			T PHILANTHROPY VOLUNTARISM AND GRANTMAKING
COMMUNITY HEALTH CLINIC INC. 1113 WOODLAND DRIVE ELIZABETHTOWN, KY 42701	30-0042070	509(A)(1)	10,000.	0.			E32 AMBULATORY HEALTH CENTER COMMUNITY CLINIC
CREATIVETS 672A WESTBORO DR. NASHVILLE, TN 37203	46-3617663	509(A)(1)	10,000.	0.			W30 MILITARY/VETERANS' ORGANIZATIONS
CROSSROADS UNITED WAY PO BOX 3048 ELKHART, IN 46515	35-0953433	509(A)(1)	15,000.	0.			T70 FUNDRAISING ORGANIZATIONS THAT CROSS CATEGORIES (INCLUDES COMMUNITY FUNDS)
DARE TO CARE, INC. PO BOX 35458 LOUISVILLE, KY 40232	23-7345952	509(A)(1)	6,000.	0.			K31 FOOD BANKS FOOD PANTRIES
DAWSON SPRINGS INDEPENDENT SCHOOL DISTRICT - 118 E. ARCADIA AVE. - DAWSON SPRINGS, KY 42408	61-1338703	509(A)(2)	100,000.	0.			B99 EDUCATION N.E.C.*
DECODE PROJECT INC 2509 PORTLAND AVENUE LOUISVILLE, KY 40212	83-2280075	509(A)(2)	94,100.	0.			B92 REMEDIAL READING READING ENCOURAGEMENT
DENTAL LIFELINE NETWORK 1800 15TH STREET STE 100 DENVER, CO 80202	84-6129064	509(A)(2)	35,000.	0.			X RELIGION SPIRITUAL DEVELOPMENT

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOUGLASS BOULEVARD CHRISTIAN CHURCH - 2005 DOUGLASS BOULEVARD - LOUISVILLE, KY 40205	61-0449616	509(A)(1)	9,758.	0.			X RELIGION SPIRITUAL DEVELOPMENT
DOWN SYNDROME OF LOUISVILLE, INC. 5001 S HURSTBOURNE PARKWAY, , LOUISVILLE, KY 40291	61-1214126	509(A)(2)	32,430.	0.			G25 DOWN'S SYNDROME
DOWNTOWN DEVELOPMENT CORPORATION 315 GUTHRIE ST., SUITE 300 LOUISVILLE, KY 40202	31-0992627	509(A)(1)	20,000.	0.			S31 URBAN COMMUNITY
DUKE UNIVERSITY HEALTH SYSTEM DUKE UNIVERSITY - ALUMNI AND DEVELOPMENT RECORDS, BOX 90581 - DURHAM, NC 277	56-2070036	509(A)(1)	50,000.	0.			E60 HEALTH SUPPORT SERVICES
EVERGLADES COLLEGE INC. DBA KEISER UNIVERSITY, 1900 W. COMMERCIAL BLVD. - FORT LAUDERDALE, FL 33309	65-0216638	509(A)(1)	7,894.	0.			B40 HIGHER ED INSTITUTIONS
EVOLVE502, INC. 334 E BROADWAY LOUISVILLE, KY 40202	83-1877240	509(A)(1)	10,000.	0.			B99 EDUCATION N.E.C.*
FAITH UNITED METHODIST CHURCH 411 HARDING ST. KENDALLVILLE, IN 46755	35-1145123	RELIGIOUS ORGANI	5,400.	0.			X RELIGION SPIRITUAL DEVELOPMENT
FAMILY & CHILDREN'S PLACE 525 ZANE ST. LOUISVILLE, KY 40203	61-0549561	509(A)(1)	23,246.	0.			P40 FAMILY SERVICES
FAMILY COMMUNITY CLINIC INC. 1420 E WASHINGTON ST LOUISVILLE, KY 40206	27-2994215	509(A)(1)	35,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FATHER MALONEY'S BOYS' HAVEN INC. AKA BOYS AND GIRLS HAVEN, 2301 GOLDSMITH LANE - LOUISVILLE, KY 40218	61-0479621	509(A)(1)	15,000.	0.			P70 RESIDENTIAL CUSTODIAL CARE (GROUP HOME)
FEMINIST MAJORITY FOUNDATION 433 S BEVERLY DR BEVERLY HILLS, CA 90212	54-1426440	509(A)(1)	15,000.	0.			V19 NONMONETARY SUPPORT N.E.C.*
FLAGET MEMORIAL HOSPITAL FOUNDATION - 4305 NEW SHEPHERDSVILLE ROAD - BARDSTOWN, KY 40004	56-2351341	509(A)(3) TYPE I	12,500.	0.			X22 ROMAN CATHOLIC
FREE THE INNOCENT 1808 PARKRIDGE PARKWAY LOUISVILLE, KY 40214	83-3596785	509(A)(1)	100,000.	0.			I99 CRIME LEGAL RELATED N.E.C.*
FUND FOR THE ARTS, INC. 623 WEST MAIN STREET LOUISVILLE, KY 40202	61-0479626	509(A)(1)	16,000.	0.			A12 FUNDRAISING AND/OR FUND DISTRIBUTION
GENESIS EXPRESS INC 96 JEFFERSON ST CADIZ, KY 42211	61-1129930	509(A)(2)	10,000.	0.			P99 HUMAN SERVICES-MULTIPURPOSE & OTHER N.E.C.*
GILDA'S CLUB 2440 GRINSTEAD DRIVE LOUISVILLE, KY 40204	20-1635170	509(A)(1)	26,000.	0.			N50 RECREATIONAL PLEASURE OR SOCIAL CLUB
GLEAN KENTUCKY 628 NORTH BROADWAY LEXINGTON, KY 40508	27-4087963	509(A)(1)	26,158.	0.			A80 HISTORICAL SOCIETIES AND RELATED ACTIVITIES
GOOD NEWS SHELTER CORPORATION 115 E. ADAMS ST. LAGRANGE, KY 40031	61-1334374	509(A)(1)	10,000.	0.			L41 TEMPORARY SHELTER FOR THE HOMELESS

