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Form 990

Return of Organization Exempt From Income Tax

OMB No. 1545-0047

2019

Open to Public Inspection

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

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

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

A For the 2019 calendar year, or tax year beginning 07-01-2019 , and ending 06-30-2020

B Check if applicable:
☐ Address change
☐ Name change
☐ Initial return
☐ Final return/terminated
☐ Amended return
☐ Application pending

C Name of organization
THE COMMUNITY FOUNDATION OF LOUISVILLE
CORPORATE DEPOSITORY INC
Doing business as
Number and street (or P.O. box if mail is not delivered to street address) Room/suite
325 W MAIN ST NO 1110
City or town, state or province, country, and ZIP or foreign postal code
LOUISVILLE, KY 40202

D Employer identification number
61-1100993

E Telephone number
(502) 585-4649

F Name and address of principal officer:
MATTHEW L BACON
325 W MAIN ST NO 1110
LOUISVILLE, KY 40202

G Gross receipts \$ 25,444,087

H(a) Is this a group return for subordinates?
☐ Yes ☒ No
H(b) Are all subordinates included?
☐ Yes ☐ No
If "No," attach a list. (see instructions)
H(c) Group exemption number ▶

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

J Website: ▶ WWW.CFLOUISVILLE.COM

K Form of organization: ☒ Corporation ☐ Trust ☐ Association ☐ Other ▶

L Year of formation: 1986

M State of legal domicile: KY

Part I Summary

Activities & Governance

1 Briefly describe the organization's mission or most significant activities:
TO FACILITATE DONORS' CHARITABLE GIVING.

2 Check this box ☐ if the organization discontinued its operations or disposed of more than 25% of its net assets.

3 Number of voting members of the governing body (Part VI, line 1a) 3 6

4 Number of independent voting members of the governing body (Part VI, line 1b) 4 6

5 Total number of individuals employed in calendar year 2019 (Part V, line 2a) 5 0

6 Total number of volunteers (estimate if necessary) 6 12

7a Total unrelated business revenue from Part VIII, column (C), line 12 7a 0

7b Net unrelated business taxable income from Form 990-T, line 39 7b 0

Revenue

8 Contributions and grants (Part VIII, line 1h) 10,794,388 23,079,323

9 Program service revenue (Part VIII, line 2g) 0 0

10 Investment income (Part VIII, column (A), lines 3, 4, and 7d) 324,313 604,151

11 Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e) -12,528 0

12 Total revenue—add lines 8 through 11 (must equal Part VIII, column (A), line 12) 11,106,173 23,683,474

Expenses

13 Grants and similar amounts paid (Part IX, column (A), lines 1–3) 11,091,148 19,311,803

14 Benefits paid to or for members (Part IX, column (A), line 4) 0 0

15 Salaries, other compensation, employee benefits (Part IX, column (A), lines 5–10) 0 0

16a Professional fundraising fees (Part IX, column (A), line 11e) 0 0

b Total fundraising expenses (Part IX, column (D), line 25) ▶113

17 Other expenses (Part IX, column (A), lines 11a–11d, 11f–24e) 1,373,789 2,420,744

18 Total expenses. Add lines 13–17 (must equal Part IX, column (A), line 25) 12,464,937 21,732,547

19 Revenue less expenses. Subtract line 18 from line 12 -1,358,764 1,950,927

Net Assets or Fund Balances

20 Total assets (Part X, line 16) 14,178,736 16,079,104

21 Total liabilities (Part X, line 26) 238,955 364,793

22 Net assets or fund balances. Subtract line 21 from line 20 13,939,781 15,714,311

Part II Signature Block

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

Sign Here

Signature of officer
2021-04-22
Date
MATTHEW L BACON SENIOR VICE PRESIDENT & CFO
Type or print name and title

Paid Preparer Use Only

Print/Type preparer's name Preparer's signature Date 2021-04-22 Check ☐ if self-employed PTIN P00024055

Firm's name ▶ MCM CPAS & ADVISORS LLP Firm's EIN ▶ 27-1235638

Firm's address ▶ 462 S FOURTH ST SUITE 2600 Phone no. (502) 749-1900
LOUISVILLE, KY 402023445

May the IRS discuss this return with the preparer shown above? (see instructions)

☒ Yes ☐ No

For Paperwork Reduction Act Notice, see the separate instructions.

Cat. No. 11282Y Form 990 (2019)

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 \$ 19,427,612 including grants of \$ 19,311,803) (Revenue \$)
See Additional Data






4b (Code:) (Expenses \$ 2,177,971 including grants of \$) (Revenue \$)
See Additional Data

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

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

4e Total program service expenses ► 21,605,583

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? If "Yes," complete Schedule A 	1 Yes	
2 Is the organization required to complete Schedule B, Schedule of Contributors (see instructions)? 	2 Yes	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? If "Yes," complete Schedule C, Part I	3	No
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? If "Yes," complete Schedule C, Part II	4	No
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? If "Yes," complete Schedule C, Part III	5	No
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? If "Yes," complete Schedule D, Part I 	6	No
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? If "Yes," complete Schedule D, Part II 	7	No
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? If "Yes," complete Schedule D, Part III 	8	No
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? If "Yes," complete Schedule D, Part IV 	9	No
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi endowments? If "Yes," complete Schedule D, Part V	10	No
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? If "Yes," complete Schedule D, Part VI 	11a	No
b Did the organization report an amount for investments—other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part VII 	11b	No
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? If "Yes," complete Schedule D, Part VIII 	11c	No
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? If "Yes," complete Schedule D, Part IX 	11d	No
e Did the organization report an amount for other liabilities in Part X, line 25? If "Yes," complete Schedule D, Part X 	11e Yes	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? If "Yes," complete Schedule D, Part X 	11f Yes	
12a Did the organization obtain separate, independent audited financial statements for the tax year? If "Yes," complete Schedule D, Parts XI and XII 	12a	No
b Was the organization included in consolidated, independent audited financial statements for the tax year? If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional 	12b Yes	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? If "Yes," complete Schedule E	13	No
14a Did the organization maintain an office, employees, or agents outside of the United States?	14a	No
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? If "Yes," complete Schedule F, Parts I and IV	14b	No
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or other assistance to or for any foreign organization? If "Yes," complete Schedule F, Parts II and IV	15	No
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? If "Yes," complete Schedule F, Parts III and IV	16	No
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? If "Yes," complete Schedule G, Part I (see instructions)	17	No
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? If "Yes," complete Schedule G, Part II	18	No
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? If "Yes," complete Schedule G, Part III	19	No
20a Did the organization operate one or more hospital facilities? If "Yes," complete Schedule H	20a	No
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?	20b	
21 Did the organization report more than \$5,000 of grants or other assistance to any domestic organization or domestic government on Part IX, column (A), line 1? If "Yes," complete Schedule I, Parts I and II 	21 Yes	

Part IV Checklist of Required Schedules (continued)

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

Part V Statements Regarding Other IRS Filings and Tax ComplianceCheck 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	1a	40
b	Enter the number of Forms W-2G included in line 1a. Enter -0- if not applicable	1b	0
c	Did the organization comply with backup withholding rules for reportable payments to vendors and reportable gaming (gambling) winnings to prize winners?	1c	Yes

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

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	<div style="border: 1px solid black; padding: 2px;"> 2a </div> <div style="border: 1px solid black; padding: 2px; text-align: right;">0</div>				
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		No
b If "Yes," has it filed a Form 990-T for this year? <i>If "No" to line 3b, provide an explanation in Schedule O</i> . . .			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		No
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		No
b Did any taxable party notify the organization that it was or is a party to a prohibited tax shelter transaction?			5b		No
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		No
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		No
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		No
d If "Yes," indicate the number of Forms 8282 filed during the year	<div style="border: 1px solid black; padding: 2px;"> 7d </div>				
e Did the organization receive any funds, directly or indirectly, to pay premiums on a personal benefit contract?			7e		No
f Did the organization, during the year, pay premiums, directly or indirectly, on a personal benefit contract? . . .			7f		No
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	<div style="border: 1px solid black; padding: 2px;"> 10a </div>				
b Gross receipts, included on Form 990, Part VIII, line 12, for public use of club facilities	<div style="border: 1px solid black; padding: 2px;"> 10b </div>				
11 Section 501(c)(12) organizations. Enter:					
a Gross income from members or shareholders	<div style="border: 1px solid black; padding: 2px;"> 11a </div>				
b Gross income from other sources (Do not net amounts due or paid to other sources against amounts due or received from them.)	<div style="border: 1px solid black; padding: 2px;"> 11b </div>				
12a Section 4947(a)(1) non-exempt charitable trusts. Is the organization filing Form 990 in lieu of Form 1041?					
b If "Yes," enter the amount of tax-exempt interest received or accrued during the year.	<div style="border: 1px solid black; padding: 2px;"> 12b </div>		12a		
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	<div style="border: 1px solid black; padding: 2px;"> 13b </div>				
c Enter the amount of reserves on hand	<div style="border: 1px solid black; padding: 2px;"> 13c </div>				
14a Did the organization receive any payments for indoor tanning services during the tax year?			14a		No
b If "Yes," has it filed a Form 720 to report these payments? <i>If "No," provide an explanation in Schedule O</i> . . .			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 instructions and file Form 720, Schedule N.			15		No
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		No

Part VI

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

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

Section A. Governing Body and Management

		Yes	No
1a	Enter the number of voting members of the governing body at the end of the tax year	6	
	If there are material differences in voting rights among members of the governing body, or if the governing body delegated broad authority to an executive committee or similar committee, explain in Schedule O.		
b	Enter the number of voting members included in line 1a, above, who are independent	6	
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?	2	No
3	Did the organization delegate control over management duties customarily performed by or under the direct supervision of officers, directors or trustees, or key employees to a management company or other person?	3	No
4	Did the organization make any significant changes to its governing documents since the prior Form 990 was filed?	4	No
5	Did the organization become aware during the year of a significant diversion of the organization's assets?	5	No
6	Did the organization have members or stockholders?	6	No
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?	7a	No
b	Are any governance decisions of the organization reserved to (or subject to approval by) members, stockholders, or persons other than the governing body?	7b	No
8	Did the organization contemporaneously document the meetings held or written actions undertaken during the year by the following:		
a	The governing body?	8a	Yes
b	Each committee with authority to act on behalf of the governing body?	8b	Yes
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 in Schedule O	9	No

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?	10a	No
b	If "Yes," did the organization have written policies and procedures governing the activities of such chapters, affiliates, and branches to ensure their operations are consistent with the organization's exempt purposes?	10b	
11a	Has the organization provided a complete copy of this Form 990 to all members of its governing body before filing the form?	11a	Yes
b	Describe in Schedule O the process, if any, used by the organization to review this Form 990.		
12a	Did the organization have a written conflict of interest policy? If "No," go to line 13	12a	Yes
b	Were officers, directors, or trustees, and key employees required to disclose annually interests that could give rise to conflicts?	12b	Yes
c	Did the organization regularly and consistently monitor and enforce compliance with the policy? If "Yes," describe in Schedule O how this was done	12c	Yes
13	Did the organization have a written whistleblower policy?	13	Yes
14	Did the organization have a written document retention and destruction policy?	14	Yes
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?		
a	The organization's CEO, Executive Director, or top management official	15a	No
b	Other officers or key employees of the organization	15b	No
	If "Yes" to line 15a or 15b, describe the process in Schedule O (see instructions).		
16a	Did the organization invest in, contribute assets to, or participate in a joint venture or similar arrangement with a taxable entity during the year?	16a	No
b	If "Yes," did the organization follow a written policy or procedure requiring the organization to evaluate its participation in joint venture arrangements under applicable federal tax law, and take steps to safeguard the organization's exempt status with respect to such arrangements?	16b	

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 Form 1023 (or 1024-A if applicable), 990, and 990-T (501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
☒ Own website ☐ Another's website ☒ Upon request ☐ Other (explain in Schedule O)

19 Describe in Schedule O whether (and if so, how) the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.

20 State the name, address, and telephone number of the person who possesses the organization's books and records:
▶MATTHEW L BACON 325 W MAIN STREET SUITE 1110 LOUISVILLE, KY 40202 (502) 585-4649

Part VII

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

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

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

- 1a** Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.
- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
 - List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
 - List the organization's five **current** highest compensated employees (other than an officer, director, trustee or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
 - List all of the organization's **former** officers, key employees, or highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
 - List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

See instructions for the order in which to list the persons above.

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
(1) STEPHANIE H SMITH BOARD CHAIR	2.00 4.00	X		X				0	0	0
(2) DAVID TACHAU BOARD VICE CHAIR	2.00 4.00	X		X				0	0	0
(3) DEBORAH B WILLIAMS BOARD SECRETARY	2.00 4.00	X		X				0	0	0
(4) MICHAEL W GOUGH BOARD TREASURER	2.00 4.00	X		X				0	0	0
(5) M CLAIRE ALAGIA DIRECTOR (TERM ENDED 3/11/20)	1.00 2.00	X						0	0	0
(6) GARY ULMER DIRECTOR (TERM ENDED 3/11/20)	1.00 2.00	X						0	0	0
(7) SUZANNE BERMEISTER DIRECTOR (TERM ENDED 3/11/20)	1.00 2.00	X						0	0	0
(8) MARK A CAMPISANO DIRECTOR (TERM ENDED 3/11/20)	1.00 2.00	X						0	0	0
(9) HARRIET L LAIR DIRECTOR	1.00 2.00	X						0	0	0
(10) CURT SCOTT DIRECTOR	1.00 2.00	X						0	0	0
(11) WILLIAM G STRENCH DIRECTOR (TERM ENDED 3/11/20)	1.00 2.00	X						0	0	0
(12) SUSAN ZEPEDA DIRECTOR (TERM ENDED 3/11/20)	1.00 2.00	X						0	0	0
(13) SUSAN A BARRY PRESIDENT & CEO (THROUGH 8/31/19)	5.00 35.00			X				0	181,503	15,757
(14) MATTHEW L BACON INTERIM PRESIDENT/CEO/CFO/SENIOR VP	5.00 35.00			X				0	176,984	15,749
(15) TRISHA FINNEGAN CHIEF STRATEGY OFFICER	5.00 35.00			X				0	128,932	15,184
(16) HEATHER CASH VP, DEVELOPMENT & STEWARDSHIP	5.00 35.00			X				0	107,258	17,492
(17) JANET WALTHER VP, COMMUNICATIONS & MARKETING	5.00 35.00			X				0	108,668	15,317

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

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional Trustee	Officer	Key employee	Highest compensated employee	Former			
1b Sub-Total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)								0	703,345	79,499

2	Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 0			
3	Did the organization list any former officer, director or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>	3	Yes	No
4	For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	4	Yes	
5	Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>	5		No

Section B. Independent Contractors

1	Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.		
	(A) Name and business address	(B) Description of services	(C) Compensation
2	Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 of compensation from the organization ► 0		

Form 990 (2019)										Page 9			
Part VIII Statement of Revenue													
Check if Schedule O contains a response or note to any line in this Part VIII										<input type="checkbox"/>			
										(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	1a Federated campaigns		1a	96,000									
	b Membership dues		1b										
	c Fundraising events		1c										
	d Related organizations		1d	2,717,430									
	e Government grants (contributions)		1e	13,788									
	f All other contributions, gifts, grants, and similar amounts not included above		1f	20,252,105									
	g Noncash contributions included in lines 1a - 1f:\$		1g	361,164									
	h Total. Add lines 1a-1f ▶		23,079,323										
Program Service Revenue	2a		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) ▶			257,277						257,277			
	4 Income from investment of tax-exempt bond proceeds ▶												
	5 Royalties ▶												
			(i) Real	(ii) Personal									
	6a Gross rents		6a										
	b Less: rental expenses		6b										
	c Rental income or (loss)		6c										
	d Net rental income or (loss) ▶												
			(i) Securities	(ii) Other									
	7a Gross amount from sales of assets other than inventory		7a	2,107,487									
	b Less: cost or other basis and sales expenses		7b	1,760,613									
	c Gain or (loss)		7c	346,874									
	d Net gain or (loss) ▶			346,874						346,874			
	8a Gross income from fundraising events (not including \$ _____ of contributions reported on line 1c). See Part IV, line 18		8a										
	b Less: direct expenses		8b										
	c Net income or (loss) from fundraising events ▶												
	9a Gross income from gaming activities. See Part IV, line 19		9a										
	b Less: direct expenses		9b										
	c Net income or (loss) from gaming activities ▶												
	10a 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			Business Code										
11a													
b													
c													
d All other revenue													
e Total. Add lines 11a-11d ▶													
12 Total revenue. See instructions ▶			23,683,474		0		0		604,151				

Form 990 (2019)

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	19,311,803	19,311,803		
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 (non-employees):				
a Management				
b Legal				
c Accounting				
d Lobbying				
e Professional fundraising services. See Part IV, line 17				
f Investment management fees	126,375		126,375	
g Other (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O)				
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 in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a FISCAL SPONSOR PROGRAM	2,177,971	2,177,971		
b INVEST. EARNINGS TO FDN	115,591	115,591		
c MISCELLANEOUS	807	218	476	113
d				
e All other expenses				
25 Total functional expenses. Add lines 1 through 24e	21,732,547	21,605,583	126,851	113
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 <input type="checkbox"/> if following SOP 98-2 (ASC 958-720).				