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOODWILL INDUSTRIES OF KENTUCKY 1325 SOUTH FOURTH STREET LOUISVILLE, KY 40208	61-0475284	509(A)(1)	25,000.	0.			J32 GOODWILL INDUSTRIES
HARBOR HOUSE OF LOUISVILLE PO BOX 58219 LOUISVILLE, KY 40268	61-1216323	509(A)(2)	307,500.	0.			P20 HUMAN SERVICE ORGANIZATIONS
HEALING PLACE INC 1020 WEST MARKET ST. LOUISVILLE, KY 40202	61-1164775	509(A)(1)	16,000.	0.			F20 ALCOHOL DRUG AND SUBSTANCE ABUSE DEPENDENCY PREVENTION & TREATMENT
HEART OF HORSE SENSE INC 7041 MEADOWS TOWN RD MARSHALL, NC 28753	46-4984188	509(A)(1)	10,000.	0.			F30 MENTAL HEALTH TREATMENT
HEUSER HEARING & LANGUAGE ACADEMY INC. - 111 E KENTUCKY ST. - LOUISVILLE, KY 40203	61-0492369	509(A)(1)	10,000.	0.			B28 SPECIAL ED INSTITUTIONS/ SCHOOLS FOR VISUALLY OR HEARING IMPAIRED LEARNING
HHN2L INC 6923 FRANKLIN FARMER WAY LOUISVILLE, KY 40229	84-2329770	509(A)(1)	59,950.	0.			B90 EDUCATIONAL SERVICES AND SCHOOLS-OTHER
HILDEGARD HOUSE PO BOX 5613 LOUISVILLE, KY 40255	46-5555742	509(A)(1)	6,298.	0.			L99 OTHER HOUSING SHELTER N.E.C.*
HNC LIVING FOUNDATION 8100 NEWTON ST., STE. 100 OVERLAND PARK, KS 66204	46-4214254	509(A)(1)	15,000.	0.			G30 CANCER
HOLY ANGELS ACADEMY 12201 OLD HENRY RD LOUISVILLE, KY 40223	61-0845326	509(A)(1)	400,000.	0.			B99 EDUCATION N.E.C.*

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLY CROSS HIGH SCHOOL 5144 DIXIE HIGHWAY LOUISVILLE, KY 40216	61-1053991	RELIGIOUS ORGANI	53,000.	0.			B25 SECONDARY/HIGH SCHOOL
HOME OF THE INNOCENTS 1100 E MARKET ST LOUISVILLE, KY 40206	61-0445834	509(A)(1)	15,500.	0.			P30 CHILDREN'S AND YOUTH SERVICES
HOPKINSVILLE COMMUNITY COLLEGE FOUNDATION - 720 NORTH DRIVE, PO BOX 2100 - HOPKINSVILLE, KY 42241	61-6042265	509(A)(1)	10,000.	0.			B11 SINGLE ORGANIZATION SUPPORT
HORATIO ALGER ASSOCIATION OF DISTINGUISHED AMERICANS INC - 99 CANAL CENTER PLZ STE 320 - ALEXANDRIA, VA 22314	13-1669975	509(A)(1)	15,000.	0.			W70 LEADERSHIP DEVELOPMENT
HORATIO ALGER ENDOWMENT FUND 99 CANAL CENTER PLZ STE 320 ALEXANDRIA, VA 22314	27-2480291	509(A)(3) TYPE I	50,000.	0.			B11 SINGLE ORGANIZATION SUPPORT
HOSEAS HOUSE INC. PO BOX 991492 LOUISVILLE, KY 40269	20-3161219	509(A)(1)	10,000.	0.			P43 FAMILY VIOLENCE SHELTERS AND SERVICES
HOSPARUS, INC. C/O DEVELOPMENT DEPARTMENT, 6200 DUTCHMANS LANE, STE 102 - LOUISVILLE, KY 40	61-0921718	509(A)(1)	17,500.	0.			P74 HOSPICE
HURSTBOURNE CHRISTIAN CHURCH 657 SOUTH HURSTBOURNE PARKWAY #349 LOUISVILLE, KY 40222	61-0712799	509(A)(1)	83,000.	0.			X RELIGION SPIRITUAL DEVELOPMENT
ISAAC W. BERNHEIM FOUNDATION INC. PO BOX 130, 2499 CLERMONT RD. CLERMONT, KY 40110	61-0444651	509(A)(1)	15,000.	0.			C36 FOREST CONSERVATION

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JEFFERSON COUNTY PUBLIC EDUCATION FOUNDATION - VANHOOSE EDUCATION CENTER, 3332 NEWBURG ROAD - LOUISVILLE, KY 40218	61-1021128	509(A)(1)	17,000.	0.			B EDUCATIONAL INSTITUTIONS
JUNIOR ACHIEVEMENT OF KENTUCKIANA 1401 W. MUHAMMAD ALI BLVD. LOUISVILLE, KY 40203	61-0476694	509(A)(1)	48,250.	0.			B20 ELEMENTARY SECONDARY ED
KENTUCKY LIONS EYE FOUNDATION INC. 301 E. MUHAMMAD ALI BLVD. LOUISVILLE, KY 40202	61-0516171	509(A)(1)	7,500.	0.			G41 EYE DISEASES BLINDNESS & VISION IMPAIRMENT
KENTUCKY SCHOOL FOR THE BLIND CHARITABLE FOUNDATION INC. - 214 HALDEMAN AVE. - LOUISVILLE, KY 40206	61-1080293	509(A)(1)	10,000.	0.			B11 SINGLE ORGANIZATION SUPPORT
KENTUCKY STATE TREASURER KENTUCKY FINANCE AND ADMINISTRATION CABINET, 200 MERO STREET, 5TH FLOOR - FR	61-0600439	170(C)(1)	253,000.	0.			M20 DISASTER PREPAREDNESS AND RELIEF SERVICE
KENTUCKY YOUTH ADVOCATES 10200 LINN STATION ROAD SUITE 310 LOUISVILLE, KY 40223	61-0929390	509(A)(1)	106,250.	0.			R20 CIVIL RIGHTS ADVOCACY FOR SPECIFIC GROUPS
KOSAIR CHARITIES COMMITTEE, INC. PO 950136 LOUISVILLE, KY 40295	61-0514703	509(A)(1)	7,500.	0.			E12 FUNDRAISING AND/OR FUND DISTRIBUTION
LEADERSHIP LOUISVILLE FOUNDATION 711 WEST MAIN STREET, UNIT AA LOUISVILLE, KY 40202	31-0958491	509(A)(1)	9,000.	0.			W70 LEADERSHIP DEVELOPMENT
LESLEY AND RHYAN PRATHER FOUNDATION - 11913 LOWER RIVER RD - VALLEY STATION, KY 40272	85-2888525	509(A)(1)	7,200.	0.			T30 PUBLIC FOUNDATIONS