Part X Balance SheetCheck if Schedule O contains a response or note to any line in this Part IX ☐

		(A) Beginning of year		(B) End of year
Assets	1 Cash—non-interest-bearing	345,606	1	1,609,920
	2 Savings and temporary cash investments		2	
	3 Pledges and grants receivable, net	6,193	3	0
	4 Accounts receivable, net	59,870	4	760,709
	5 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		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		9	
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a		
	b Less: accumulated depreciation	10b	10c	
	11 Investments—publicly traded securities	13,767,067	11	13,708,475
	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 34)	14,178,736	16	16,079,104	
Liabilities	17 Accounts payable and accrued expenses	192,482	17	91,919
	18 Grants payable		18	
	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	46,473	25	272,874
	26 Total liabilities. Add lines 17 through 25	238,955	26	364,793
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	13,939,781	28	15,714,311
	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	13,939,781	32	15,714,311
33 Total liabilities and net assets/fund balances	14,178,736	33	16,079,104	

Part XI Reconciliation of Net AssetsCheck 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	23,683,474
2	Total expenses (must equal Part IX, column (A), line 25)	2	21,732,547
3	Revenue less expenses. Subtract line 2 from line 1	3	1,950,927
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	13,939,781
5	Net unrealized gains (losses) on investments	5	-176,397
6	Donated services and use of facilities	6	
7	Investment expenses	7	
8	Prior period adjustments	8	
9	Other changes in net assets or fund balances (explain in Schedule O)	9	0
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	15,714,311

Part XII Financial Statements and ReportingCheck if Schedule O contains a response or note to any line in this Part XII ☒

	Yes	No
1 Accounting method used to prepare the Form 990: <input type="checkbox"/> Cash <input checked="" type="checkbox"/> Accrual <input type="checkbox"/> Other _____ If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.		
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: <input type="checkbox"/> Separate basis <input type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis		No
b Were the organization's financial statements audited by an independent accountant? If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both: <input type="checkbox"/> Separate basis <input checked="" type="checkbox"/> Consolidated basis <input type="checkbox"/> Both consolidated and separate basis	Yes	
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 in Schedule O.	Yes	
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?		No
b If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits.		

Additional Data

Software ID:

Software Version:

EIN: 61-1100993

Name: THE COMMUNITY FOUNDATION OF LOUISVILLE
CORPORATE DEPOSITORY INC

Form 990 (2019)

Form 990, Part III, Line 4a:

DISTRIBUTE GRANTS AND CONTRIBUTIONS TO 501(C)(3) ORGANIZATIONS QUALIFYING UNDER SECTION 509(A).

Form 990, Part III, Line 4b:

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, 2020 THERE WERE 12 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.

SCHEDULE A
(Form 990 or 990EZ)

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

2019

Open to Public Inspection

Name of the organization
THE COMMUNITY FOUNDATION OF LOUISVILLE
CORPORATE DEPOSITORY INC

Employer identification number
61-1100993

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

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

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

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

Part II

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

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

Section A. Public Support							
	Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1	Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grant.") . .	13,937,544	8,074,391	8,937,354	10,801,163	23,079,323	64,829,775
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	13,937,544	8,074,391	8,937,354	10,801,163	23,079,323	64,829,775
5	The portion of total contributions by each person (other than a governmental unit or publicly supported organization) included on line 1 that exceeds 2% of the amount shown on line 11, column (f) . .						14,533,414
6	Public support. Subtract line 5 from line 4.						50,296,361

Section B. Total Support							
Calendar year (or fiscal year beginning in) ►		(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
7	Amounts from line 4.	13,937,544	8,074,391	8,937,354	10,801,163	23,079,323	64,829,775
8	Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. . . .	167,809	175,757	181,432	231,159	257,277	1,013,434
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						65,843,255
12	Gross receipts from related activities, etc. (see instructions)					12	
13	First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here						► <input type="checkbox"/>

Section C. Computation of Public Support Percentage				
14	Public support percentage for 2019 (line 6, column (f) divided by line 11, column (f))	<table border="1"><tr><td>14</td><td>76.390 %</td></tr></table>	14	76.390 %
14	76.390 %			
15	Public support percentage for 2018 Schedule A, Part II, line 14	<table border="1"><tr><td>15</td><td>73.780 %</td></tr></table>	15	73.780 %
15	73.780 %			
16a	33 1/3% support test—2019. 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—2018. 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—2019. 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—2018. 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

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
1 Gifts, grants, contributions, and membership fees received. (Do not include any "unusual grants.") .						
2 Gross receipts from admissions, merchandise sold or services performed, or facilities furnished in any activity that is related to the organization's tax-exempt purpose						
3 Gross receipts from activities that are not an unrelated trade or business under section 513						
4 Tax revenues levied for the organization's benefit and either paid to or expended on its behalf. . .						
5 The value of services or facilities furnished by a governmental unit to the organization without charge						
6 Total. Add lines 1 through 5						
7a Amounts included on lines 1, 2, and 3 received from disqualified persons						
b Amounts included on lines 2 and 3 received from other than disqualified persons that exceed the greater of \$5,000 or 1% of the amount on line 13 for the year.						
c Add lines 7a and 7b. .						
8 Public support. (Subtract line 7c from line 6.)						

Section B. Total Support

Calendar year (or fiscal year beginning in) ►	(a) 2015	(b) 2016	(c) 2017	(d) 2018	(e) 2019	(f) Total
9 Amounts from line 6. . .						
10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources. .						
b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975.						
c Add lines 10a and 10b.						
11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on.						
12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part VI.) . .						
13 Total support. (Add lines 9, 10c, 11, and 12.) . .						
14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here. ► <input type="checkbox"/>						

Section C. Computation of Public Support Percentage

15 Public support percentage for 2019 (line 8, column (f) divided by line 13, column (f))	15	
16 Public support percentage from 2018 Schedule A, Part III, line 15	16	

Section D. Computation of Investment Income Percentage

17 Investment income percentage for 2019 (line 10c, column (f) divided by line 13, column (f))	17	
18 Investment income percentage from 2018 Schedule A, Part III, line 17	18	

19a 33 1/3% support tests—2019. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

b 33 1/3% support tests—2018. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3% and line 18 is not more than 33 1/3%, check this box and **stop here.** The organization qualifies as a publicly supported organization ► ☐

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

Part IV Supporting Organizations

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

Section A. All Supporting Organizations

	Yes	No
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>		
1		
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>		
2		
3a Did the organization have a supported organization described in section 501(c)(4), (5), or (6)? <i>If "Yes," answer (b) and (c) below.</i>		
3a		
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>		
3b		
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>		
3c		
4a Was any supported organization not organized in the United States ("foreign supported organization")? <i>If "Yes" and if you checked 12a or 12b in Part I, answer (b) and (c) below.</i>		
4a		
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>		
4b		
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>		
4c		
5a Did the organization add, substitute, or remove any supported organizations during the tax year? <i>If "Yes," answer (b) and (c) below (if applicable). Also, provide detail in Part VI, including (i) the names and EIN numbers of the supported organizations added, substituted, or removed; (ii) the reasons for each such action; (iii) the authority under the organization's organizing document authorizing such action; and (iv) how the action was accomplished (such as by amendment to the organizing document).</i>		
5a		
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?		
5b		
c Substitutions only. Was the substitution the result of an event beyond the organization's control?		
5c		
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>		
6		
7 Did the organization provide a grant, loan, compensation, or other similar payment to a substantial contributor (defined in section 4958(c)(3)(C)), a family member of a substantial contributor, or a 35% controlled entity with regard to a substantial contributor? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ) .</i>		
7		
8 Did the organization make a loan to a disqualified person (as defined in section 4958) not described in line 7? <i>If "Yes," complete Part I of Schedule L (Form 990 or 990-EZ).</i>		
8		
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>		
9a		
b Did one or more disqualified persons (as defined in line 9a) hold a controlling interest in any entity in which the supporting organization had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9b		
c Did a disqualified person (as defined in line 9a) have an ownership interest in, or derive any personal benefit from, assets in which the supporting organization also had an interest? <i>If "Yes," provide detail in Part VI.</i>		
9c		
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>		
10a		
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>		
10b		

Part IV

Supporting Organizations (continued)

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

Section B. Type I Supporting Organizations

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

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>		

Section D. All Type III Supporting Organizations

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

Section E. Type III Functionally-Integrated Supporting Organizations

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 government entity (see instructions)		
2 Activities Test. Answer (a) and (b) below.		
a Did substantially all of the organization's activities during the tax year directly further the exempt purposes of the supported organization(s) to which the organization was responsive? <i>If "Yes," then in Part VI identify those supported organizations and explain how these activities directly furthered their exempt purposes, how the organization was responsive to those supported organizations, and how the organization determined that these activities constituted substantially all of its activities.</i>		
b Did the activities described in (a) constitute activities that, but for the organization's involvement, one or more of the organization's supported organization(s) would have been engaged in? <i>If "Yes," explain in Part VI the reasons for the organization's position that its supported organization(s) would have engaged in these activities but for the organization's involvement.</i>		
3 Parent of Supported Organizations. Answer (a) and (b) 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>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>		

Part V

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

<div>1</div> <div><input type="checkbox"/></div> <div>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.</div>			
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):	1	
a	Average monthly value of securities	1a	
b	Average monthly cash balances	1b	
c	Fair market value of other non-exempt-use assets	1c	
d	Total (add lines 1a, 1b, and 1c)	1d	
e	Discount claimed for blockage or other factors (explain in detail in Part VI):		
2	Acquisition indebtedness applicable to non-exempt use assets	2	
3	Subtract line 2 from line 1d	3	
4	Cash deemed held for exempt use. Enter 1-1/2% of line 3 (for greater amount, see instructions).	4	
5	Net value of non-exempt-use assets (subtract line 4 from line 3)	5	
6	Multiply line 5 by .035	6	
7	Recoveries of prior-year distributions	7	
8	Minimum Asset Amount (add line 7 to line 6)	8	
Section C - Distributable Amount			Current Year
1	Adjusted net income for prior year (from Section A, line 8, Column A)	1	
2	Enter 85% of line 1	2	
3	Minimum asset amount for prior year (from Section B, line 8, Column A)	3	
4	Enter greater of line 2 or line 3	4	
5	Income tax imposed in prior year	5	
6	Distributable Amount. Subtract line 5 from line 4, unless subject to emergency temporary reduction (see instructions)	6	
7		<div><input type="checkbox"/></div> Check here if the current year is the organization's first as a non-functionally-integrated Type III supporting organization (see instructions)	

Part V

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

Section D - Distributions	Current Year
1 Amounts paid to supported organizations to accomplish exempt purposes	
2 Amounts paid to perform activity that directly furthers exempt purposes of supported organizations, in excess of income from activity	
3 Administrative expenses paid to accomplish exempt purposes of supported organizations	
4 Amounts paid to acquire exempt-use assets	
5 Qualified set-aside amounts (prior IRS approval required)	
6 Other distributions (describe in Part VI). See instructions	
7 Total annual distributions. Add lines 1 through 6.	
8 Distributions to attentive supported organizations to which the organization is responsive (provide details in Part VI). See instructions	
9 Distributable amount for 2019 from Section C, line 6	
10 Line 8 amount divided by Line 9 amount	

Section E - Distribution Allocations (see instructions)	(i) Excess Distributions	(ii) Underdistributions Pre-2019	(iii) Distributable Amount for 2019
1 Distributable amount for 2019 from Section C, line 6			
2 Underdistributions, if any, for years prior to 2019 (reasonable cause required-- explain in Part VI). See instructions.			
3 Excess distributions carryover, if any, to 2019:			
a From 2014.			
b From 2015.			
c From 2016.			
d From 2017.			
e From 2018.			
f Total of lines 3a through e			
g Applied to underdistributions of prior years			
h Applied to 2019 distributable amount			
i Carryover from 2014 not applied (see instructions)			
j Remainder. Subtract lines 3g, 3h, and 3i from 3f.			
4 Distributions for 2019 from Section D, line 7:			
\$			
a Applied to underdistributions of prior years			
b Applied to 2019 distributable amount			
c Remainder. Subtract lines 4a and 4b from 4.			
5 Remaining underdistributions for years prior to 2019, if any. Subtract lines 3g and 4a from line 2. If the amount is greater than zero, explain in Part VI. See instructions.			
6 Remaining underdistributions for 2019. Subtract lines 3h and 4b from line 1. If the amount is greater than zero, explain in Part VI. See instructions.			
7 Excess distributions carryover to 2020. Add lines 3j and 4c.			
8 Breakdown of line 7:			
a Excess from 2015.			
b Excess from 2016.			
c Excess from 2017.			
d Excess from 2018.			
e Excess from 2019.			

Additional Data

Software ID:
Software Version:
EIN: 61-1100993
Name: THE COMMUNITY FOUNDATION OF LOUISVILLE
CORPORATE DEPOSITORY INC

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).

Facts And Circumstances Test

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SCHEDULE D
(Form 990)

Department of the Treasury
Internal Revenue Service

Supplemental Financial Statements

► Complete if the organization answered "Yes," on Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.
► Attach to Form 990.
► Go to www.irs.gov/Form990 for instructions and the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE COMMUNITY FOUNDATION OF LOUISVILLE
CORPORATE 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.

1

Total number at end of year

2

Aggregate value of contributions to (during year)

3

Aggregate value of grants from (during year)

4

Aggregate value at end of year

5

Did the organization inform all donors and donor advisors in writing that the assets held in donor advised funds are the organization's property, subject to the organization's exclusive legal control?

6

Did the organization inform all grantees, donors, and donor advisors in writing that grant funds can be used only for charitable purposes and not for the benefit of the donor or donor advisor, or for any other purpose conferring impermissible private benefit?

(a)

Donor advised funds

(b)

Funds and other accounts

Part II

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

1

Purpose(s) of conservation easements held by the organization (check all that apply).

☐ Preservation of land for public use (e.g., recreation or education)

☐ Preservation of an historically important land area

☐ Protection of natural habitat

☐ Preservation of a certified historic structure

☐ Preservation of open space

2

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

a

Total number of conservation easements

b

Total acreage restricted by conservation easements

c

Number of conservation easements on a certified historic structure included in (a)

d

Number of conservation easements included in (c) acquired after 7/25/06, and not on a historic structure listed in the National Register

Held at the End of the Year

2a

2b

2c

2d

3

Number of conservation easements modified, transferred, released, extinguished, or terminated by the organization during the tax year ►

4

Number of states where property subject to conservation easement is located ►

5

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

6

Staff and volunteer hours devoted to monitoring, inspecting, handling of violations, and enforcing conservation easements during the year ►

7

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

8

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

9

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

Part III

Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets.
Complete if the organization answered "Yes" on Form 990, Part IV, line 8.

1a

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

1b

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

(i)

Revenue included on Form 990, Part VIII, line 1 ► \$

(ii)

Assets included in Form 990, Part X ► \$

2

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

a

Revenue included on Form 990, Part VIII, line 1 ► \$

b

Assets included in Form 990, Part X ► \$

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

Cat. No. 52283D

Schedule D (Form 990) 2019

Part III

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

3

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

a☐ Public exhibition

b☐ Scholarly research

c☐ Preservation for future generations

d☐ Loan or exchange programs

e☐ Other

4

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

5

During the year, did the organization solicit or receive donations of art, historical treasures or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection? . . .

☐ Yes

☐ No

Part IV

Escrow and Custodial Arrangements.

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

1a

Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

☐ Yes

☐ No

b

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

	Amount
1c	
1d	
1e	
1f	

c

Beginning balance

d

Additions during the year

e

Distributions during the year

f

Ending balance

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 in Part XIII

☐

Part V

Endowment Funds.

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

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

2

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

a

Board designated or quasi-endowment ▶

b

Permanent endowment ▶

c

Temporarily restricted endowment ▶

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

3a

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

	Yes	No
(i) unrelated organizations	3a(i)	
(ii) related organizations	3a(ii)	
b If "Yes" on 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 10(c).) . . . ▶			0

Schedule D (Form 990) 2019

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. (Column (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. (Column (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.

(a) Description of liability	(b) Book value
1. Federal income taxes	
(2) PAYABLE TO RELATED ORGANIZATION	272,874
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col.(B) line 25.) ▶	272,874

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

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

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

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.

Return Reference	Explanation
See Additional Data Table	

Part XIII Supplemental Information *(continued)*

Return Reference	Explanation

Additional Data

Software ID:
Software Version:
EIN: 61-1100993
Name: THE COMMUNITY FOUNDATION OF LOUISVILLE
CORPORATE DEPOSITORY INC

Supplemental Information

Return Reference	Explanation
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.

Note: To capture the full content of this document, please select landscape mode (11" x 8.5") when printing.

Schedule I
(Form 990)

Department of the Treasury
Internal Revenue Service

Name of the organization
THE COMMUNITY FOUNDATION OF LOUISVILLE
CORPORATE DEPOSITORY INC

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

2019

Open to Public Inspection

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.

(a) Name and address of organization or government	(b) EIN	(c) IRC section (if applicable)	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of noncash assistance	(h) Purpose of grant or assistance
(1) See Additional Data							
(2)							
(3)							
(4)							
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(11)							
(12)							

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table 426

3 Enter total number of other organizations listed in the line 1 table 0

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 noncash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of noncash assistance
(1)					
(2)					
(3)					
(4)					
(5)					
(6)					
(7)					

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

Return Reference	Explanation
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 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.

Additional Data

Software ID:
Software Version:
EIN: 61-1100993
Name: THE COMMUNITY FOUNDATION OF LOUISVILLE
CORPORATE DEPOSITORY INC

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISVILLE METRO GOVERNMENT OFFICE OF THE MAYOR 527 W JEFFERSON STREET LOUISVILLE, KY 40202	32-0049006	GOVERNMENT	2,858,709				S COMMUNITY IMPROVEMENT CAPACITY BUILDING
COMMUNITY FOUNDATION OF LOUISVILLE INC 325 W MAIN STREET SUITE 1110 LOUISVILLE, KY 40202	31-0997017	501(C)(3)	904,350				T PHILANTHROPY VOLUNTARISM AND GRANTMAKING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENTUCKIANAWORKS FOUNDATION INC 410 CHESTNUT STREET SUITE 200 LOUISVILLE, KY 40202	37-1508088	501(C)(3)	829,700				B11 SINGLE ORGANIZATION SUPPORT
EVOLVE502 INC 334 E BROADWAY LOUISVILLE, KY 402020488	83-1877240	501(C)(3)	728,651				B EDUCATIONAL INSTITUTIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASSOCIATION OF COMMUNITY MINISTRIES INC PO BOX 99545 LOUISVILLE, KY 40269	61-1361750	501(C)(3)	700,000				X12 FUNDRAISING AND/OR FUND DISTRIBUTION
UNIVERSITY OF LOUISVILLE FOUNDATION INC ADVANCEMENT SERVICES 2323 S BROOK ST LOUISVILLE, KY 40292	23-7078461	501(C)(3)	563,715				B11 SINGLE ORGANIZATION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RELAPSING POLYCHONDritis AWARENESS AND SUPPORT FOUNDATION 1202 LEXINGTON AVENUE BOX 112 NEW YORK, NY 10028	46-2458916	501(C)(3)	470,000				G19 NONMONETARY SUPPORT N.E.C.*
ST JOSEPH CATHOLIC ORPHANS SOCIETY DBA ST JOSEPH CHILDRENS HOME 2823 FRANKFORT AVENUE LOUISVILLE, KY 40206	61-0475286	501(C)(3)	405,000				P73 GROUP HOME (LONG-TERM PRIMARILY ASSISTED LIVING)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISVILLE URBAN LEAGUE 1535 WEST BROADWAY LOUISVILLE, KY 40203	61-0444771	501(C)(3)	361,272				P22 URBAN LEAGUE
SEVEN COUNTY SERVICES 10101 LINN STATION ROAD SUITE 600 LOUISVILLE, KY 402233812	31-0939757	501(C)(3)	342,610				F30 MENTAL HEALTH TREATMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HARBOR HOUSE OF LOUISVILLE 2231 LOWER HUNTERS TRACE LOUISVILLE, KY 40216	61-1216323	501(C)(3)	267,500				A70 HUMANITIES ORGANIZATIONS
KENTUCKY YOUTH ADVOCATES 10200 LINN STATION ROAD SUITE 310 LOUISVILLE, KY 40223	61-0929390	501(C)(3)	218,707				R20 CIVIL RIGHTS ADVOCACY FOR SPECIFIC GROUPS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NORTON HEALTHCARE FOUNDATION INC DEPT 86148 PO BOX 950184 LOUISVILLE, KY 402950184	31-0914919	501(C)(3)	162,847				E11 SINGLE ORGANIZATION SUPPORT
HEALING PLACE INC 1020 WEST MARKET ST LOUISVILLE, KY 40202	61-1164775	501(C)(3)	142,000				F20 ALCOHOL DRUG AND SUBSTANCE ABUSE DEPENDENCY PREVENTION & TREATMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN RED CROSS - LOUISVILLE AREA CHAPTER 510 EAST CHESTNUT STREET PO BOX 1675 LOUISVILLE, KY 40202	53-0196605	501(C)(3)	136,000				M20 DISASTER PREPAREDNESS AND RELIEF SERVICE
SWEET EVENING BREEZE 1151 S 4TH STREET SUITE 210 LOUISVILLE, KY 40203	83-4047022	501(C)(3)	131,021				L40 LOW-COST TEMPORARY HOUSING (INCLUDES YOUTH HOSTELS)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOME OF THE INNOCENTS 1100 E MARKET ST LOUISVILLE, KY 40206	61-0445834	501(C)(3)	130,500				P30 CHILDREN'S AND YOUTH SERVICES
LHOME PO BOX 211028 LOUISVILLE, KY 40221	45-4127209	501(C)(3)	125,000				L21 PUBLIC HOUSING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHAWNEE CHRISTIAN HEALTHCARE CENTER INC 234 AMY AVENUE LOUISVILLE, KY 40211	26-4345390	501(C)(3)	120,000				B99 EDUCATION N.E.C.*
BATES COMMUNITY DEVELOPMENT CENTER 1228 S JACKSON STREET LOUISVILLE, KY 40203	61-1303937	501(C)(3)	107,500				S31 URBAN COMMUNITY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GOODWILL INDUSTRIES OF KENTUCKY 1325 SOUTH FOURTH STREET LOUISVILLE, KY 402082313	61-0475284	501(C)(3)	105,000				J32 GOODWILL INDUSTRIES
CATHOLIC CHARITIES OF LOUISVILLE INC 2911 S FOURTH STREET LOUISVILLE, KY 40208	61-1239600	501(C)(3)	105,000				P99 HUMAN SERVICES-MULTIPURPOSE & OTHER N.E.C.*

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LUMINA FOUNDATION FOR EDUCATION 30 SOUTH MERIDIAN STREET SUITE 700 INDIANAPOLIS, IN 46204	35-1813228	501(C)(3)	101,671				T22 PRIVATE INDEPENDENT FOUNDATIONS
NORTH OLDHAM HIGH SCHOOL ATHLETIC BOOSTERS CLUB 1815 SOUTH HIGHWAY 1793 GOSHEN, KY 40026	43-2021765	501(C)(3)	100,400				B11 SINGLE ORGANIZATION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLESSINGS IN A BACKPACK INC PO BOX 950291 LOUISVILLE, KY 40295	26-1964620	501(C)(3)	99,882				P20 HUMAN SERVICE ORGANIZATIONS
CABBAGE PATCH SETTLEMENT HOUSE INC 1413 SOUTH SIXTH STREET LOUISVILLE, KY 40208	61-0458359	501(C)(3)	86,000				P28 NEIGHBORHOOD CENTER SETTLEMENT HOUSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WAYSIDE CHRISTIAN MISSION PO BOX 7249 LOUISVILLE, KY 402570249	61-0667139	501(C)(3)	86,000				P20 HUMAN SERVICE ORGANIZATIONS
CHANGE TODAY CHANGE TOMORROW INC 1031 E WASHINGTON STREET LOUISVILLE, KY 40206	84-3715550	501(C)(3)	85,000				B25 SECONDARY/HIGH SCHOOL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST VINCENT DE PAUL SOCIETY COUNCIL OF LOUISVILLE ATTN ACCOUNTING DEPT PO BOX 17126 LOUISVILLE, KY 402170126	61-0727110	501(C)(3)	83,500				P85 HOMELESS SERVICES/CENTERS
FAMILY COMMUNITY CLINIC INC 1420 E WASHINGTON ST LOUISVILLE, KY 40206	27-2994215	501(C)(3)	82,500				E HEALTH-GENERAL & REHABILITATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNIVERSITY OF KENTUCKY FINANCIAL AID OFFICE 128 FUNKHOUSER BUILDING LEXINGTON, KY 405060054	61-6001218	501(C)(3)	81,784				B43 UNIVERSITY OR TECHNOLOGICAL
USA CARES INC 11760 COMMONWEALTH DRIVE LOUISVILLE, KY 40299	05-0588761	501(C)(3)	81,000				L01 ALLIANCE/ADVOCACY ORGANIZATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PILLAR 7408 HWY 329 CRESTWOOD, KY 400148884	61-1159539	501(C)(3)	80,500				P73 GROUP HOME (LONG-TERM PRIMARILY ASSISTED LIVING)
FAMILY SCHOLAR HOUSE INC 403 REG SMITH CIRCLE LOUISVILLE, KY 402082746	61-1285124	501(C)(3)	80,000				P42 SINGLE PARENT AGENCIES/SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HURSTBOURNE CHRISTIAN CHURCH 601 NOTTINGHAM PARKWAY LOUISVILLE, KY 40222	61-0712799	501(C)(3)	79,500				X RELIGION SPIRITUAL DEVELOPMENT
LOUISVILLE CENTRAL COMMUNITY CENTER INC 1300 W MUHAMMAD ALI BLVD LOUISVILLE, KY 40203	61-0590743	501(C)(3)	78,014				P30 CHILDREN'S AND YOUTH SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YOUNG ADULT DEVELOPMENT IN ACTION INC AKA YOUTHBUILD AKA YOUTHBUILD PO BOX 638 LOUISVILLE, KY 40201	61-1374470	501(C)(3)	76,100				P30 CHILDREN'S AND YOUTH SERVICES
FAMILY & CHILDREN'S PLACE 525 ZANE ST LOUISVILLE, KY 40203	61-0549561	501(C)(3)	75,750				P40 FAMILY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE SALVATION ARMY - LOUISVILLE AREA COMMAND PO BOX 2229 LOUISVILLE, KY 40201	58-0660607	501(C)(3)	75,000				P24 SALVATION ARMY
FAMILY HEALTH CENTERS 2215 PORTLAND AVE LOUISVILLE, KY 40212	61-0716483	501(C)(3)	75,000				E32 AMBULATORY HEALTH CENTER COMMUNITY CLINIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SOWING SEEDS WITH FAITH 1221 FIRST GETHSEMANE AVE LOUISVILLE, KY 40208	81-4862518	501(C)(3)	75,000				X RELIGION SPIRITUAL DEVELOPMENT
THETA OMEGA INC PO BOX 3011 LOUISVILLE, KY 40201	61-1379442	501(C)(3)	75,000				O50 YOUTH DEVELOPMENT PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOUSE OF RUTH INC 607 E SAINT CATHERINE ST LOUISVILLE, KY 40203	61-1231355	501(C)(3)	73,900				E60 HEALTH SUPPORT SERVICES
LOUISVILLE DENTAL SOCIETY 1920 NELSON MILLER PKWY LOUISVILLE, KY 40223	61-0726110	501(C)(3)	72,000				B99 EDUCATION N.E.C.*

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OWENSBORO-DAVIESS COUNTY REGIONAL DENTAL CLINIC INC 2811 NEW HARTFORD ROAD SUITE A OWENSBORO, KY 42303	26-2343126	501(C)(3)	71,000				E32 AMBULATORY HEALTH CENTER COMMUNITY CLINIC
BLACK COMMUNITY DEVELOPMENT CORPORATION 1619 W MAIN STREET LOUISVILLE, KY 40203	61-1233868	501(C)(3)	70,500				S20 COMMUNITY/NEIGHBORHOOD DEVELOPMENT IMPROVEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHILDREN'S HOSPITAL FOUNDATION - LOUISVILLE 234 E GRAY ST 450 LOUISVILLE, KY 40202	61-6027530	501(C)(3)	70,000				E11 SINGLE ORGANIZATION SUPPORT
MISSION LEXINGTON INC 230 S MARTIN LUTHER KING BLVD LEXINGTON, KY 40508	20-2824933	501(C)(3)	70,000				E70 PUBLIC HEALTH PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SIMMONS COLLEGE OF KENTUCKY 1018 SOUTH 7TH ST LOUISVILLE, KY 40203	20-5289168	501(C)(3)	70,000				B43 UNIVERSITY OR TECHNOLOGICAL
THE MORTON CENTER INC 1028 BARRETT AVE LOUISVILLE, KY 40204	31-1068020	501(C)(3)	70,000				F22 ALCOHOL DRUG ABUSE (TREATMENT ONLY)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICANA COMMUNITY CENTER 4801 SOUTHSIDE DR LOUISVILLE, KY 402142111	61-1251306	501(C)(3)	69,500				P84 ETHNIC/IMMIGRANT SERVICES
GILDA'S CLUB 2440 GRINSTEAD DRIVE LOUISVILLE, KY 40204	20-1635170	501(C)(3)	68,000				G30 CANCER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BELLARMINE UNIVERSITY 2001 NEWBURG ROAD LOUISVILLE, KY 402050671	61-0482955	501(C)(3)	66,500				B43 UNIVERSITY OR TECHNOLOGICAL
VOLUNTEERS OF AMERICA MID-STATES AKA VOLUNTEERS OF AMERICA OF KENTUCKY 570 S FOURTH ST 100 LOUISVILLE, KY 40202	61-0480950	501(C)(3)	66,500				P26 VOLUNTEERS OF AMERICA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOLY CROSS HIGH SCHOOL 5144 DIXIE HIGHWAY LOUISVILLE, KY 40216	53-0196617	RELIGIOUS ORGANIZATI	66,000				B25 SECONDARY/HIGH SCHOOL
ST JOHN CENTER FOR THE HOMELESS 700 EAST MUHAMMAD ALI BOULEVARD LOUISVILLE, KY 402023614	61-1135907	501(C)(3)	66,000				L41 TEMPORARY SHELTER FOR THE HOMELESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BOYS & GIRLS CLUBS INC AKA BOYS GIRLS CLUBS OF KENTUCKIANA 3900 CRITTENDEN DRIVE LOUISVILLE, KY 40209	61-0568789	501(C)(3)	65,000				O23 BOYS AND GIRLS CLUBS (COMBINED)
KENTUCKY PERFORMING ARTS FOUNDATION INC DBA KENTUCKY CENTER FOR THE PERFORMING ARTS 501 W MAIN ST LOUISVILLE, KY 40202	31-0999046	501(C)(3)	65,000				A11 SINGLE ORGANIZATION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENTUCKY UNITED METHODIST HOMES FOR CHILDREN & YOUTH ATTN DEVELOPMENT DEPARTMENT 1115 ASHGROVE ROAD NICHOLASVILLE, KY 40356	61-0458375	501(C)(3)	65,000				P20 HUMAN SERVICE ORGANIZATIONS
PLAY COUSINS COLLECTIVE 401 NORTHWESTERN PARKWAY LOUISVILLE, KY 40212	82-2811602	501(C)(3)	62,500				B99 EDUCATION N.E.C.*

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HABITAT FOR HUMANITY OF METRO LOUISVILLE INC 1620 BANK STREET LOUISVILLE, KY 40203	58-1735528	501(C)(3)	60,500				L HOUSING SHELTER
TIDES CENTER PO BOX 399385 SAN FRANCISCO, CA 941399385	94-3213100	501(C)(3)	60,000				W02 MANAGEMENT & TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
URSULINE SISTERS OF LOUISVILLE 3105 LEXINGTON ROAD LOUISVILLE, KY 40206	61-0449662	RELIGIOUS ORGANIZATI	57,500				B EDUCATIONAL INSTITUTIONS
DARE TO CARE INC PO BOX 35458 LOUISVILLE, KY 40232	23-7345952	501(C)(3)	56,000				K31 FOOD BANKS FOOD PANTRIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE BACKSIDE LEARNING CENTER 3131 S 2ND ST 389 LOUISVILLE, KY 40208	37-1803514	501(C)(3)	55,500				B EDUCATIONAL INSTITUTIONS
JEWISH FAMILY & CAREER SERVICES OF LOUISVILLE INC PO BOX 32578 LOUISVILLE, KY 40232	61-0444704	501(C)(3)	55,000				P20 HUMAN SERVICE ORGANIZATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
2NOT1 FATHERHOOD AND FAMILIES PO BOX 2791 LOUISVILLE, KY 40201	26-2914155	501(C)(3)	55,000				P42 SINGLE PARENT AGENCIES/SERVICES
THE BAIL PROJECT PO BOX 750 VENICE, CA 90294	81-4985512	501(C)(3)	55,000				I44 PRISON ALTERNATIVES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ACADEMY OF MUSIC PRODUCTION EDUCATION AND DEVELOPMENT 4425 GREENWOOD AVENUE LOUISVILLE, KY 40211	47-1113120	501(C)(3)	55,000				A68 MUSIC
BRIDGE KIDS INTERNATIONAL INC 501 W KENWOOD DRIVE LOUISVILLE, KY 40214	84-1681205	501(C)(3)	55,000				Q33 INTERNATIONAL RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SMOKETOWN FAMILY WELLNESS CENTER 760 S HANCOCK ST SUITE B100 LOUISVILLE, KY 40203	47-4155748	501(C)(3)	53,334				E32 AMBULATORY HEALTH CENTER COMMUNITY CLINIC
ACTIVE HEROES 5809 BARDSTOWN ROAD LOUISVILLE, KY 40291	45-4138378	501(C)(3)	51,000				P20 HUMAN SERVICE ORGANIZATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LA CASITA CENTER PO BOX 1844 LOUISVILLE, KY 40201	74-3178408	501(C)(3)	50,000				P33 CHILD DAY CARE
WATERSTEP AKA EDGE OUTREACH INC 625 MYRTLE AVENUE LOUISVILLE, KY 40208	61-1262016	501(C)(3)	50,000				M20 DISASTER PREPAREDNESS AND RELIEF SERVICE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST LOUISVILLE PERFORMING ARTS ACADEMY 323 WEST BROADWAY 4TH FLOOR LOUISVILLE, KY 40202	61-1181511	501(C)(3)	50,000				A6B SINGING CHORAL
JEWISH COMMUNITY OF LOUISVILLE INC 3600 DUTCHMANS LANE LOUISVILLE, KY 40205	61-0444765	501(C)(3)	50,000				T70 FUNDRAISING ORGANIZATIONS THAT CROSS CATEGORIES (INCLUDES COMMUNITY FUNDS)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA OF GREATER LOUISVILLE 2400 CRITTENDEN DRIVE LOUISVILLE, KY 40217	61-0444843	501(C)(3)	50,000				P27 YMCA YWCA YWHA YMHA
UNIVERSITY OF LOUISVILLE RESEARCH FOUNDATION INC STEVENSON HALL 516 LOUISVILLE, KY 40292	61-1029626	501(C)(3)	50,000				B05 RESEARCH INSTITUTES AND/OR PUBLIC POLICY ANALYSIS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ACTORS THEATRE OF LOUISVILLE INC 316 WEST MAIN STREET LOUISVILLE, KY 40202	61-0645030	501(C)(3)	50,000				A65 THEATER
NAMI LOUISVILLE INC 708 W MAGAZINE SUITE 144 LOUISVILLE, KY 40203	31-0969518	501(C)(3)	48,816				F30 MENTAL HEALTH TREATMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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UNIVERSITY OF KENTUCKY GIFTS RECEIVING OFFICE 210 MALABU DRIVE SUITE 200 LEXINGTON, KY 405060054	61-6001218	GOVERNMENT	48,500				B40 HIGHER ED INSTITUTIONS
WELLSPRING INC PO BOX 1927 LOUISVILLE, KY 40201	31-1020023	501(C)(3)	48,000				F33 GROUP HOME RESIDENTIAL TREATMENT FACILITY-MENTAL HEALTH RELATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SKILLZ 4 LIFE INC 204 E JACOB ST LOUISVILLE, KY 40203	47-2287725	501(C)(3)	47,900				B21 KINDERGARTEN NURSERY SCHOOLS PRESCHOOL EARLY ADMISSIONS
DREAMS WITH WINGS 1579 BARDSTOWN ROAD LOUISVILLE, KY 40205	61-1371540	501(C)(3)	47,215				P99 HUMAN SERVICES- MULTIPURPOSE & OTHER N.E.C.*