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LIFEHOUSE INC. 2710 REIDLING RD LOUISVILLE, KY 40206	20-8514733	509(A)(1)	15,000.	0.			P31 ADOPTION
LIFELINE CHRISTIAN MISSION 3231 RUCKRIEGEL PARKWAY SUITE 101 LOUISVILLE, KY 40299	31-0999791	509(A)(1)	6,200.	0.			X20 CHRISTIAN
LOUISVILLE ASSOCIATION FOR COMMUNITY ECONOMICS - PO BOX 1501, , - LOUISVILLE, KY 40201	82-1927610	509(A)(1)	136,250.	0.			S01 ALLIANCE/ADVOCACY ORGANIZATIONS
LOUISVILLE DENTAL SOCIETY 1920 NELSON MILLER PKWY LOUISVILLE, KY 40223	61-0726110	501(C)(6)	50,000.	0.			B99 EDUCATION N.E.C.*
LOUISVILLE JEFFERSON COUNTY METRO GOVERNMENT - DEPARTMENT OF FINANCE, 611 W. JEFFERSON STREET - LOUISVILLE, KY 40202	32-0049006	170(C)(1)	49,922.	0.			S COMMUNITY IMPROVEMENT CAPACITY BUILDING
LOUISVILLE METRO GOVERNMENT OFFICE OF THE MAYOR, 527 W. JEFFERSON STREET - LOUISVILLE, KY 40202	32-0049006	170(C)(1)	50,000.	0.			S COMMUNITY IMPROVEMENT CAPACITY BUILDING
LOUISVILLE METRO HOUSING AUTHORITY 420 S. 8TH ST. LOUISVILLE, KY 40203	27-3175977	509(A)(1)	15,000.	0.			L HOUSING SHELTER
LOUISVILLE ORCHESTRA INC. 624 W MAIN STREET STE 400 LOUISVILLE, KY 40202	61-6000384	509(A)(2)	10,000.	0.			A69 SYMPHONY ORCHESTRAS
LOUISVILLE SOCCER FOUNDATION 801 EDITH RD LOUISVILLE, KY 40206	84-4488762	509(A)(1)	10,000.	0.			B99 EDUCATION N.E.C.*

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISVILLE URBAN LEAGUE 1535 WEST BROADWAY LOUISVILLE, KY 40203	61-0444771	509(A)(1)	85,000.	0.			P22 URBAN LEAGUE
LOUISVILLE YOUTH PHILANTHROPY COUNCIL INC - 9523 US HWY 42, SUITE 74 - PROSPECT, KY 40059	87-2576565	509(A)(1)	103,139.	0.			O51 COMMUNITY SERVICE CLUBS YOUTH DEVELOPMENT
MAKE-A-WISH FOUNDATION OF GREATER OHIO KENTUCKY AND INDIANA - 2545 FARMERS DRIVE #300 - COLUMBUS, OH 43235	34-1471131	509(A)(2)	11,000.	0.			E86 PATIENT SERVICES-ENTERTAINMENT RECREATION
METRO UNITED WAY, INC. 334 E BROADWAY, PO BOX 4488 LOUISVILLE, KY 40204	61-0444680	509(A)(1)	32,400.	0.			P30 CHILDREN'S AND YOUTH SERVICES
MISSION FRANKFORT CLINIC INC 201 SAINT CLAIR ST FRANKFORT, KY 40601	41-2199345	509(A)(1)	25,000.	0.			E30 HEALTH TREATMENT FACILITIES (PRIMARILY OUTPATIENT)
MISSION LEXINGTON INC 230 S MARTIN LUTHER KING BLVD LEXINGTON, KY 40508	20-2824933	509(A)(1)	60,000.	0.			E70 PUBLIC HEALTH PROGRAMS
MOUNT VERNON MISSIONARY BAPTIST CHURCH - 3640 CANE RUN RD - LOUISVILLE, KY 40211	61-1154731	509(A)(1)	7,500.	0.			X RELIGION SPIRITUAL DEVELOPMENT
MY CHOSEN PEOPLE PO BOX 11831 LOUISVILLE, KY 40251	46-4703967	509(A)(2)	10,000.	0.			L25 HOUSING REHABILITATION
NATIONAL AFRICAN AMERICAN MALE WELLNESS AGENCY - 2780 AIRPORT DRIVE, SUITE 333 - COLUMBUS, OH 43219	45-4831268	509(A)(2)	10,000.	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.)