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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KMAC MUSEUM 715 WEST MAIN STREET LOUISVILLE, KY 40202	61-0985312	501(C)(3)	45,500				A40 VISUAL ARTS ORGANIZATIONS
LEE INITIATIVE 610 W MAGNOLIA AVE LOUISVILLE, KY 40208	82-3884798	501(C)(3)	45,000				J01 ALLIANCE/ADVOCACY ORGANIZATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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KENTUCKY CENTER FOR SPECIAL CHILDREN SERVICES DBA CARRIAGE HOUSE 13101 EASTPOINT PARK BLVD LOUISVILLE, KY 40223	61-0680753	501(C)(3)	45,000				B99 EDUCATION N.E.C.*
OPERATION CARE INC PO BOX 1393 SHELBYVILLE, KY 40066	61-1211189	501(C)(3)	45,000				P60 EMERGENCY ASSISTANCE (FOOD CLOTHING CASH)

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

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
USPIRITUS INC 3121 BROOKLAWN CAMPUS DRIVE LOUISVILLE, KY 40218	61-0471572	501(C)(3)	42,500				F33 GROUP HOME RESIDENTIAL TREATMENT FACILITY-MENTAL HEALTH RELATED
FATHER MALONEY'S BOYS' HAVEN INC AKA BOYS AND GIRLS HAVEN 2301 GOLDSMITH LANE LOUISVILLE, KY 40218	61-0479621	501(C)(3)	41,500				P70 RESIDENTIAL CUSTODIAL CARE (GROUP HOME)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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COALITION FOR THE HOMELESS 1300 S 4TH ST 250 LOUISVILLE, KY 40208	61-1118307	501(C)(3)	41,046				L01 ALLIANCE/ADVOCACY ORGANIZATIONS
VISUALLY IMPAIRED PRESCHOOL SERVICES INC 1906 GOLDSMITH LANE LOUISVILLE, KY 40218	61-1061973	501(C)(3)	41,000				B28 SPECIAL ED INSTITUTIONS/ SCHOOLS FOR VISUALLY OR HEARING IMPAIRED LEARNING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SOS INTERNATIONAL INC AKA SUPPLIES OVER SEAS 1500 ARLINGTON AVE LOUISVILLE, KY 40206	27-2624272	501(C)(3)	41,000				Q INTERNATIONAL FOREIGN AFFAIRS AND NATIONAL SECURITY
AMERICAN HEART ASSOCIATION GREAT RIVERS AFFILIATE - LOUISVILLE DIVISION 240 WHITTINGTON PARKWAY LOUISVILLE, KY 40222	13-5613797	501(C)(3)	40,200				G43 HEART AND CIRCULATORY SYSTEM

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NEIGHBORHOOD HOUSE 201 NORTH 25TH STREET LOUISVILLE, KY 40212	61-0445842	501(C)(3)	40,000				P28 NEIGHBORHOOD CENTER SETTLEMENT HOUSE
BETHLEHEM HIGH SCHOOL 309 WEST STEPHEN FOSTER AVE BARDSTOWN, KY 40004	61-0592028	501(C)(3)	40,000				B EDUCATIONAL INSTITUTIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SURVIVORS CORNER LLC 900 S SHELBY ST LOUISVILLE, KY 40203	83-1068255	501(C)(3)	40,000				P62 VICTIMS' SERVICES
BIG BROTHERS BIG SISTERS OF KENTUCKIANA 1519 GARDINER LANE SUITE B LOUISVILLE, KY 40218	61-6057856	501(C)(3)	40,000				O31 BIG BROTHER BIG SISTERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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DOUGLASS BOULEVARD CHRISTIAN CHURCH 2005 DOUGLASS BOULEVARD LOUISVILLE, KY 40205	61-0449616	501(C)(3)	40,000				X RELIGION SPIRITUAL DEVELOPMENT
LINCOLN FOUNDATION 4322 BISHOP LANE LOUISVILLE, KY 40218	61-0449631	501(C)(3)	40,000				B90 EDUCATIONAL SERVICES AND SCHOOLS-OTHER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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DOWN SYNDROME OF LOUISVILLE INC 5001 S HURSTBOURNE PARKWAY LOUISVILLE, KY 40291	61-1214126	501(C)(3)	39,500				G25 DOWN'S SYNDROME
LOUISVILLE ORCHESTRA INC 620 W MAIN STREET STE 600 LOUISVILLE, KY 40202	61-6000384	501(C)(3)	37,000				A69 SYMPHONY ORCHESTRAS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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RECENTER MINISTRIES 733 EAST JEFFERSON ST LOUISVILLE, KY 40202	61-1328488	501(C)(3)	35,000				X21 PROTESTANT
NEW LEGACY REENTRY CORP 1115 GARVIN PL LOUISVILLE, KY 40203	45-2406993	501(C)(3)	35,000				I40 REHABILITATION SERVICES FOR OFFENDERS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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STAGE ONE THE LOUISVILLE CHILDREN'S THEATRE AKA STAGEONE FAMILY THEATRE 315 W MARKET ST SUITE 2S LOUISVILLE, KY 40202	61-0466715	501(C)(3)	35,000				A65 THEATER
KENTUCKY SHAKESPEARE FESTIVAL 323 W BROADWAY 401 LOUISVILLE, KY 402022476	61-6036654	501(C)(3)	35,000				A65 THEATER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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KINGDOM FELLOWSHIP CHRISTIAN LIFE CENTER 324 EAST BROADWAY LOUISVILLE, KY 40202	26-1774011	RELIGIOUS ORGANIZATI	35,000				X20 CHRISTIAN
POST CLINIC INC PO BOX 550 125 WEST MAIN STREET MT STERLING, KY 40353	31-1515325	501(C)(3)	34,500				E60 HEALTH SUPPORT SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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JEFFERSON STREET BAPTIST COMMUNITY AT LIBERTY 800 E LIBERTY ST LOUISVILLE, KY 40204	61-1206312	501(C)(3)	33,500				X RELIGION SPIRITUAL DEVELOPMENT
YOUTH GOLF COALITION INC DBA THE FIRST TEE OF LOUISVILLE 460 NORTHWESTERN PKWY LOUISVILLE, KY 40212	20-0977578	501(C)(3)	32,500				N6A GOLF (COUNTRY CLUBS USE N50)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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KENTUCKY REFUGEE MINISTRIES INC 969-B CHEROKEE ROAD LOUISVILLE, KY 40204	61-1229842	501(C)(3)	32,340				X20 CHRISTIAN
ONEWEST CORPORATION 2028 W BROADWAY STE 104 LOUISVILLE, KY 40203	47-3080680	501(C)(3)	32,000				S30 ECONOMIC DEVELOPMENT

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

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KENTUCKY DANCE COUNCIL INC DBA LOUISVILLE BALLET 315 EAST MAIN STREET LOUISVILLE, KY 40202	61-6033779	501(C)(3)	31,000				A63 BALLET
OWSLEY BROWN FRAZIER HISTORICAL ARMS MUSEUM FOUNDATION INC DBA THE FRAZIER HISTORY MUSEUM 829 W MAIN ST LOUISVILLE, KY 40202	61-1378343	501(C)(3)	30,000				A54 HISTORY MUSEUMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LOUISVILLE JEFFERSON COUNTY METRO GOVERNMENT DEPARTMENT OF FINANCE 611 W JEFFERSON STREET LOUISVILLE, KY 40202	32-0049006	GOVERNMENT	30,000				S COMMUNITY IMPROVEMENT CAPACITY BUILDING
FUND FOR THE ARTS INC 623 WEST MAIN STREET LOUISVILLE, KY 40202	61-0479626	501(C)(3)	30,000				A12 FUNDRAISING AND/OR FUND DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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COMMUNITY HEALTH CLINIC INC 1113 WOODLAND DRIVE ELIZABETHTOWN, KY 42701	30-0042070	501(C)(3)	30,000				E32 AMBULATORY HEALTH CENTER COMMUNITY CLINIC
KENTUCKY COMMUNITY & TECHNICAL COLLEGE SYSTEM FOUNDATION INC 300 N MAIN ST VERSAILLES, KY 40383	61-1351918	501(C)(3)	30,000				B30 VOCATIONAL TECHNICAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ELDERSERVE INC 215 W BRECKINRIDGE STREET LOUISVILLE, KY 40203	61-6024140	501(C)(3)	30,000				P81 SENIOR CENTERS/SERVICES
COMMONWEALTH THEATRE CENTER 1123 PAYNE STREET LOUISVILLE, KY 40204	61-0902722	501(C)(3)	30,000				A26 ARTS COUNCIL/AGENCY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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KENTUCKY HARVEST 7705 NATIONAL TURNPIKE LOUISVILLE, KY 40214	61-1135269	501(C)(3)	30,000				X20 CHRISTIAN
HOSPARUS INC 3532 EPHRAIM MCDOWELL DRIVE LOUISVILLE, KY 40205	61-0921718	501(C)(3)	28,500				P74 HOSPICE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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RIVER CITY DRUM CORP CULTURAL ARTS INSTITUTE INC 3308 CHAUNCEY AVE LOUISVILLE, KY 40211	55-0820407	501(C)(3)	27,166				A20 ARTS CULTURAL ORGANIZATIONS-MULTIPURPOSE
UP FOR WOMEN AND CHILDREN 425 S 2ND STREET LOUISVILLE, KY 40202	82-3049204	501(C)(3)	27,000				A20 ARTS CULTURAL ORGANIZATIONS-MULTIPURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SHIRLEYS WAY 10966 DIXIE HWY LOUISVILLE, KY 40272	90-1024077	501(C)(3)	25,539				P HUMAN SERVICES
PEACE EDUCATION PROGRAM INC AKA PEACE ED 318 W KENTUCKY STREET LOUISVILLE, KY 40203	61-1220204	501(C)(3)	25,500				P30 CHILDREN'S AND YOUTH SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LIFEHOUSE INC 2710 REIDLING RD LOUISVILLE, KY 40206	20-8514733	501(C)(3)	25,000				P31 ADOPTION
SAINT JOSEPH HOSPITAL FOUNDATION INC 1451 HARRODSBURG ROAD D308 LEXINGTON, KY 40504	61-1159649	501(C)(3)	25,000				X20 CHRISTIAN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CENTER FOR WOMEN AND FAMILIES PO BOX 2048 LOUISVILLE, KY 402012048	61-0444846	501(C)(3)	25,000				P43 FAMILY VIOLENCE SHELTERS AND SERVICES
APRON INC 291 N HUBBARDS LANE STE B26-266 LOUISVILLE, KY 40207	45-3445756	501(C)(3)	25,000				P60 EMERGENCY ASSISTANCE (FOOD CLOTHING CASH)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HOMELESS COALITION OF SOUTHERN INDIANA PO BOX 1871 NEW ALBANY, IN 47151	81-1637476	501(C)(3)	25,000				L41 TEMPORARY SHELTER FOR THE HOMELESS
SENIORCARE EXPERTS INC 145 THIERMAN LANE LOUISVILLE, KY 40207	61-0860265	501(C)(3)	25,000				P81 SENIOR CENTERS/SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR EMPLOYMENT OPPORTUNITIES INC 1115 GARVIN PLACE LOUISVILLE, KY 40203	13-3843322	501(C)(3)	25,000				J20 EMPLOYMENT PROCUREMENT ASSISTANCE AND JOB TRAINING
FULLER CENTER FOR HOUSING INC 4102 W MARKET ST LOUISVILLE, KY 40212	26-2726083	501(C)(3)	25,000				L HOUSING SHELTER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PERSONAL COUNSELING SERVICES INC 1205 APPLGATE LANE CLARKSVILLE, IN 47129	31-0919635	501(C)(3)	25,000				F MENTAL HEALTH CRISIS INTERVENTION
BEACON HOUSE AFTERCARE PROGRAM 963 SOUTH 2ND STREET LOUISVILLE, KY 40203	31-1497608	501(C)(3)	25,000				F22 ALCOHOL DRUG ABUSE (TREATMENT ONLY)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENTUCKY HARM REDUCTION COALITION 620 S 3RD ST SUITE 102 LOUISVILLE, KY 40202	47-2915414	501(C)(3)	25,000				B01 ALLIANCE/ADVOCACY ORGANIZATIONS
EDITH & HENRY HEUSER HEARING INSTITUTE DBA HEUSER HEARING INSTITUTE 111 E KENTUCKY ST LOUISVILLE, KY 40203	61-1383955	501(C)(3)	25,000				H42 EAR AND THROAT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MUSICIANS EMERGENCY RESOURCE FOUNDATION INC 3044 BARDSTOWN ROAD SUITE 281 LOUISVILLE, KY 40205	03-0524329	501(C)(3)	25,000				P60 EMERGENCY ASSISTANCE (FOOD CLOTHING CASH)
CATHEDRAL OF THE ASSUMPTION 433 SOUTH FIFTH STREET LOUISVILLE, KY 40202	61-0447247	501(C)(3)	25,000				X RELIGION SPIRITUAL DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RUSSELL DEVELOPMENT COMPANY INC 1450 N BROADWAY LEXINGTON, KY 40505	47-5221522	501(C)(3)	25,000				T30 PUBLIC FOUNDATIONS
COMMUNITY ADVOCATES FOR RESOURCES & EMPOWERMENT INC 1469 S 4TH STREET LOUISVILLE, KY 40208	61-1356594	501(C)(3)	25,000				B82 SCHOLARSHIPS STUDENT FINANCIAL AID AWARDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST GEORGE'S SCHOLAR INSTITUTE 1600 W ST CATHERINE STREET LOUISVILLE, KY 40210	61-0651560	501(C)(3)	25,000				B EDUCATIONAL INSTITUTIONS
MOM'S CLOSET RESOURCE CENTER 11921 BRINLEY AVE STE 101 LOUISVILLE, KY 40243	32-0049180	501(C)(3)	25,000				P40 FAMILY SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SISTERS OF CHARITY OF NAZARETH PO BOX 9 NAZARETH, KY 40048	61-0444781	501(C)(3)	25,000				X22 ROMAN CATHOLIC
GLOBAL GAME CHANGERS CHILDRENS EDUCATION INITIATIVE 304 MOCKINGBIRD VALLEY RD LOUISVILLE, KY 40207	46-3268917	501(C)(3)	25,000				B90 EDUCATIONAL SERVICES AND SCHOOLS-OTHER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DELTA FOUNDATION INC 3019 RADIANCE RD LOUISVILLE, KY 40220	82-2060774	501(C)(3)	25,000				I21 DELINQUENCY PREVENTION
A&L'S LEVELED WOMEN IN LOVING MEMORY OF APRIL LOWE & LYDIA 1782 DIXDALE AVE APT 103 LOUISVILLE, KY 40210	82-3732184	501(C)(3)	25,000				L01 ALLIANCE/ADVOCACY ORGANIZATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AMERICAN FARMLAND TRUST 1150 CONNECTICUT AVE NW STE 600 WASHINGTON, DC 20036	52-1190211	501(C)(3)	24,500				K25 FARMLAND PRESERVATION
CATHOLIC EDUCATION FOUNDATION 401 W MAIN ST 806 LOUISVILLE, KY 40202	61-1294640	501(C)(3)	24,000				B82 SCHOLARSHIPS STUDENT FINANCIAL AID AWARDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISVILLE YOUTH GROUP 417 E BROADWAY LOUISVILLE, KY 40202	61-1340329	501(C)(3)	24,000				B EDUCATIONAL INSTITUTIONS
SPECIAL OLYMPICS KENTUCKY INC 105 LAKEVIEW CT FRANKFORT, KY 40601	61-0954571	501(C)(3)	23,000				N72 SPECIAL OLYMPICS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MISSION FRANKFORT CLINIC INC 201 SAINT CLAIR ST FRANKFORT, KY 40601	41-2199345	501(C)(3)	22,500				E30 HEALTH TREATMENT FACILITIES (PRIMARILY OUTPATIENT)
NEW ROOTS 1800 PORTLAND AVENUE LOUISVILLE, KY 40203	27-0700459	501(C)(3)	22,500				K99 OTHER FOOD AGRICULTURE NUTRITION N.E.C.*

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
COMMONWEALTH HEALTH FOUNDATION 800 PARK STREET BOWLING GREEN, KY 42102	61-1362000	501(C)(3)	22,500				E12 FUNDRAISING AND/OR FUND DISTRIBUTION
FLAGET MEMORIAL HOSPITAL FOUNDATION 4305 NEW SHEPHERDSVILLE ROAD BARDSTOWN, KY 40004	56-2351341	501(C)(3)	20,833				X22 ROMAN CATHOLIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FRIENDS OF NICOLE 50 50 MENTORING COLLABORATIVE 4416 TAYLOR BLVD APT 5 LOUISVILLE, KY 40215	84-1897307	501(C)(3)	20,500				O50 YOUTH DEVELOPMENT PROGRAMS
METRO UNITED WAY INC 334 E BROADWAY PO BOX 4488 LOUISVILLE, KY 402040488	61-0444680	501(C)(3)	20,000				P30 CHILDREN'S AND YOUTH SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GUTHRIE OPPORTUNITY CENTER FOUNDATION INC 900 NUTTER DRIVE BARDSTOWN, KY 40004	45-2999517	501(C)(3)	20,000				P11 SINGLE ORGANIZATION SUPPORT
WKU FOUNDATION INC 292 ALUMNI AVE SUITE 305 BOWLING GREEN, KY 42101	61-1251555	501(C)(3)	20,000				B11 SINGLE ORGANIZATION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SEED TO OAKS 710 E BROADWAY LOUISVILLE, KY 40202	46-1918089	501(C)(3)	20,000				X20 CHRISTIAN
GREATER LOUISVILLE FOUNDATION INC 614 W MAIN ST 6000 LOUISVILLE, KY 40202	61-1131064	501(C)(3)	20,000				T31 COMMUNITY FOUNDATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SHIVELY AREA MINISTRIES 4415 DIXIE HWY LOUISVILLE, KY 40216	61-1134579	501(C)(3)	20,000				L80 OTHER HOUSING SUPPORT SERVICES
UNITED BURUNDIAN AMERICAN COMMUNITY ASSOCIATION INC 7435 APPLE MILL DRIVE LOUISVILLE, KY 40228	68-0658204	501(C)(3)	20,000				P84 ETHNIC/IMMIGRANT SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE COUNCIL ON DEVELOPMENTAL DISABILITIES INC 2214 DUNDEE RD STE A LOUISVILLE, KY 40205	61-0476686	501(C)(3)	20,000				P82 DEVELOPMENTALLY DISABLED SERVICES/CENTERS
CIRCUIT CLERKS TRUST FOR LIFE INC 982 EASTERN PKWY STE 13 LOUISVILLE, KY 40217	61-1228487	501(C)(3)	20,000				W99 PUBLIC SOCIETY BENEFIT-MULTIPURPOSE & OTHER N.E.C.*