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NEIGHBORHOOD HOUSE 201 NORTH 25TH STREET LOUISVILLE, KY 40212	61-0445842	509(A)(1)	16,616.	0.			P28 NEIGHBORHOOD CENTER SETTLEMENT HOUSE
NORTHERN KENTUCKY HEALTH DEPARTMENT - 8001 VETERANS MEMORIAL DRIVE - FLORENCE, KY 41017	61-1008505	501(C)(1)	15,635.	0.			E HEALTH-GENERAL & REHABILITATIVE
NOTRE DAME ACADEMY 1927 LEWISTON DRIVE LOUISVILLE, KY 40216	05-0599203	509(A)(1)	7,500.	0.			B EDUCATIONAL INSTITUTIONS
OASIS SHELTER PO BOX 315 OWENSBORO, KY 42302	61-0995748	509(A)(1)	9,046.	0.			F20 ALCOHOL DRUG AND SUBSTANCE ABUSE DEPENDENCY PREVENTION & TREATMENT
OWENSBORO-DAVISS COUNTY REGIONAL DENTAL CLINIC INC - 2811 NEW HARTFORD ROAD, SUITE A - OWENSBORO, KY 42303	26-2343126	509(A)(1)	41,500.	0.			E32 AMBULATORY HEALTH CENTER COMMUNITY CLINIC
OWSLEY BROWN FRAZIER HISTORICAL ARMS MUSEUM FOUNDATION INC. - DBA THE FRAZIER HISTORY MUSEUM, 829 W. MAIN ST. - LOUISVILLE, KY 40202	61-1378343	509(A)(1)	20,000.	0.			A54 HISTORY MUSEUMS
PEBBLE BEACH COMPANY FOUNDATION P.O. BOX 1767 PEBBLE BEACH, CA 93953	51-0189888	509(A)(2)	12,250.	0.			T31 COMMUNITY FOUNDATIONS
PERFORM TO PERFECTION SPORTS ACADEMY - 8104 WATTERSON TRAIL - LOUISVILLE, KY 40299	80-0682597	509(A)(2)	85,000.	0.			O50 YOUTH DEVELOPMENT PROGRAMS
PILLAR 7408 HWY 329 CRESTWOOD, KY 40014	61-1159539	509(A)(2)	20,997.	0.			P73 GROUP HOME (LONG-TERM PRIMARILY ASSISTED LIVING)

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLAN AHEAD SMILES 15 KELLEY DRIVE FLORENCE, KY 41042	81-4496239	509(A)(1)	20,000.	0.			E70 PUBLIC HEALTH PROGRAMS
PLAY COUSINS COLLECTIVE 2600 WEST BROADWAY SUITE 205 LOUISVILLE, KY 40211	82-2811602	509(A)(1)	89,400.	0.			B99 EDUCATION N.E.C.*
POST CLINIC INC 15 STERLING AVE MT. STERLING, KY 40353	31-1515325	509(A)(1)	20,000.	0.			E60 HEALTH SUPPORT SERVICES
RED BIRD CLINIC INC. 53 QUEENDALE CENTER, SUITE #1 BEVERLY, KY 40913	61-0945454	509(A)(1)	100,000.	0.			E30 HEALTH TREATMENT FACILITIES (PRIMARILY OUTPATIENT)
RELAPSING POLYCHONDROITIS AWARENESS AND SUPPORT FOUNDATION - 1202 LEXINGTON AVENUE BOX 112 - NEW YORK, NY 10028	46-2458916	509(A)(2)	15,000.	0.			G19 NONMONETARY SUPPORT N.E.C.*
RIGHT TO LIFE EDUCATIONAL FOUNDATION OF KENTUCKY - 161 ST. MATTHEWS AVE., STE. 2 - LOUISVILLE, KY 40207	31-0955315	509(A)(1)	20,000.	0.			R62 RIGHT TO LIFE
RIVER CITY DRUM CORP CULTURAL ARTS INSTITUTE INC. - 3308 CHAUNCEY AVE. - LOUISVILLE, KY 40211	55-0820407	509(A)(1)	66,000.	0.			A20 ARTS CULTURAL ORGANIZATIONS-MULTIPURPOSE
SACRED HEART SCHOOLS INC. 3115 LEXINGTON RD LOUISVILLE, KY 40206	61-1181710	509(A)(1)	15,294.	0.			B EDUCATIONAL INSTITUTIONS
SAINT JOSEPH HOSPITAL FOUNDATION INC - 1451 HARRODSBURG ROAD D308 - LEXINGTON, KY 40504	61-1159649	509(A)(3) TYPE I	25,000.	0.			X20 CHRISTIAN

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEVEN COUNTY SERVICES 10401 LINN STATION ROAD SUITE 100 LOUISVILLE, KY 40223	31-0939757	509(A)(1)	75,390.	0.			F30 MENTAL HEALTH TREATMENT
SHAWNEE CHRISTIAN HEALTHCARE CENTER INC. - 234 AMY AVENUE - LOUISVILLE, KY 40211	26-4345390	509(A)(1)	50,000.	0.			B99 EDUCATION N.E.C.*
SHIVELY AREA MINISTRIES 4415 DIXIE HWY LOUISVILLE, KY 40216	61-1134579	509(A)(1)	15,000.	0.			L80 OTHER HOUSING SUPPORT SERVICES
SMOKETOWN FAMILY WELLNESS CENTER 760 S HANCOCK ST SUITE B100 LOUISVILLE, KY 40203	47-4155748	509(A)(1)	22,324.	0.			E32 AMBULATORY HEALTH CENTER COMMUNITY CLINIC
SOS INTERNATIONAL INC. 1500 ARLINGTON AVE LOUISVILLE, KY 40206	27-2624272	509(A)(2)	13,491.	0.			Q INTERNATIONAL FOREIGN AFFAIRS AND NATIONAL SECURITY
SOWING SEEDS WITH FAITH C/O DA'MARRION FLEMING, P.O. BOX 16 LOUISVILLE, KY 40256	81-4862518	509(A)(2)	77,600.	0.			X RELIGION SPIRITUAL DEVELOPMENT
SPECIAL OLYMPICS KENTUCKY INC. 105 LAKEVIEW CT. FRANKFORT, KY 40601	61-0954571	509(A)(1)	20,000.	0.			N72 SPECIAL OLYMPICS
SPEED ART MUSEUM 2035 SOUTH THIRD STREET LOUISVILLE, KY 40208	61-0444823	509(A)(1)	20,000.	0.			A51 ART MUSEUMS
ST. AUGUSTINE SCHOOL 236 SOUTH SPALDING AVE. LEBANON, KY 40033	61-0500831	RELIGIOUS ORGANI	20,000.	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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST. JOSEPH CHILDREN'S HOME 2823 FRANKFORT AVENUE LOUISVILLE, KY 40206	61-0475286	509(A)(1)	200,000.	0.			P73 GROUP HOME (LONG-TERM PRIMARILY ASSISTED LIVING)
ST. THERESA CHURCH 9245 RHODELIA RD PAYNEVILLE, KY 40157	61-0447247	509(A)(1)	50,000.	0.			K22 ROMAN CATHOLIC
ST. VINCENT DE PAUL SOCIETY COUNCIL OF LOUISVILLE - ATTN: ACCOUNTING DEPT., P.O. BOX 17126 - LOUISVILLE, KY 40217	61-0727110	509(A)(1)	103,500.	0.			P85 HOMELESS SERVICES/CENTERS
ST. XAVIER HIGH SCHOOL 1609 POPLAR LEVEL ROAD LOUISVILLE, KY 40217	61-0447247	509(A)(1)	7,500.	0.			B25 SECONDARY/HIGH SCHOOL
STEVEN VANOVER MEMORIAL RESEARCH AND SCHOLARSHIP FUND - PO BOX 221583 - LOUISVILLE, KY 40252	47-3499843	509(A)(1)	12,131.	0.			H12 FUNDRAISING AND/OR FUND DISTRIBUTION
TECH-NIQUE INC 10415 VANTAGE RD LOUISVILLE, KY 40299	83-2267785	509(A)(2)	40,000.	0.			B01 ALLIANCE/ADVOCACY ORGANIZATIONS
TEK4KIDS PO BOX 317 NEW ALBANY, IN 47151	45-3956104	501(C)(3) PRIVAT	100,000.	0.			Q30 INTERNATIONAL DEVELOPMENT RELIEF SERVICES
THE ARROW FUND INC. PO BOX 1127 PROSPECT, KY 40059	61-1396389	509(A)(1)	33,250.	0.			D20 ANIMAL PROTECTION AND WELFARE (INCLUDES HUMANE SOCIETIES AND SPCAS)
THE HERITAGE FOUNDATION 214 MASSACHUSETTS AVE. NE WASHINGTON, DC 20002	23-7327730	509(A)(1)	25,000.	0.			W22 PUBLIC FINANCE TAXATION MONETARY POLICY