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPTIONS UNLIMITED 205 CASTLEROCK DRIVE SHEPHERDSVILLE, KY 40165	61-1127049	501(C)(3)	20,000				B99 EDUCATION N.E.C.*
LOVE TRANSFORMATION PROJECT INC 7605 WOODRIDGE DR PEWEE VALLEY, KY 40056	81-2332323	501(C)(3)	20,000				P99 HUMAN SERVICES- MULTIPURPOSE & OTHER N.E.C.*

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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RED BIRD CLINIC INC 53 QUEENDALE CTR BEVERLY, KY 40913	61-0945454	501(C)(3)	20,000				E30 HEALTH TREATMENT FACILITIES (PRIMARYLY OUTPATIENT)
NELSON COUNTY COMMUNITY CLINIC INC 300 WEST JOHN FITCH AVE 200 BARDSTOWN, KY 40004	20-4876401	501(C)(3)	20,000				E30 HEALTH TREATMENT FACILITIES (PRIMARYLY OUTPATIENT)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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DAY SPRING FOUNDATION 3430 DAY SPRING COURT LOUISVILLE, KY 40213	61-1273310	501(C)(3)	20,000				P82 DEVELOPMENTALLY DISABLED SERVICES/CENTERS
NATIVITY ACADEMY AT ST BONIFACE 529 E LIBERTY STREET LOUISVILLE, KY 40202	51-0450314	501(C)(3)	20,000				B24 PRIMARY/ELEMENTARY SCHOOL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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KEEPING IT REAL LOVING CARING SHARING IN THE NEIGHBORHOOD INSTIT 2900 W BROADWAY LOUISVILLE, KY 40211	14-1889913	501(C)(3)	20,000				P99 HUMAN SERVICES-MULTIPURPOSE & OTHER N.E.C.*
GATE OF HOPE MINISTRIES INTERNATIONAL INC PO BOX 6481 LOUISVILLE, KY 40206	26-0281018	501(C)(3)	20,000				Q33 INTERNATIONAL RELIEF

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CATHOLIC DIOCESE OF EVANSVILLE PO BOX 4169 EVANSVILLE, IN 47724	35-1044322	501(C)(3)	20,000				X RELIGION SPIRITUAL DEVELOPMENT
100 BLACK MEN OF LOUISVILLE INC 13200 COMPLETE COURT LOUISVILLE, KY 40223	61-1191888	501(C)(3)	20,000				V31 BLACK STUDIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LANITA ROCKNETTE SCHOOL OF DANCE PO BOX 11721 LOUISVILLE, KY 40251	81-3907943	501(C)(3)	20,000				O50 YOUTH DEVELOPMENT PROGRAMS
DECODE PROJECT INC 2509 PORTLAND AVENUE LOUISVILLE, KY 40212	83-2280075	501(C)(3)	19,780				B92 REMEDIAL READING READING ENCOURAGEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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THE LORD'S KITCHEN 2732 SOUTH 5TH STREET LOUISVILLE, KY 40208	62-1787300	501(C)(3)	18,185				K35 ORGANIZATION-SPONSORED EATERY OR AGENCY
BOY SCOUTS OF AMERICA - LINCOLN HERITAGE COUNCIL 12001 SYCAMORE STATION PLACE LOUISVILLE, KY 40299	61-0445839	501(C)(3)	17,500				O41 BOY SCOUTS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HEUSER HEARING & LANGUAGE ACADEMY INC 111 E KENTUCKY ST LOUISVILLE, KY 40203	61-0492369	501(C)(3)	17,500				B28 SPECIAL ED INSTITUTIONS/ SCHOOLS FOR VISUALLY OR HEARING IMPAIRED LEARNING
PRODIGAL MINISTRIES PO BOX 1484 CRESTWOOD, KY 40014	61-1275040	501(C)(3)	17,500				P50 PERSONAL SOCIAL SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CRITICALLY LOVED INC PO BOX 43047 LOUISVILLE, KY 40253	81-5273913	501(C)(3)	17,000				P30 CHILDREN'S AND YOUTH SERVICES
THE REFUGE CLINIC 2349 RICHMOND ROAD STE 220 LEXINGTON, KY 40502	37-1547506	501(C)(3)	17,000				E32 AMBULATORY HEALTH CENTER COMMUNITY CLINIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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TOM SAWYER STATE PARK FOUNDATION INC 3000 FREYS HILL ROAD LOUISVILLE, KY 40241	61-1009412	501(C)(3)	16,786				N32 PARKS AND PLAYGROUNDS
MARTS & LUNDY 1200 WALL STREET WEST 5TH FLOOR LYNDHURST, NJ 07071	22-2328092	FOR PROFIT	16,673				B EDUCATIONAL INSTITUTIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NEW DAY MINISTRIES PO BOX 16266 LOUISVILLE, KY 40256	82-5402635	501(C)(3)	16,500				B90 EDUCATIONAL SERVICES AND SCHOOLS-OTHER
CREATIVE AGENTS OF CHANGE FOUNDATION INC DBA IDEAS XLAB 633 E MAIN ST UNIT 340 LOUISVILLE, KY 40202	46-3469821	501(C)(3)	15,800				A20 ARTS CULTURAL ORGANIZATIONS-MULTIPURPOSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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AMERICAN PRINTING HOUSE FOR THE BLIND INC 1839 FRANKFORT AVENUE P O BOX 6389 LOUISVILLE, KY 402069932	61-0444640	501(C)(3)	15,500				A33 PRINTING PUBLISHING
SCARLET HOPE PO BOX 6542 LOUISVILLE, KY 40206	27-0804557	501(C)(3)	15,500				X99 RELIGIOUS RELATED SPIRITUAL DEVELOPMENT N.E.C.*

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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21ST CENTURY PARKS ENDOWMENT INC 471 W MAIN ST 202 LOUISVILLE, KY 40202	20-8834817	501(C)(3)	15,000				N32 PARKS AND PLAYGROUNDS
RIGHT TO LIFE EDUCATIONAL FOUNDATION OF KENTUCKY 134 BRECKENRIDGE LANE LOUISVILLE, KY 402074931	31-0955315	501(C)(3)	15,000				R62 RIGHT TO LIFE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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JUNIOR ACHIEVEMENT OF KENTUCKIANA 1401 W MUHAMMAD ALI BLVD LOUISVILLE, KY 40203	61-0476694	501(C)(3)	15,000				B20 ELEMENTARY SECONDARY ED
BLUEGRASS CENTER FOR AUTISM 1250 BARDSTOWN ROAD SUITE 15 LOUISVILLE, KY 40204	27-2279128	501(C)(3)	15,000				B28 SPECIAL ED INSTITUTIONS/ SCHOOLS FOR VISUALLY OR HEARING IMPAIRED LEARNING

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ROCKCASTLE REGIONAL HOSPITAL PO BOX 1310 MOUNT VERNON, KY 40456	61-0523304	501(C)(3)	15,000				E22 HOSPITAL (GENERAL)
FRANCISCAN SHELTER HOUSE 748 SOUTH PRESTON ST LOUISVILLE, KY 40203	61-1081045	501(C)(3)	15,000				P99 HUMAN SERVICES-MULTIPURPOSE & OTHER N.E.C.*

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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I WOULD RATHER BE READING 609 W MAIN STREET 306 LOUISVILLE, KY 40202	82-4974981	501(C)(3)	15,000				N RECREATION SPORTS LEISURE ATHLETICS
YOUNG AUTHORS GREENHOUSE 2509 PORTLAND AVENUE LOUISVILLE, KY 40212	82-2878352	501(C)(3)	15,000				B90 EDUCATIONAL SERVICES AND SCHOOLS-OTHER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
POLLEN SENSE LLC 1034 W 1000 S SPRINGVILLE, UT 84663	47-3530594	FOR PROFIT	14,700				NONE
KENTUCKY RELIGIOUS COALITION FOR REPRODUCTIVE CHOICE INC PO BOX 4065 LOUISVILLE, KY 402040065	61-1251771	501(C)(3)	14,400				B01 ALLIANCE/ADVOCACY ORGANIZATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FHGR INC 409 MARQUETTE DRIVE LOUISVILLE, KY 40222	82-4508863	501(C)(3)	13,690				F60 COUNSELING SUPPORT GROUPS
KOSAIR CHARITIES COMMITTEE INC PO BOX 776857 ITASCA, IL 60143	61-0514703	501(C)(3)	13,500				E12 FUNDRAISING AND/OR FUND DISTRIBUTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOU TATE FOUNDATION INC PO BOX 9124 LOUISVILLE, KY 40209	61-0961553	501(C)(3)	13,250				T20 PRIVATE GRANTMAKING FOUNDATIONS
RECYCLOCRAFTZ INC 2701 CLEVELAND AVE SUITE 200 FORT MYERS, FL 33901	47-2816737	501(C)(3)	12,500				Q32 INTERNATIONAL ECONOMIC DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GIRL SCOUTS OF KENTUCKIANA 2115 LEXINGTON RD LOUISVILLE, KY 40206	61-0444698	501(C)(3)	12,500				O42 GIRL SCOUTS
NORTHERN KENTUCKY HEALTH DEPARTMENT 8001 VETERANS MEMORIAL DRIVE FLORENCE, KY 41017	61-1008505	501(C)(3)	12,500				E HEALTH-GENERAL & REHABILITATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
A RECIPE TO END HUNGER PO BOX 21763 LOUISVILLE, KY 40221	47-2573468	501(C)(3)	12,471				K12 FUNDRAISING AND/OR FUND DISTRIBUTION
HOPKINSVILLE COMMUNITY COLLEGE FOUNDATION 720 NORTH DRIVE PO BOX 2100 HOPKINSVILLE, KY 42241	61-6042265	501(C)(3)	12,000				F20 ALCOHOL DRUG AND SUBSTANCE ABUSE DEPENDENCY PREVENTION & TREATMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARYHURST INC 1015 DORSEY LANE LOUISVILLE, KY 402232612	31-1542209	501(C)(3)	12,000				O YOUTH DEVELOPMENT
FEED THE CITY INC 1100 S 26TH STREET LOUISVILLE, KY 40210	80-0521630	501(C)(3)	12,000				K35 ORGANIZATION-SPONSORED EATERY OR AGENCY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
INSIDE THE LINES TRAINING INC 321 N SHAWNEE TER LOUISVILLE, KY 40212	81-5385463	501(C)(3)	12,000				O YOUTH DEVELOPMENT
TREESLOUISVILLE PO BOX 5816 LOUISVILLE, KY 40255	47-3739795	501(C)(3)	11,906				C ENVIRONMENTAL QUALITY PROTECTION BEAUTIFICATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WIBBYS FOUNDATION 2900 WEST BROADWAY BOX 28 LOUISVILLE, KY 40211	27-1524037	501(C)(3)	11,500				O50 YOUTH DEVELOPMENT PROGRAMS
HILDEGARD HOUSE PO BOX 5613 LOUISVILLE, KY 40255	46-5555742	501(C)(3)	11,121				L99 OTHER HOUSING SHELTER N.E.C.*

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST JOSEPH PEACE MISSION CENTER FOR CHILDREN INC PO BOX 1048 OWENSBORO, KY 42301	61-1311338	501(C)(3)	11,000				P70 RESIDENTIAL CUSTODIAL CARE (GROUP HOME)
LIGHTHOUSE PROMISE INC 5312 SHEPHERDSVILLE ROAD LOUISVILLE, KY 40228	61-1362760	501(C)(3)	11,000				X99 RELIGIOUS RELATED SPIRITUAL DEVELOPMENT N.E.C.*

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MOLO VILLAGE CDC CO PO BOX 2846 LOUISVILLE, KY 40201	27-5347893	501(C)(3)	10,875				P20 HUMAN SERVICE ORGANIZATIONS
COMMUNITY CATHOLIC CENTER INC PO BOX 11065 LOUISVILLE, KY 40251	01-0785892	501(C)(3)	10,500				B82 SCHOLARSHIPS STUDENT FINANCIAL AID AWARDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN 4 WOMEN 323 W BROADWAY 201 LOUISVILLE, KY 40202	61-1240049	501(C)(3)	10,241				V32 WOMEN'S STUDIES
LITTLE SISTERS OF THE POOR HOME FOR THE AGED OF LOUISVILLE 15 AUDUBON PLAZA DRIVE LOUISVILLE, KY 40217	61-0487466	501(C)(3)	10,000				X22 ROMAN CATHOLIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PLEASURE RIDGE PARK FIRE DEPARTMENT 9500 STONESTREET ROAD LOUISVILLE, KY 40272	61-6016620	GOVERNMENT	10,000				M24 FIRE PREVENTION/PROTECTION/CONTROL
COMMUNITY FOUNDATION OF LOUISVILLE DEPOSITORY INC 325 W MAIN ST SUITE 1110 LOUISVILLE, KY 40202	31-1140889	501(C)(3)	10,000				XXX

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST AUGUSTINE SCHOOL 236 SOUTH SPALDING AVE LEBANON, KY 40033	61-0500831	RELIGIOUS ORGANIZATI	10,000				X22 ROMAN CATHOLIC
CINCINNATI PLAYHOUSE IN THE PARK PO BOX 6537 CINCINNATI, OH 45206	31-0624790	501(C)(3)	10,000				A65 THEATER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
EPILEPSY FOUNDATION OF KENTUCKIANA 982 EASTERN PARKWAY LOUISVILLE, KY 40217	61-1314540	501(C)(3)	10,000				G99 DISEASES DISORDERS MEDICAL DISCIPLINES N.E.C.*
BEREA COLLEGE CPO 2216 BEREA, KY 40404	61-0444650	501(C)(3)	10,000				B EDUCATIONAL INSTITUTIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RONALD MCDONALD HOUSE CHARITIES OF KENTUCKIANA INC 550 SOUTH FIRST STREET LOUISVILLE, KY 40202	31-1053467	501(C)(3)	10,000				L99 OTHER HOUSING SHELTER N.E.C.*
AMERICAN ACADEMY OF DEVELOPMENTAL MEDICINE AND DENTISTRY 3000 WHITNEY AVENUE BOX 225 HAMDEN, CT 06518	01-0751843	501(C)(3)	10,000				E05 RESEARCH INSTITUTES AND/OR PUBLIC POLICY ANALYSIS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BARREN RIVER DISTRICT HEALTH DEPARTMENT 1109 STATE ST BOWLING GREEN, KY 42102	61-1010874	GOVERNMENT	10,000				E HEALTH-GENERAL & REHABILITATIVE
THE NATURE CONSERVANCY - KENTUCKY CHAPTER 114 WOODLAND AVE LEXINGTON, KY 40502	53-0242652	501(C)(3)	10,000				C99 ENVIRONMENTAL QUALITY PROTECTION AND BEAUTIFICATION N.E.C.*

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
JACOBS WELL 605 OLD SALEM RD JEFFERSONVILLE, IN 47130	20-5389152	501(C)(3)	10,000				T12 FUNDRAISING AND/OR FUND DISTRIBUTION
OPAL'S DREAM FOUNDATION 1355 BARDSTOWN ROAD 105 LOUISVILLE, KY 40204	90-0887035	501(C)(3)	10,000				P81 SENIOR CENTERS/SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WOMEN IN CIRCLE INC 1624 S PRESTON ST LOUISVILLE, KY 40217	27-3392330	501(C)(3)	10,000				P20 HUMAN SERVICE ORGANIZATIONS
BULLITT COUNTY HOUSING FIRST INC 131 GARDNER WAY MOUNT WASHINGTON, KY 40047	61-1854572	501(C)(3)	10,000				L41 TEMPORARY SHELTER FOR THE HOMELESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOOKING FOR LILITH 201 S PETERSON AVE LOUISVILLE, KY 40206	30-0135891	501(C)(3)	10,000				A ARTS CULTURE AND HUMANITIES
SQUALLIS PUPPETEERS INC PO BOX 4987 LOUISVILLE, KY 40204	42-1552694	501(C)(3)	10,000				A25 ARTS EDUCATION/SCHOOLS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
AWAKE MINISTRIES AKA OPEN DOOR OF HOPE 701 WASHINGTON ST SHELBYVILLE, KY 40065	26-4436314	501(C)(3)	10,000				X99 RELIGIOUS RELATED SPIRITUAL DEVELOPMENT N.E.C.*
APPALACHIAN REGIONAL HEALTHCARE INC 2260 EXECUTIVE DRIVE LEXINGTON, KY 40505	52-0795508	501(C)(3)	10,000				E21 COMMUNITY HEALTH SYSTEMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHRISTIAN FAMILY MEDIA MINISTRIES INC PO BOX 539 BOWLING GREEN, KY 42102	31-1135570	501(C)(3)	10,000				X84 RELIGIOUS RADIO
CHURCH HOME & INFIRMARY EPISCOPAL CHURCH HOME 7504 WESTPORT ROAD LOUISVILLE, KY 40222	61-0461720	501(C)(3)	10,000				E91 NURSING CONVALESCENT (GERIATRIC AND NURSING)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NATIONAL STEM CELL FOUNDATION INC 462 S 4TH STREET STE 1230 LOUISVILLE, KY 40202	83-0392250	501(C)(3)	10,000				H40 SPECIFIC ORGAN RESEARCH
HOPKINSVILLE FAMILY YMCA 7805 EAGLE WAY HOPKINSVILLE, KY 42240	61-1297293	501(C)(3)	10,000				P27 YMCA YWCA YWHA YMHA