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE HOPE BUSS INC 3131 S 2ND ST, SUITE 352 LOUISVILLE, KY 40208	83-2485907	509(A)(1)	49,600.	0.			P99 HUMAN SERVICES-MULTIPURPOSE & OTHER N.E.C.*
THE LEXINGTON CANCER FOUNDATION INC - 1504 COLLEGE WAY - LEXINGTON, KY 40502	56-2472701	509(A)(1)	25,000.	0.			E12 FUNDRAISING AND/OR FUND DISTRIBUTION
THE MACK FAMILY FOUNDATION, INC. 59 CAVALIER BOUVELARD, SUITE 310, FLORENCE, KY 41042	81-2583507	509(A)(1)	25,000.	0.			P20 HUMAN SERVICE ORGANIZATIONS
THE NEW LIFE CENTER INC. 202 EAST STEPHEN FOSTER AVENUE BARDSTOWN, KY 40004	61-1339305	509(A)(1)	10,000.	0.			P30 CHILDREN'S AND YOUTH SERVICES
THE PARKLANDS OF FLOYD'S FORK 471 W. MAIN ST #202 LOUISVILLE, KY 40202	20-1780317	509(A)(1)	40,000.	0.			N32 PARKS AND PLAYGROUNDS
THE PRISONER'S HOPE INC. 11501 PLANTSIDE DR. STE 10 LOUISVILLE, KY 40299	46-4488483	509(A)(1)	7,500.	0.			P80 SERVICES TO PROMOTE THE INDEPENDENCE OF SPECIFIC POPULATIONS
THE REFUGE CLINIC 2349 RICHMOND ROAD STE 220 LEXINGTON, KY 40502	37-1547506	509(A)(3) TYPE I	25,000.	0.			E32 AMBULATORY HEALTH CENTER COMMUNITY CLINIC
THE ROTARY FOUNDATION 14280 COLLECTIONS CENTER DRIVE CHICAGO, IL 60693	36-3245072	509(A)(1)	25,000.	0.			Q11 SINGLE ORGANIZATION SUPPORT
THE SAMBURU PROJECT 8800 VENICE BLVD., SUITE #208 LOS ANGELES, CA 90034	20-3541982	509(A)(1)	13,174.	0.			S32 RURAL

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TREESLOUISVILLE PO BOX 5816 LOUISVILLE, KY 40255	47-3739795	509(A)(1)	120,056.	0.			C ENVIRONMENTAL QUALITY PROTECTION BEAUTIFICATION
UNICEF USA 125 MAIDEN LANE NEW YORK, NY 10038	13-1760110	509(A)(1)	10,000.	0.			Q42 UNITED NATIONS ASSOCIATION
UNITED WAY OF SOUTHERN KENTUCKY, INC. - P. O. BOX 3330 - BOWLING GREEN, KY 42102	61-0590564	509(A)(1)	50,000.	0.			P20 HUMAN SERVICE ORGANIZATIONS
UNIVERSITY OF KENTUCKY UK PHILANTHROPY, PO BOX 23552 LEXINGTON, KY 40523	61-6001218	170(C)(1)	62,500.	0.			B40 HIGHER ED INSTITUTIONS
UNIVERSITY OF LOUISVILLE ATHLETIC ASSOCIATION INC. - ATHLETIC DEPT. SAC BLDG, 2100 S. FLOYD STREET - LOUISVILLE, KY 40208	31-1106941	509(A)(3) TYPE I	750,000.	0.			B EDUCATIONAL INSTITUTIONS
UNIVERSITY OF LOUISVILLE FOUNDATION, INC. - PO BOX 772050 - CHICAGO, IL 60677	23-7078461	509(A)(1)	731,373.	0.			B11 SINGLE ORGANIZATION SUPPORT
URSULINE SISTERS OF LOUISVILLE 3105 LEXINGTON ROAD LOUISVILLE, KY 40206	61-0449662	RELIGIOUS ORGANI	7,500.	0.			B EDUCATIONAL INSTITUTIONS
USA CARES INC 11760 COMMONWEALTH DRIVE LOUISVILLE, KY 40299	05-0588761	509(A)(1)	41,000.	0.			L01 ALLIANCE/ADVOCACY ORGANIZATIONS
VOLUNTEERS OF AMERICA MID-STATES AKA VOLUNTEERS OF AMERICA OF KENTUCKY, 570 S FOURTH ST #100 - LOUISVILLE, KY	61-0480950	509(A)(1)	15,000.	0.			P26 VOLUNTEERS OF AMERICA