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CORNERSTONE FOUNDATION FOR CHARITABLE DENTAL WORKS INC 10000 BROWNSBORO RD STE 6 LOUISVILLE, KY 40241	83-2945413	501(C)(3)	10,000				E30 HEALTH TREATMENT FACILITIES (PRIMARYLY OUTPATIENT)
SUNRISE CHILDREN'S SERVICES 300 HOPE STREET PO BOX 1429 MT WASHTINGTON, KY 40047	61-0597273	501(C)(3)	10,000				P30 CHILDREN'S AND YOUTH SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ASHLAND HOSPITAL CORPORATION 2201 LEXINGTON AVE ASHLAND, KY 41101	61-0444716	501(C)(3)	10,000				E22 HOSPITAL (GENERAL)
ADELANTE HISPANIC ACHIEVERS INC DOUGLASS BLVD CHRISTIAN CHURCH 2005 DOUGLASS BLVD LOUISVILLE, KY 40205	20-2267012	501(C)(3)	10,000				O50 YOUTH DEVELOPMENT PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CENTER FOR INTERFAITH RELATIONS INC 415 W MUHAMMAD ALI BLVD 101 LOUISVILLE, KY 402022344	61-1149619	501(C)(3)	10,000				A82 HISTORICAL SOCIETIES & HISTORIC PRESERVATION
EVERGLADES COLLEGE INC DBA KEISER UNIVERSITY 1900 W COMMERCIAL BLVD FORT LAUDERDALE, FL 33309	65-0216638	501(C)(3)	9,587				B EDUCATIONAL INSTITUTIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF HOLY TRINITY MUSIC SCHOOL INC 3738 BUTLER ROAD REISTERSTOWN, MD 21136	82-3830901	501(C)(3)	9,491				Q33 INTERNATIONAL RELIEF
SACRED HEART SCHOOLS INC 3177 LEXINGTON ROAD LOUISVILLE, KY 40206	61-1181710	501(C)(3)	9,326				B EDUCATIONAL INSTITUTIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ROSE GARDEN CENTER FOR HOPE AND HEALING PO BOX 122038 COVINGTON, KY 41012	27-2425177	501(C)(3)	9,000				E32 AMBULATORY HEALTH CENTER COMMUNITY CLINIC
SOCIAL & ENVIRONMENTAL ENTREPRENEURS SEE INC 23564 CALABASAS ROAD SUITE 201 CALABASAS, CA 91302	95-4116679	501(C)(3)	8,894				C05 RESEARCH INSTITUTES AND/OR PUBLIC POLICY ANALYSIS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BRWS MANAGEMENT LLC 909 E MARKET STREET SUITE 400 LOUISVILLE, KY 40206	81-3572582	FOR PROFIT	8,871				NONE
STEVEN VANOVER MEMORIAL RESEARCH AND SCHOLARSHIP FUND 1448 GARDINER LANE SUITE 102 LOUISVILLE, KY 40213	47-3499843	501(C)(3)	8,851				B25 SECONDARY/HIGH SCHOOL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
YMCA SAFE PLACE SERVICES 2722 CRITTENDEN DRIVE LOUISVILLE, KY 40209	20-4343628	501(C)(3)	8,500				P27 YMCA YWCA YWHA YMHA
MASONIC HOMES OF KENTUCKY INC ATTN MISSION ADVANCEMENT 330 MASONIC HOME DRIVE MASONIC HOME, KY 40041	61-0458374	501(C)(3)	8,500				P75 SENIOR CONTINUING CARE COMMUNITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HAVEN MINISTRIES LLC 2415 PORTLAND AVE LOUISVILLE, KY 40212	47-2643383	501(C)(3)	8,000				X99 RELIGIOUS RELATED SPIRITUAL DEVELOPMENT N.E.C.*
KENTUCKY HUMANE SOCIETY ATTN KRISTIN BINKOWSKI 1000 LYNDON LANE SUITE B LOUISVILLE, KY 40222	61-0463938	501(C)(3)	8,000				D20 ANIMAL PROTECTION AND WELFARE (INCLUDES HUMANE SOCIETIES AND SPCAS)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENTUCKY SCIENCE CENTER DBA KENTUCKY SCIENCE CENTER 727 WEST MAIN STREET LOUISVILLE, KY 40202	31-1005850	501(C)(3)	7,500				A57 SCIENCE & TECHNOLOGY MUSEUM
SCHOOL CHOICE SCHOLARSHIPS INC C/O ANN C WELLS 4350 BROWNSBORO RD STE 310 LOUISVILLE, KY 40207	31-1589289	501(C)(3)	7,500				B82 SCHOLARSHIPS STUDENT FINANCIAL AID AWARDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
NOTRE DAME ACADEMY 1927 LEWISTON DRIVE LOUISVILLE, KY 40216	05-0599203	501(C)(3)	7,500				B EDUCATIONAL INSTITUTIONS
CENTER FOR NONPROFIT EXCELLENCE 323 W BROADWAY STE 501 LOUISVILLE, KY 40202	20-0040424	501(C)(3)	7,500				T02 MANAGEMENT & TECHNICAL ASSISTANCE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PARK DUVALLE COMMUNITY HEALTH CENTER 3015 WILSON AVE LOUISVILLE, KY 40211	61-0666209	501(C)(3)	7,500				E32 AMBULATORY HEALTH CENTER COMMUNITY CLINIC
MOUNT VERNON MISSIONARY BAPTIST CHURCH 3640 CANE RUN RD LOUISVILLE, KY 40211	61-1154731	501(C)(3)	7,500				X RELIGION SPIRITUAL DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISVILLE FREE PUBLIC LIBRARY FOUNDATION 301 YORK STREET LOUISVILLE, KY 40203	61-0969361	501(C)(3)	7,500				B70 LIBRARIES LIBRARY SCIENCE
NATIONAL KIDNEY FOUNDATION OF KENTUCKY 161 ST MATTHEWS AVENUE SUITE 3 LOUISVILLE, KY 40207	13-1673104	501(C)(3)	7,500				G44 KIDNEY

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACK BUTTERFLY STRONG INC 1314 RHONDA WAY LOUISVILLE, KY 40216	45-3811848	501(C)(3)	7,500				O99 OTHER YOUTH DEVELOPMENT N.E.C.*
LOAVES AND FISHES 500 E CALDWELL STREET LOUISVILLE, KY 40203	45-3843975	501(C)(3)	7,500				X RELIGION SPIRITUAL DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GREATER ISRAEL BAPTIST CHURCH INC 1509 MAGAZINE STREET LOUISVILLE, KY 40203	83-0756113	RELIGIOUS ORGANIZATI	7,500				X RELIGION SPIRITUAL DEVELOPMENT
LOUISVILLE PARKS FOUNDATION PO BOX 5755 LOUISVILLE, KY 40255	20-4372292	501(C)(3)	7,500				C99 ENVIRONMENTAL QUALITY PROTECTION AND BEAUTIFICATION N.E.C.*

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
SHEPHERDSVILLE FIRST CHURCH OF THE NAZARENE PO BOX 844 SHEPHERDSVILLE, KY 40165	61-1278159	RELIGIOUS ORGANIZATI	7,500				X RELIGION SPIRITUAL DEVELOPMENT
GATEWAY COMMUNITY AND TECHNICAL COLLEGE FOUNDATION INC 500 TECHNOLOGY WAY FLORENCE, KY 41042	61-1239550	501(C)(3)	7,500				B20 ELEMENTARY SECONDARY ED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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AMERICAN SLAVES INC 2100 W MUHAMMAD ALI BLVD LOUISVILLE, KY 40212	31-1784749	501(C)(3)	7,499				R30 INTERGROUP/RACE RELATIONS
NATIONAL LIBERTY SHIP MEMORIAL INC 45 PIER 4A SAN FRANCISCO, CA 94133	94-2506639	501(C)(3)	7,000				A50 MUSEUMS & MUSEUM ACTIVITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
RADIO EYE INC 1733 RUSSELL CAVE ROAD LEXINGTON, KY 40505	61-1148801	501(C)(3)	7,000				P86 BLIND/VISUALLY IMPAIRED CENTERS SERVICES
1619 FLUX ART ACTIVISM 1619 W MAIN STREET LOUISVILLE, KY 40203	81-0711104	501(C)(3)	6,763				A25 ARTS EDUCATION/SCHOOLS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
HIGHLAND PARK COMMUNITY DEVELOPMENT CORP 3500 SHANKS LN LOUISVILLE, KY 40216	80-0162257	501(C)(3)	6,690				S20 COMMUNITY/NEIGHBORHOOD DEVELOPMENT IMPROVEMENT
SECOND CHANCES WILDLIFE CENTER 487 GENTRY LANE MT WASHINGTON, KY 40047	27-0550327	501(C)(3)	6,600				D30 WILDLIFE PRESERVATION/PROTECTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
WEST END PREPARATORY SCHOOL 3628 VIRGINIA AVENUE LOUISVILLE, KY 40211	04-3798875	501(C)(3)	6,510				B24 PRIMARY/ELEMENTARY SCHOOL
A HAND UP COMMUNITY RESOURCE CENTER PO BOX 16066 LOUISVILLE, KY 40256	82-4185771	501(C)(3)	6,500				P80 SERVICES TO PROMOTE THE INDEPENDENCE OF SPECIFIC POPULATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TRI-COUNTY COMMUNITY ACTION AGENCY 1015 DISPATCHERS WAY LAGRANGE, KY 40031	61-0856637	501(C)(3)	6,500				S20 COMMUNITY/NEIGHBORHOOD DEVELOPMENT IMPROVEMENT
LOVE CITY INC 2615 ALFORD AVE LOUISVILLE, KY 40212	47-5206106	501(C)(3)	6,500				P20 HUMAN SERVICE ORGANIZATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OPERATION OPEN ARMS INC 1400 ENVOY CIRCLE 1416 LOUISVILLE, KY 40299	31-1787756	501(C)(3)	6,000				I99 CRIME LEGAL RELATED N.E.C.*
TWISTED PINK 8016 VINECREST AVENUE 2 LOUISVILLE, KY 40222	47-1140389	501(C)(3)	6,000				T30 PUBLIC FOUNDATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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KIDS CANCER ALLIANCE INC PO BOX 24337 LOUISVILLE, KY 40224	61-1256743	501(C)(3)	6,000				E86 PATIENT SERVICES- ENTERTAINMENT RECREATION
PRECIOUS BLOOD CATHOLIC CHURCH 3306 FENMORE ST OWENSBORO, KY 42301	01-0949423	501(C)(3)	6,000				X99 RELIGIOUS RELATED SPIRITUAL DEVELOPMENT N.E.C.*

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CHOOSEWELL COMMUNITIES INC PO BOX 2906 LOUISVILLE, KY 40201	47-2822055	501(C)(3)	6,000				P40 FAMILY SERVICES
ARTTHRUST 1355 S 3RD ST LOUISVILLE, KY 40208	46-2326158	501(C)(3)	5,760				A25 ARTS EDUCATION/SCHOOLS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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KENTUCKY HEMOPHILIA FOUNDATION INC 1850 TAYLOR AVENUE SUITE 2 LOUISVILLE, KY 40213	61-0656750	501(C)(3)	5,750				G20 BIRTH DEFECTS GENETIC DISEASES
UNITED WAY OF NOBLE COUNTY PO BOX 5049 KENDELLVILLE, IN 46755	35-1179046	501(C)(3)	5,625				T70 FUNDRAISING ORGANIZATIONS THAT CROSS CATEGORIES (INCLUDES COMMUNITY FUNDS)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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21ST CENTURY PARKS INC 471 W MAIN ST 202 LOUISVILLE, KY 40202	20-1780317	501(C)(3)	5,500				N32 PARKS AND PLAYGROUNDS
ACADEMY OF OUR LADY OF MERCY DBA MERCY ACADEMY 5801 FEGENBUSH LANE LOUISVILLE, KY 40228	61-1116388	501(C)(3)	5,500				B EDUCATIONAL INSTITUTIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HOSEAS HOUSE INC PO BOX 991492 LOUISVILLE, KY 40269	20-3161219	501(C)(3)	5,500				P43 FAMILY VIOLENCE SHELTERS AND SERVICES
BLUEGRASS LAND CONSERVANCY 450 OLD VINE STREET SUITE 105 LEXINGTON, KY 40507	61-1293032	501(C)(3)	5,500				C34 LAND RESOURCES CONSERVATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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THE PRISONER'S HOPE INC 11501 PLANTSIDE DR STE 10 LOUISVILLE, KY 40299	46-4488483	501(C)(3)	5,500				P80 SERVICES TO PROMOTE THE INDEPENDENCE OF SPECIFIC POPULATIONS
KENTUCKY CHESS AMBASSADORS INC PO BOX 35052 LOUISVILLE, KY 402325052	84-4037615	501(C)(3)	5,500				O99 OTHER YOUTH DEVELOPMENT N.E.C.*

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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KENTUCKY WATERWAYS ALLIANCE INC 120 WEBSTER ST 217 LOUISVILLE, KY 40206	61-1239766	501(C)(3)	5,350				C02 MANAGEMENT & TECHNICAL ASSISTANCE
KENTUCKY YMCA YOUTH ASSOCIATION 91 C MICHAEL DAVENPORT BOULEVARD FRANKFORT, KY 40601	61-0444841	501(C)(3)	5,000				O50 YOUTH DEVELOPMENT PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CHICAGO SUMMER BUSINESS INSTITUTE PO BOX 64445 CHICAGO, IL 60664	36-3959272	501(C)(3)	5,000				B90 EDUCATIONAL SERVICES AND SCHOOLS-OTHER
CITIZENS OF LOUISVILLE ORGANIZED AND UNITED TOGETHER (CLOUT) 1113 S 4TH STREET 350 LOUISVILLE, KY 40203	61-1202173	501(C)(3)	5,000				S21 COMMUNITY COALITIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PUMPING FOR LIFE INC 1844 BOONE TRAIL LOUISVILLE, KY 40245	46-1896197	501(C)(3)	5,000				P HUMAN SERVICES
BUSINESS & MINISTRY INITIATIVES INC 1844 BOONE TRAIL LOUISVILLE, KY 40245	82-4658775	501(C)(3)	5,000				B99 EDUCATION N.E.C.*

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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CEDAR LAKE FOUNDATION 9505 WILLIAMSBURG PLAZA 200 LOUISVILLE, KY 40222	61-1093278	501(C)(3)	5,000				P11 SINGLE ORGANIZATION SUPPORT
UNIVERSITY OF GEORGIA FOUNDATION 394 S MILLEDGE AVE ATHENS, GA 306025582	58-6033837	501(C)(3)	5,000				B11 SINGLE ORGANIZATION SUPPORT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PROJECT CAMP INC 1501 BURNLEY ROAD SCOTTSVILLE, KY 42164	20-1789905	501(C)(3)	5,000				E86 PATIENT SERVICES- ENTERTAINMENT RECREATION
OLDHAM COUNTY HISTORICAL SOCIETY INC 106 N 2ND ST LAGRANGE, KY 40031	61-1195581	501(C)(3)	5,000				A80 HISTORICAL SOCIETIES AND RELATED ACTIVITIES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HARRODS CREEK BAPTIST CHURCH 7610 UPPER RIVER ROAD PROSPECT, KY 40059	61-1039310	RELIGIOUS ORGANIZATI	5,000				X RELIGION SPIRITUAL DEVELOPMENT
BOYS & GIRLS CLUB - HOPKINSVILLECHRISTIAN COUNTY 1600 WALNUT ST HOPKINSVILLE, KY 42240	20-2103260	501(C)(3)	5,000				B80 STUDENT SERVICES AND ORGANIZATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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PENNYRILE RESOURCE CONSERVATION AND DEVELOPMENT AREA INC PO BOX 41 HOPKINSVILLE, KY 42241	61-1179675	501(C)(3)	5,000				C ENVIRONMENTAL QUALITY PROTECTION BEAUTIFICATION
SANCTUARY INC PO BOX 1165 HOPKINSVILLE, KY 42241	31-1070541	501(C)(3)	5,000				P43 FAMILY VIOLENCE SHELTERS AND SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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YMCA OF GREATER LOUISVILLE SOUTHWEST BRANCH 2800 FORDHAVEN ROAD LOUISVILLE, KY 40214	61-0444843	501(C)(3)	5,000				P27 YMCA YWCA YWHA YMHA
ACADEMY FOR INDIVIDUAL EXCELLENCE 3101 BLUEBIRD LANE LOUISVILLE, KY 40299	81-4505964	501(C)(3)	5,000				B82 SCHOLARSHIPS STUDENT FINANCIAL AID AWARDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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KENTUCKY SCHOOL FOR THE BLIND CHARITABLE FOUNDATION INC 214 HALDEMAN AVE LOUISVILLE, KY 40206	61-1080293	501(C)(3)	5,000				B11 SINGLE ORGANIZATION SUPPORT
PAWS WITH PURPOSE PO BOX 5458 LOUISVILLE, KY 40255	20-0681397	501(C)(3)	5,000				P86 BLIND/VISUALLY IMPAIRED CENTERS SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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JOHN PAUL II ACADEMY 3525 GOLDSMITH LANE LOUISVILLE, KY 40220	20-4903089	RELIGIOUS ORGANIZATI	5,000				B24 PRIMARY/ELEMENTARY SCHOOL
SCHOOL SMILES FOUNDATION 1499 WINDHORST WAY STE 100 GREENWOOD, IN 46143	46-3704904	501(C)(3)	5,000				E HEALTH-GENERAL & REHABILITATIVE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENTUCKY NONPROFIT NETWORK PO BOX 24362 LEXINGTON, KY 40524	46-0963142	501(C)(3)	5,000				S COMMUNITY IMPROVEMENT CAPACITY BUILDING
WOW I GOT THE POWER INC 8917 STARA WAY LOUISVILLE, KY 40299	20-8713623	501(C)(3)	5,000				O50 YOUTH DEVELOPMENT PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FREE 2 HOPE 4414 SUSSEX COURT LOUISVILLE, KY 40241	46-3024891	501(C)(3)	5,000				R99 CIVIL RIGHTS SOCIAL ACTION & ADVOCACY N.E.C.*
GREATER MUHLENBERG PARKS & RECREATION SYSTEM 200 N PARK DRIVE GREENVILLE, KY 42345	45-4955355	501(C)(3)	5,000				N32 PARKS AND PLAYGROUNDS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HOPE HEALTH CLINIC INC 1025 SANIBEL WAY STE E LA GRANGE, KY 40031	46-5509958	501(C)(3)	5,000				E HEALTH-GENERAL & REHABILITATIVE
CANOPY CERTIFIED INC 1500 LYTLE STREET LOUISVILLE, KY 40203	83-0965241	501(C)(3)	5,000				S30 ECONOMIC DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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COLON CANCER PREVENTION PROJECT PO BOX 4039 LOUISVILLE, KY 40204	20-1510713	501(C)(3)	5,000				E HEALTH-GENERAL & REHABILITATIVE
BARREN HEIGHTS CHRISTIAN RETREAT CENTER INC 11420 WATTERSON COURT 800 LOUISVILLE, KY 40299	32-0121355	501(C)(3)	5,000				N20 RECREATIONAL AND SPORTING CAMPS (DAY OVERNIGHT ETC.)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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DRY STONE CONSERVANCY INC 1065 DOVE RUN RD 6 LEXINGTON, KY 40502	61-1298938	501(C)(3)	5,000				A80 HISTORICAL SOCIETIES AND RELATED ACTIVITIES
CHRISTIAN CARE COMMUNITIES 12710 TOWNEPARK WAY 1000 LOUISVILLE, KY 402431596	61-0445828	501(C)(3)	5,000				E91 NURSING CONVALESCENT (GERIATRIC AND NURSING)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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EXPLOITED CHILDREN'S HELP ORGANIZATION 1411 ALGONQUIN PKWY LOUISVILLE, KY 40210	31-1094281	501(C)(3)	5,000				I72 CHILD ABUSE PREVENTION OF
SPIRIT OF SOPHIA INC P O BOX 18 HARRODS CREEK, KY 40027	47-4282537	501(C)(3)	5,000				W99 PUBLIC SOCIETY BENEFIT-MULTIPURPOSE & OTHER N.E.C.*