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 noncash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WARREN COUNTY PUBLIC SCHOOLS ATTN: KATHY PHELPS, PO BOX 51810 BOWLING GREEN, KY 42102	61-6001247	170(C)(1)	100,000.	0.			B99 EDUCATION N.E.C.*
WATERSTEP AKA: EDGE OUTREACH INC, 625 MYRTLE LOUISVILLE, KY 40208	61-1262016	509(A)(1)	17,500.	0.			M20 DISASTER PREPAREDNESS AND RELIEF SERVICE
WEST END PREPARATORY SCHOOL 3628 VIRGINIA AVENUE LOUISVILLE, KY 40211	04-3798875	509(A)(1)	101,200.	0.			B24 PRIMARY/ELEMENTARY SCHOOL
WEST LOUISVILLE MATH AND SCIENCE PROJECT - 4304 WINNROSE WAY - LOUISVILLE, KY 40211	45-5462208	509(A)(1)	83,200.	0.			B92 REMEDIAL READING READING ENCOURAGEMENT
WHAS CRUSADE FOR CHILDREN INC. 520 W. CHESTNUT ST. LOUISVILLE, KY 40202	23-7075524	509(A)(1)	7,500.	0.			P30 CHILDREN'S AND YOUTH SERVICES
WKU FOUNDATION INC. 292 ALUMNI AVE., SUITE 305 BOWLING GREEN, KY 42101	61-1251555	509(A)(1)	100,000.	0.			B11 SINGLE ORGANIZATION SUPPORT
WORKWELL INDUSTRIES 3401 JEWELL AVE. LOUISVILLE, KY 40212	61-0956156	509(A)(1)	11,000.	0.			J33 SHELTERED REMUNERATIVE EMPLOYMENT WORK ACTIVITY CENTER N.E.C.*
YMCA SAFE PLACE SERVICES ATTN: BRENNAN CUNDIFF, 2400 CRITTENDEN DR. - LOUISVILLE, KY 40217	20-4343628	509(A)(1)	8,000.	0.			P27 YMCA YWCA YWHA YMHA

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

2021

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

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.

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) 2021

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 and/or 1099-NEC 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) RONALD GALLO PRESIDENT & CEO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	310,888.	0.	0.	7,936.	341.	319,165.	0.
(2) MATTHEW L. BACON VP & CFO	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	186,028.	0.	0.	5,644.	7,190.	198,862.	0.
(3) TRISHA FINNEGAN CHIEF STRATEGY OFFICER (END DATE 6/2	(i)	0.	0.	0.	0.	0.	0.	0.
	(ii)	173,842.	0.	0.	4,688.	8,890.	187,420.	0.
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							
	(i)							
	(ii)							

Part III Supplemental Information

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

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

2021

**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	10	2,482,315.	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

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

LHA For Paperwork Reduction Act Notice, see the Instructions for Form 990. Schedule M (Form 990) 2021

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

Multiple horizontal lines for supplemental information.

**SCHEDULE O
(Form 990)**

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 Form 990-EZ.

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

OMB No. 1545-0047

2021

Open to Public
Inspection

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

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 EXECUTIVE VICE

PRESIDENT & CFO.

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.

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

Schedule O (Form 990) 2021

132211 11-11-21

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

IN FACT, THE ORGANIZATION BELIEVES THAT CONFLICTS OF INTEREST CAN BEST BE
 HANDLED THROUGH FULL DISCLOSURE OF SUCH INTERESTS, TOGETHER WITH
 NONINVOLVEMENT IN ANY VOTE WHERE SUCH A CONFLICT EXISTS.

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

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

COMPENSATION FOR THE OFFICERS AND KEY EMPLOYEES. THE PRESIDENT'S AND OFFICERS' COMPENSATION IS THEN APPROVED BY THE COMPENSATION COMMITTEE. COMPENSATION FOR ALL EMPLOYEES IS APPROVED BY THE COMPENSATION COMMITTEE AND BOARD.

FORM 990, PART VI, SECTION C, LINE 19:
THE ORGANIZATION MAKES ITS 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

2021

**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) 2021

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

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	

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

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

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

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

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)			

Part VII Supplemental Information

Provide additional information for responses to questions on Schedule R. See instructions.

Multiple horizontal lines for supplemental information.