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SOUTHWEST COMMUNITY MINISTRIES 8504 TERRY ROAD LOUISVILLE, KY 40258	62-1257195	501(C)(3)	5,000				P60 EMERGENCY ASSISTANCE (FOOD CLOTHING CASH)
METROPOLITAN HOUSING COALITION PO BOX 4533 LOUISVILLE, KY 40204	61-1201545	501(C)(3)	5,000				L01 ALLIANCE/ADVOCACY ORGANIZATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LIFE ADVENTURE CENTER OF THE BLUEGRASS ATTN TIM MAGILL 570 MILNER ROAD VERSAILLES, KY 40383	61-0461733	501(C)(3)	5,000				O50 YOUTH DEVELOPMENT PROGRAMS
TIGER STRIKE MARTIAL ARTS ACADEMY 2812 CRUMS LN LOUISVILLE, KY 40216	82-2820508	501(C)(3)	5,000				P99 HUMAN SERVICES-MULTIPURPOSE & OTHER N.E.C.*

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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KENTUCKY RIVER FOOTHILLS DEVELOPMENT COUNCIL INC 309 SPANGLER DRIVE RICHMOND, KY 40475	61-0650246	501(C)(3)	5,000				S20 COMMUNITY/NEIGHBORHOOD DEVELOPMENT IMPROVEMENT
GATEWAY HOMELESS COALITION INC PO BOX 326 MOREHEAD, KY 40351	61-1212629	501(C)(3)	5,000				P20 HUMAN SERVICE ORGANIZATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TECHNOLOGY ASSOCIATION OF LOUISVILLE KENTUCKY 7003 HARRODS LANDING DR PROSPECT, KY 40059	46-1977928	501(C)(3)	5,000				U19 NONMONETARY SUPPORT N.E.C.*
FRANKFORT FIRST FOUNDATION INC 229 WEST MAIN STREET STE102 FRANKFORT, KY 40601	31-0995981	501(C)(3)	5,000				T20 PRIVATE GRANTMAKING FOUNDATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DOWNTOWN DEVELOPMENT CORPORATION 556 S 4TH ST LOUISVILLE, KY 40202	31-0992627	501(C)(3)	5,000				S31 URBAN COMMUNITY
BRECKINRIDGE HEALTH INC 1011 OLD HWY 60 HARDINSBURG, KY 40143	61-0525158	501(C)(3)	5,000				E22 HOSPITAL (GENERAL)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REFUGE LOUISVILLE INC 1941 BISHOP LN STE 804 LOUISVILLE, KY 402181965	45-3161988	501(C)(3)	5,000				X20 CHRISTIAN
CHILDREN'S HOME OF NORTHERN KENTUCKY 200 HOME ROAD DEVOU PARK COVINGTON, KY 41011	23-7068704	501(C)(3)	5,000				P73 GROUP HOME (LONG-TERM PRIMARILY ASSISTED LIVING)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENTUCKY HIGHLANDS COMMUNITY DEVELOPMENT CORPORATION PO BOX 1738 LONDON, KY 40743	61-1253192	501(C)(3)	5,000				S20 COMMUNITY/NEIGHBORHOOD DEVELOPMENT IMPROVEMENT
WESTERN KENTUCKY REGIONAL BLOOD CENTER INC 3015 OLD HARTFORD RD OWENSBORO, KY 42303	61-0930633	501(C)(3)	5,000				E61 BLOOD SUPPLY RELATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISVILLE FOLK SCHOOL INC 113 N CLIFTON AVE STE 4 LOUISVILLE, KY 40206	83-3194321	501(C)(3)	5,000				A24 FOLK ARTS
PERRY COUNTY ECONOMIC DEVELOPMENT BOARD INC DBA HAZARD-PERRY COUNTY ECONOMIC PO BOX 2138 HAZARD, KY 41702	47-3338245	501(C)(3)	5,000				S30 ECONOMIC DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
ST MATTHEWS AREA MINISTRIES 201 BILTMORE ROAD LOUISVILLE, KY 40207	61-0735861	501(C)(3)	5,000				P20 HUMAN SERVICE ORGANIZATIONS
THE BRIDGE TO RECOVERY INC 1745 THE BRIDGE RD BOWLING GREEN, KY 42101	23-7428389	501(C)(3)	5,000				F30 MENTAL HEALTH TREATMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MARCH OF DIMES - GREATER KENTUCKY CHAPTER DONATION PROCESSING PO BOX 18819 ATLANTA, GA 31126	13-1846366	501(C)(3)	5,000				G20 BIRTH DEFECTS GENETIC DISEASES
KLEB INC 301 E MUHAMMAD ALI BLVD LOUISVILLE, KY 40202	81-4274526	501(C)(3)	5,000				G41 EYE DISEASES BLINDNESS & VISION IMPAIRMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
OWENSBORO COMMUNITY AND TECHNICAL COLLEGE FOUNDATION 4800 NEW HARTFORD ROAD OWENSBORO, KY 42303	61-1109704	501(C)(3)	5,000				B EDUCATIONAL INSTITUTIONS
LOUISVILLE YOUTH CHOIR INC 3105 LEXINGTON RD LOUISVILLE, KY 40206	61-6058143	501(C)(3)	5,000				A6B SINGING CHORAL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DRESS FOR SUCCESS LOUISVILLE 913 E MAIN STREET SUITE 101B LOUISVILLE, KY 40206	61-1383568	501(C)(3)	5,000				J20 EMPLOYMENT PROCUREMENT ASSISTANCE AND JOB TRAINING
MAKE-A-WISH FOUNDATION OF KENTUCKY 1230 LIBERTY BANK LANE SUITE 300 LOUISVILLE, KY 40222	34-1471131	501(C)(3)	5,000				P20 HUMAN SERVICE ORGANIZATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
MISSION HOPE FOR KIDS INC PO BOX 6385 ELIZABETHTOWN, KY 42701	45-3975991	501(C)(3)	5,000				O52 AGRICULTURAL YOUTH DEVELOPMENT
MIDWAY UNIVERSITY 512 EAST STEPHENS STREET MIDWAY, KY 40347	61-0444708	501(C)(3)	5,000				B EDUCATIONAL INSTITUTIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISVILLE NATURE CENTER INC 3745 ILLNOIS AVENUE LOUISVILLE, KY 40213	61-6036081	501(C)(3)	5,000				C ENVIRONMENTAL QUALITY PROTECTION BEAUTIFICATION
BOURBON BAROQUE PO BOX 406734 LOUISVILLE, KY 40204	26-2689413	501(C)(3)	5,000				A68 MUSIC

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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LOUISVILLE ZOO FOUNDATION INC 1100 TREVILIAN WAY PO BOX 37250 LOUISVILLE, KY 402339902	31-0971742	501(C)(3)	5,000				D11 SINGLE ORGANIZATION SUPPORT
LEADERSHIP LOUISVILLE FOUNDATION 711 WEST MAIN STREET UNIT AA LOUISVILLE, KY 40202	31-0958491	501(C)(3)	5,000				W70 LEADERSHIP DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MY CHOSEN PEOPLE PO BOX 11831 LOUISVILLE, KY 40251	46-4703967	501(C)(3)	5,000				L25 HOUSING REHABILITATION
HAVE A HEART FOUNDATION INC 310 EAST BROADWAY SUITE 100 LOUISVILLE, KY 40202	26-1433114	501(C)(3)	5,000				E99 HEALTH-GENERAL & REHABILITATIVE N.E.C.*

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
CAVE HILL HERITAGE FOUNDATION INC 701 BAXTER AVE LOUISVILLE, KY 40204	56-2498254	501(C)(3)	5,000				Y50 CEMETERIES AND BURIAL SERVICES
SUMMERBRIDGE LOUISVILLE 902 S SHELBY ST LOUISVILLE, KY 40203	31-1695835	501(C)(3)	5,000				B99 EDUCATION N.E.C.*

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF EASTERN CEMETERY 1909 BUTTONWOOD ROAD LOUISVILLE, KY 40222	46-4278446	501(C)(3)	5,000				G30 CANCER
THE DAVID SCHOOL PO BOX 220 DAVID, KY 41616	31-0889471	501(C)(3)	5,000				B24 PRIMARY/ELEMENTARY SCHOOL

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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WATERFRONT BOTANICAL GARDENS PO BOX 5056 LOUISVILLE, KY 40255	61-1297238	501(C)(3)	5,000				C40 BOTANICAL HORTICULTURAL AND LANDSCAPE SERVICES
GOVERNOR'S SCHOLARS PROGRAM FOUNDATION 112 CONSUMER LANE FRANKFORT, KY 40601	61-1393028	501(C)(3)	5,000				B20 ELEMENTARY SECONDARY ED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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MEREDITH-DUNN LEARNING CENTER 3023 MELBOURNE AVE LOUISVILLE, KY 40220	23-7339248	501(C)(3)	5,000				B EDUCATIONAL INSTITUTIONS
DIOCESAN CATHOLIC CHILDREN'S HOME PO BOX 17007 FT MITCHELL, KY 410172007	61-0463943	501(C)(3)	5,000				F33 GROUP HOME RESIDENTIAL TREATMENT FACILITY-MENTAL HEALTH RELATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
DAY SPRING INC 2210 MEADOW DRIVE LOUISVILLE, KY 40218	61-1205613	501(C)(3)	5,000				P33 CHILD DAY CARE
WENDELL FOSTERS CAMPUS FOR DEVELOPMENTAL DISABILITIES INC 815 TRIPLETT ST PO BOX 1668 OWENSBORO, KY 423031668	61-0490868	501(C)(3)	5,000				G20 BIRTH DEFECTS GENETIC DISEASES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE FOOD LITERACY PROJECT AT OXMOOR FARM INC 9001 LIMEHOUSE LANE LOUISVILLE, KY 40220	20-5014424	501(C)(3)	5,000				K AGRICULTURE FOOD NUTRITION
EDUCATIONAL JUSTICE LLC 737 S 3RD STREET LOUISVILLE, KY 40202	27-0405207	501(C)(3)	5,000				B90 EDUCATIONAL SERVICES AND SCHOOLS-OTHER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISVILLE GROWS INC 1641 PORTLAND AVENUE LOUISVILLE, KY 40203	27-0959401	501(C)(3)	5,000				K99 OTHER FOOD AGRICULTURE NUTRITION N.E.C.*
CENTER FOR ACCESSIBLE LIVING INC 501 S 2ND ST STE 200 LOUISVILLE, KY 40202	31-1012847	501(C)(3)	5,000				L99 OTHER HOUSING SHELTER N.E.C.*

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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KENTUCKY OPERA ASSOCIATION 323 W BROADWAY SUITE 601 LOUISVILLE, KY 40202	61-6013111	501(C)(3)	5,000				A6A OPERA
GIRLS ROCK LOUISVILLE INC 900 S SHELBY STREET LOUISVILLE, KY 40203	81-5187027	501(C)(3)	5,000				A25 ARTS EDUCATION/SCHOOLS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISVILLE PRESBYTERIAN THEOLOGICAL SEMINARY 1044 ALTA VISTA ROAD LOUISVILLE, KY 402051798	61-0444768	501(C)(3)	5,000				B50 GRADUATE PROFESSIONAL (SEPARATE ENTITIES)
HOUSE OF HOPE 1157 DIXIE HIGHWAY LOUISVILLE, KY 40210	51-0475765	501(C)(3)	5,000				L41 TEMPORARY SHELTER FOR THE HOMELESS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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KENESETH ISRAEL CONGREGATION - LOUISVILLE 2531 TAYLORSVILLE RD LOUISVILLE, KY 40205	61-0448553	501(C)(3)	5,000				X RELIGION SPIRITUAL DEVELOPMENT
TAYLOR COUNTY HOSPITAL DISTRICT HEALTH FACILITIES CORP 1700 OLD LEBANON RD CAMPBELLSVILLE, KY 42718	61-0676546	501(C)(3)	5,000				E22 HOSPITAL (GENERAL)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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SOUTHERN TIER HOUSING CORPORATION PO BOX 1738 LONDON, KY 40743	26-2058861	501(C)(3)	5,000				L20 HOUSING DEVELOPMENT CONSTRUCTION MANAGEMENT
KENTUCKY FUTURE FARMERS OF AMERICA FOUNDATION INC PO BOX 8 FLEMINGSBURG, KY 41041	61-1126081	501(C)(3)	5,000				O52 AGRICULTURAL YOUTH DEVELOPMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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ONE HARLAN COUNTY 81 BALL PARK RD HARLAN, KY 40831	81-1027395	501(C)(3)	5,000				P20 HUMAN SERVICE ORGANIZATIONS
OPTION TO SUCCESS 3218 VIRGINIA AVENUE LOUISVILLE, KY 40211	37-1662596	501(C)(3)	5,000				P73 GROUP HOME (LONG-TERM PRIMARILY ASSISTED LIVING)

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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NATIONAL CORVETTE MUSEUM FOUNDATION 350 CORVETTE DR BOWLING GREEN, KY 42101	74-2519972	501(C)(3)	5,000				A50 MUSEUMS & MUSEUM ACTIVITIES
HUMANE SOCIETY OF OLDHAM COUNTY PO BOX 727 LAGRANGE, KY 40031	61-1166840	501(C)(3)	5,000				D ANIMAL RELATED

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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GREATER LOUISVILLE SPORTS COMMISSION ONE RIVERFRONT PLAZA 401 W MAIN ST SUITE 2200 LOUISVILLE, KY 40202	61-1365860	501(C)(3)	5,000				N31 COMMUNITY RECREATIONAL CENTERS
CHOICES INC 419 S SHELBY ST LOUISVILLE, KY 40202	61-1208995	501(C)(3)	5,000				L20 HOUSING DEVELOPMENT CONSTRUCTION MANAGEMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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FILSON HISTORICAL SOCIETY AKA FILSON CLUB 1310 SOUTH THIRD STREET LOUISVILLE, KY 40208	61-0444690	501(C)(3)	5,000				A80 HISTORICAL SOCIETIES AND RELATED ACTIVITIES
NATIONAL MULTIPLE SCLEROSIS SOCIETY KENTUCKY-SOUTHEAST INDIANA CHAPTER 1201 STORY AVE 200 LOUISVILLE, KY 40206	13-5661935	501(C)(3)	5,000				G50 NERVE MUSCLE AND BONE DISEASES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
FRIENDS OF SINNERS INC 320 CLAY STREET OWENSBORO, KY 42303	27-0332382	501(C)(3)	5,000				F21 ALCOHOL DRUG ABUSE (PREVENTION ONLY)
HISTORIC LOCUST GROVE INC 561 BLANKENBAKER LANE LOUISVILLE, KY 402071168	61-1390403	501(C)(3)	5,000				A54 HISTORY MUSEUMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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KENTUCKIANA AIDS ALLIANCE PO BOX 8021 LOUISVILLE, KY 40257	61-1225984	501(C)(3)	5,000				P12 FUNDRAISING AND/OR FUND DISTRIBUTION
YEW DELL INC 6220 OLD LAGRANGE ROAD CRESTWOOD, KY 40014	61-1390688	501(C)(3)	5,000				C30 NATURAL RESOURCE CONSERVATION AND PROTECTION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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HISTORIC HOMES FOUNDATION INC 3110 LEXINGTON ROAD LOUISVILLE, KY 40206	61-0549274	501(C)(3)	5,000				A80 HISTORICAL SOCIETIES AND RELATED ACTIVITIES
AMEN HOUSE INC 110 POCAHONTAS TRAIL SUITE B GEORGETOWN, KY 40324	61-1236411	501(C)(3)	5,000				X20 CHRISTIAN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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BEST BUDDIES KENTUCKY 3044 BARDSTOWN ROAD 1274 LOUISVILLE, KY 40205	52-1614576	501(C)(3)	5,000				B80 STUDENT SERVICES AND ORGANIZATIONS
COMMUNITY SERVICES PROJECT INC 1106 PENILE RD LOUISVILLE, KY 40272	30-0024413	501(C)(3)	5,000				P80 SERVICES TO PROMOTE THE INDEPENDENCE OF SPECIFIC POPULATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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THE SALVATION ARMY - EASTERN TERRITORY 114 EAST CENTRAL PARKWAY CINCINNATI, OH 45202	13-5562351	501(C)(3)	5,000				P24 SALVATION ARMY
LEGAL AID SOCIETY INC 416 W MUHAMMAD ALI BLVD 300 LOUISVILLE, KY 40202	61-0537626	501(C)(3)	5,000				I83 PUBLIC INTEREST LAW/LITIGATION

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
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KENTUCKY HUMANITIES COUNCIL INC 206 E MAXWELL ST LEXINGTON, KY 40508	31-0981031	501(C)(3)	5,000				A26 ARTS COUNCIL/AGENCY
AMYOTROPHIC LATERAL SCLEROSIS ASSOCIATION 13102 EASTPOINT PARK BLVD SUITE 101 LOUISVILLE, KY 40223	13-3271855	501(C)(3)	5,000				G50 NERVE MUSCLE AND BONE DISEASES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
TOWN BRANCH PARK INC 249 EAST MAIN STREET SUITE 400 LEXINGTON, KY 40507	83-4621324	501(C)(3)	5,000				N32 PARKS AND PLAYGROUNDS
BSIDE U FOR LIFE 701 W MUHAMMAD ALI BLVD LOUISVILLE, KY 40203	61-1142823	501(C)(3)	5,000				F30 MENTAL HEALTH TREATMENT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BACKPACK KIDS INC PO BOX 802 DANVILLE, KY 40423	83-2257532	501(C)(3)	5,000				K30 FOOD SERVICE FREE FOOD DISTRIBUTION PROGRAMS
PHOENIX THEATRE INC OF BOWLING GREEN KENTUCKY 545 MORRIS ALY BOWLING GREEN, KY 42101	61-1124620	501(C)(3)	5,000				A65 THEATER

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
UNITED CRESCENT HILL MINISTRIES 150 S STATE STREET LOUISVILLE, KY 40206	51-0166794	501(C)(3)	5,000				P20 HUMAN SERVICE ORGANIZATIONS
LOVE THE HUNGRY 4209 GARDINER VIEW AVENUE LOUISVILLE, KY 40213	45-3865957	501(C)(3)	5,000				K30 FOOD SERVICE FREE FOOD DISTRIBUTION PROGRAMS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISVILLE MEDICAL LEGAL COMMUNITY HEALTH PARTNERSHIP DBA DOCTORS LAWYERS FOR KIDS 600 W MAIN STREET STE 110 LOUISVILLE, KY 40202	27-4565113	501(C)(3)	5,000				F MENTAL HEALTH CRISIS INTERVENTION
HOPE COLLABORATIVE CHRISTIAN COMMUNITY DEVELOPMENT INC 2209 HEATHER LN LOUISVILLE, KY 40218	82-3441064	501(C)(3)	5,000				P20 HUMAN SERVICE ORGANIZATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
BLACK MALE WORKING ACADEMY 3016 BRACKTOWN RD LEXINGTON, KY 40511	81-1743559	501(C)(3)	5,000				B20 ELEMENTARY SECONDARY ED
JUSTFAITH MINISTRIES INC PO BOX 221348 LOUISVILLE, KY 40252	20-1377228	501(C)(3)	5,000				X21 PROTESTANT

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PRICHARD COMMITTEE FOR ACADEMIC EXCELLENCE SECURITY TRUST BUILDING 271 WEST SHORT ST STE 202 LEXINGTON, KY 40507	61-1026214	501(C)(3)	5,000				B99 EDUCATION N.E.C.*
ST BENEDICT CENTER FOR EARLY CHILDHOOD EDUCATION INC 1617 MAPLE STREET LOUISVILLE, KY 40210	61-0719980	501(C)(3)	5,000				B21 KINDERGARTEN NURSERY SCHOOLS PRESCHOOL EARLY ADMISSIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
THE MISSION CONTINUES 1141 SOUTH 7TH ST ST LOUIS, MO 63104	20-8742553	501(C)(3)	5,000				J20 EMPLOYMENT PROCUREMENT ASSISTANCE AND JOB TRAINING
SOUTHERN ILLINOIS WORSHIP CENTER 124 LOU ANN DRIVE HERRIN, IL 62948	37-1332765	501(C)(3)	5,000				X20 CHRISTIAN

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
REGROUP FOUNDATION 1825 LOST TRAIL NEW BRAUNFELS, TX 78132	47-3893175	501(C)(3)	5,000				L40 LOW-COST TEMPORARY HOUSING (INCLUDES YOUTH HOSTELS)
ONEVET ONEVOICE 401 VAN NESS AVENUE RM 101 SAN FRANCISCO, CA 94102	46-3725724	501(C)(3)	5,000				W30 MILITARY/VETERANS ORGANIZATIONS

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
PAWS FOR PURPLE HEARTS 10201 OLD REDWOOD HWY PENNGROVE, CA 94951	45-3342634	501(C)(3)	5,000				W19 NONMONETARY SUPPORT N.E.C.*
WESTERN KENTUCKY REFUGEE MUTUAL ASSISTANCE SOCIETY INC 806 KENTON ST BOWLING GREEN, KY 42101	61-0994341	501(C)(3)	5,000				P84 ETHNIC/IMMIGRANT SERVICES

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
GALILEAN HOME MINISTRIES PO BOX 880 LIBERTY, KY 42539	61-1080398	501(C)(3)	5,000				X21 PROTESTANT
HENDERSON SETTLEMENT PO BOX 205 FRAKES, KY 40940	61-0674965	501(C)(3)	5,000				P28 NEIGHBORHOOD CENTER SETTLEMENT HOUSE

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
KENTUCKY LIONS EYE FOUNDATION INC 301 E MUHAMMAD ALI BLVD LOUISVILLE, KY 402021594	61-0516171	501(C)(3)	5,000				G41 EYE DISEASES BLINDNESS & VISION IMPAIRMENT
KENTUCKY PUBLIC RADIO INC DBA LOUISVILLE PUBLIC MEDIA 619 SOUTH 4TH STREET LOUISVILLE, KY 40202	61-1259787	501(C)(3)	5,000				A34 RADIO

Form 990, Schedule I, Part II, Grants and Other Assistance to Domestic Organizations and Domestic Governments.							
(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
LOUISVILLE PARENT TEACHER ORGANIZATION INC 4600 JENNINGS LN LOUISVILLE, KY 40218	84-3385490	501(C)(3)	5,000				B94 PARENT TEACHER GROUP
AMERICAN CANCER SOCIETY - LEXINGTON 1504 COLLEGE WAY LEXINGTON, KY 40502	13-1788491	501(C)(3)	5,000				P20 HUMAN SERVICE ORGANIZATIONS

Schedule J (Form 990)	Compensation Information	OMB No. 1545-0047
		2019
For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees		
▶ Complete if the organization answered "Yes" on Form 990, Part IV, line 23.		
▶ Attach to Form 990.		
▶ Go to www.irs.gov/Form990 for instructions and the latest information.		
Department of the Treasury Internal Revenue Service	Name of the organization THE COMMUNITY FOUNDATION OF LOUISVILLE CORPORATE DEPOSITORY INC	Employer identification number 61-1100993

Part I	Questions Regarding Compensation		Yes	No
1a	Check the appropriate box(es) if the organization provided any of the following to or for a person listed on Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.			
	<div><input type="checkbox"/> First-class or charter travel</div> <div><input type="checkbox"/> Travel for companions</div> <div><input type="checkbox"/> Tax idemnification and gross-up payments</div> <div><input type="checkbox"/> Discretionary spending account</div> <div><input type="checkbox"/> Housing allowance or residence for personal use</div> <div><input type="checkbox"/> Payments for business use of personal residence</div> <div><input type="checkbox"/> Health or social club dues or initiation fees</div> <div><input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)</div>			
b	If any of the boxes on Line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b		
2	Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all directors, trustees, officers, including the CEO/Executive Director, regarding the items checked on Line 1a?	2		
3	Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.			
	<div><input type="checkbox"/> Compensation committee</div> <div><input type="checkbox"/> Independent compensation consultant</div> <div><input type="checkbox"/> Form 990 of other organizations</div> <div><input type="checkbox"/> Written employment contract</div> <div><input type="checkbox"/> Compensation survey or study</div> <div><input type="checkbox"/> Approval by the board or compensation committee</div>			
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?	4a		No
b	Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b		No
c	Participate in, or receive payment from, an equity-based compensation arrangement?	4c		No
	If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.			
	Only 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?	5a		No
b	Any related organization?	5b		No
	If "Yes," on line 5a or 5b, describe in Part III.			
6	For persons listed on Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:			
a	The organization?	6a		No
b	Any related organization?	6b		No
	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 in lines 5 and 6? If "Yes," describe in Part III.	7		No
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.	8		No
9	If "Yes" on line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9		

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 are not 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.

[illegible]

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.

Return Reference	Explanation
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SCHEDULE M
(Form 990)

Department of the Treasury
Internal Revenue Service

Noncash Contributions

►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 the latest information.

OMB No. 1545-0047

2019

Open to Public Inspection

Name of the organization
THE COMMUNITY FOUNDATION OF LOUISVILLE
CORPORATE DEPOSITORY INC

Employer identification number
61-1100993

Part I

Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art—Works of art				
2 Art—Historical treasures . .				
3 Art—Fractional interests . .				
4 Books and publications . .				
5 Clothing and household goods				
6 Cars and other vehicles . . .				
7 Boats and planes				
8 Intellectual property				
9 Securities—Publicly traded .	X	12	361,164	FMV AT DATE OF GIFT
10 Securities—Closely held stock .				
11 Securities—Partnership, LLC, or trust interests				
12 Securities—Miscellaneous . .				
13 Qualified conservation contribution—Historic structures				
14 Qualified conservation contribution—Other				
15 Real estate—Residential . .				
16 Real estate—Commercial . .				
17 Real estate—Other				
18 Collectibles				
19 Food inventory				
20 Drugs and medical supplies .				
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts . . .				
25 Other ► (_____)				
26 Other ► (_____)				
27 Other ► (_____)				
28 Other ► (_____)				

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

29

0

30a During the year, did the organization receive by contribution any property reported in Part I, lines 1 through 28, that it must hold for at least three years from the date of the initial contribution, and which isn't required to be used for exempt purposes for the entire holding period?

30a

Yes

No

No

b If "Yes," describe the arrangement in Part II.

31 Does the organization have a gift acceptance policy that requires the review of any nonstandard contributions?

31

Yes

No

32a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?

32a

Yes

No

No

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.

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.

Return Reference	Explanation
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SCHEDULE O
(Form 990 or 990-EZ)

Department of the Treasury

Internal Revenue Service

Name of the organization
THE COMMUNITY FOUNDATION OF LOUISVILLE
CORPORATE DEPOSITORY INC**Supplemental Information to Form 990 or 990-EZ**Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.

▶ Attach to Form 990 or 990-EZ.

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

OMB No. 1545-0047

2019**Open to Public
Inspection****Employer identification number**

61-1100993

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 11B	A DRAFT OF THE RETURN IS REVIEWED FIRST BY INTERNAL MANAGEMENT. AFTER INTERNAL MANAGEMENT HAS REVIEWED THE RETURN AND ANY CHANGES ARE MADE A DRAFT IS PROVIDED TO THE FINANCE COMMITTEE FOR REVIEW AND A COPY IS PROVIDED TO THE ENTIRE BOARD. ONCE THE COMMENTS FROM THE BOARD ARE REVIEWED THE FINAL DRAFT OF THE RETURN IS PREPARED AND SIGNED BY THE VICE PRESIDENT.

990 Schedule O, Supplemental Information

Return Reference	Explanation
FORM 990, PART VI, SECTION B, LINE 12C	<p>OFFICERS, DIRECTORS AND KEY EMPLOYEES MAY NOT ENGAGE IN ACTIVITIES THAT MIGHT INTERFERE WITH THE DISCHARGE OF THEIR RESPONSIBILITY OR IN TRANSACTIONS THAT REASONABLY MIGHT AFFECT THE JUDGMENT EXERCISE ON BEHALF OF THE ORGANIZATION. IF THERE HAVE BEEN ANY CHANGES THAT MAY BE A POTENTIAL CONFLICT OF INTEREST, INDIVIDUALS SHOULD NOTIFY THE PRESIDENT & CEO. OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE REQUIRED TO READ AND SIGN A CONFLICT OF INTEREST DISCLOSURE FORM FROM TIME TO TIME WHICH THE ORGANIZATION WILL KEEP ON FILE. OFFICERS, DIRECTORS AND KEY EMPLOYEES ARE EXPECTED AT ALL TIMES TO USE GOOD JUDGMENT AND TO ADHERE TO HIGH ETHICAL STANDARDS. IN DOING SO, THEY WILL CONDUCT THEIR AFFAIRS IN SUCH A MANNER AS TO AVOID ANY ACTUAL OR POTENTIAL CONFLICT OF INTEREST. THE ORGANIZATION BELIEVES THAT ITS OFFICERS, DIRECTORS AND KEY EMPLOYEES SHOULD NOT BE INHIBITED SOLELY BECAUSE OF POTENTIAL CONFLICTS OF INTEREST. IN FACT, THE ORGANIZATION BELIEVES THAT CONFLICTS OF INTEREST CAN BEST BE HANDLED THROUGH FULL DISCLOSURE OF SUCH INTERESTS, TOGETHER WITH NONINVOLVEMENT IN ANY VOTE WHERE SUCH A CONFLICT EXISTS. 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.</p>

990 Schedule O, Supplemental Information

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

990 Schedule O, Supplemental Information

Return Reference	Explanation
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.

990 Schedule O, Supplemental Information

Return Reference	Explanation
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

2019

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
(1)THE COMMUNITY FOUNDATION OF LOUISVILLE INC 325 W MAIN ST SUITE 1110 LOUISVILLE, KY 40202 31-0997017	FACILITATE INDIVIDUAL DONORS' CHARITABLE GIVING	KY	501(C)(3)	7	N/A		No
(2)THE COMMUNITY FOUNDATION OF LOUISVILLE DEPOSITORY 325 W MAIN ST SUITE 1110 LOUISVILLE, KY 40202 31-1140889	FACILITATE INDIVIDUAL DONORS' CHARITABLE GIVING	KY	501(C)(3)	7	THE COMMUNITY FOUNDATION OF LOUISVILLE INC		No
(3)FELIX E MARTIN JR FOUNDATION INC 325 W MAIN ST SUITE 1110 LOUISVILLE, KY 40202 26-2193468	TYPE I SUPPORTING ORGANIZATION - MAINTAIN AND RECEIVE CONTRIBUTIONS	KY	501(C)(3)	11 TYPE 1	THE COMMUNITY FOUNDATION OF LOUISVILLE INC		No
(4)THE REAL ESTATE ASSET LEGACY FOUNDATION OF KENTUCKY INC 325 W MAIN ST SUITE 1110 LOUISVILLE, KY 40202 26-2417672	TYPE I SUPPORTING ORGANIZATION - MAINTAIN AND RECEIVE CONTRIBUTIONS	KY	501(C)(3)	11 TYPE 1	THE COMMUNITY FOUNDATION OF LOUISVILLE INC		No
(5)LOUISVILLE PRESERVATION FUND INC 323 W BROADWAY SUITE 700 LOUISVILLE, KY 40202 46-2871014	TYPE I SUPPORTING ORGANIZATION - MAINTAIN AND RECEIVE CONTRIBUTIONS	KY	501(C)(3)	11 TYPE 1	THE COMMUNITY FOUNDATION OF LOUISVILLE INC		No

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?

a Receipt of **(i)** interest, **(ii)** annuities, **(iii)** royalties, or **(iv)** rent from a controlled entity

b Gift, grant, or capital contribution to related organization(s)

c Gift, grant, or capital contribution from related organization(s)

d Loans or loan guarantees to or for related organization(s)

e Loans or loan guarantees by related organization(s)

f Dividends from related organization(s)

g Sale of assets to related organization(s)

h Purchase of assets from related organization(s)

i Exchange of assets with related organization(s)

j Lease of facilities, equipment, or other assets to related organization(s)

k Lease of facilities, equipment, or other assets from related organization(s)

l Performance of services or membership or fundraising solicitations for related organization(s)

m Performance of services or membership or fundraising solicitations by related organization(s)

n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)

o Sharing of paid employees with related organization(s)

p Reimbursement paid to related organization(s) for expenses

q Reimbursement paid by related organization(s) for expenses

r Other transfer of cash or property to related organization(s)

s Other transfer of cash or property from related organization(s)

Yes

No

1a

No

1b

Yes

1c

Yes

1d

No

1e

No

1f

No

1g

No

1h

No

1i

No

1j

No

1k

No

1l

No

1m

No

1n

Yes

1o

Yes

1p

No

1q

No

1r

No

1s

No

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

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

[illegible]

Part VII

Supplemental Information

Provide additional information for responses to questions on Schedule R. (see instructions).

Return Reference	Explanation